

EVALUATION REPORT

EVALUATION OF THE PROJECT “SOCIAL INCLUSION OF ROMA CHILDREN AND CHILDREN WITH DISABILITIES IN THE WESTERN BALKANS AND MOLDOVA” (2018-2021)

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Evaluation of the Project “Social inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova” (2018-2021)

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ACRONYMS

ADA	Austrian Development Agency
CO	Country Office
COVID-19	Coronavirus Disease 2019
CRC	Convention on the Rights of the Child
CSO	Civil Society Organisation
ECD	Early Child Development
ECI	Early Child Intervention
EU	European Union
EUR	Euro
MICS	Multiple Indicator Cluster Survey
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
PPE	Pre-Primary Education
SDGs	Sustainable Development Goals
ToC	Theory of Change
ToR	Terms of Reference
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
ECARO	Europe and Central Asia Regional Office
WHO	World Health Organisation

EXECUTIVE SUMMARY

This report presents the independent evaluation of the Project “Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova” (2018-2021). The report outlines the evaluation’s background and approach, findings, lessons learned, conclusions and recommendations. The evaluation was conducted from October 2021 to June 2022.

OVERVIEW OF THE PROJECT

The Project aimed to promote social inclusion in the context of early child development (ECD) policies and services, especially for boys and girls from ethnic minority groups such as Roma¹, as well as boys and girls with developmental challenges and disabilities. It covered Albania, Bosnia and Herzegovina, Kosovo², Moldova, Montenegro, North Macedonia and Serbia, at the central government level and in selected municipalities. Implementation of relevant national strategies in the geographic area covered by the Project has faced challenges due to, among others, inter-sectoral coordination, inclusiveness and quality of services, as well as inadequate financing of relevant social care, protection and pre-primary education (PPE) services.

The Project included two outcomes. The first outcome concerned ECD support to families/parents/caregivers and children within the communities, including nurturing care, health services, early detection and intervention services. Under this outcome, the outputs dealt, firstly, with the enhancement of services to beneficiaries with regard to relevant policies and their implementation. This covered the development of national and sub-national policies and mechanisms that contribute to realization of rights; accompanying enhancement of knowledge and skills of service providers; increased support to the availability of the innovative services for children and parents/caregivers; expansion of the early child intervention services and building of the awareness on the importance of child development among parents/caregivers. The second outcome focused on development of PPE in targeted areas, with one output on capacity building of the relevant professionals.

The Project was funded by Austrian Development Agency (ADA), with matching UNICEF funding. The total Project budget stood at 2,513,160 EUR, with ADA contribution totalling 1,799,999 EUR and UNICEF contributing 713,117 EUR.

EVALUATION PURPOSE, OBJECTIVES AND INTENDED AUDIENCE

The overall purpose of the evaluation is to inform the evaluation users about the achievements of the Project, contributing and adverse factors, and lessons learned, which support accountability and evidence-based decision making. The chosen approach was therefore mostly summative, creating understanding of the effects of the Project and ensuring accountability for resources and results. It had a secondary formative element to promote organisational learning based on the impact of the Project on the direct/immediate and end beneficiaries (when possible). When taken together, these two aspects should support organisational learning and informed decision making concerning the Project follow up.

The evaluation provides an independent assessment of the performance of the Project in relation to expected results, offers actionable recommendations for UNICEF for improving its work at country³ and regional levels, and for enhancing the sustainability of the attained changes. It also identifies lessons learned, good practices and innovative approaches, which may serve UNICEF and actors working toward improving ECD systems which are inclusive of vulnerable children, including Roma children and children with disabilities.

¹ In this report, and in line with the European Commission (2021), the umbrella-term ‘Roma’ encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.)

² All references to Kosovo in this report should be understood to be in the context of United Nations Security Council Resolution 1244 (1999). The adjunction of the asterisk is intended as a reminder of this proviso.

³ The word ‘countries’ in this report is used to refer to Albania, Bosnia and Herzegovina, Kosovo, Moldova, Montenegro, North Macedonia and Serbia. For Kosovo this should be understood strictly in the context of United Nations Security Council Resolution 1244 (1999).

UNICEF ECARO and relevant Country Offices (COs), and the donor agency ADA are considered as the primary users of the evaluation. Relevant government decision makers, civil society organizations (CSOs), implementing partners, other United Nations Agencies working in related fields, and pertinent rights-holders are its secondary users. Overall, the evaluation report and management response are intended to be public, thus fulfilling UNICEF's commitment to transparency and accountability.

EVALUATION METHODOLOGY

This evaluation applies a theory-based approach: it tests the validity of the Project's Theory of Change (ToC) against its implementation. At each level of the ToC, the evaluation first determined whether the envisaged change took place and whether the assumptions underlying the theory were realized. Then, contribution analysis was used to check the plausibility and, wherever possible, the extent of the Project's contribution to these changes.

After the initial analysis of the original Project ToC, certain structural shortfalls were identified. Subsequently, the evaluation team reconstructed the ToC, in consultation with UNICEF, and assigned the underlying assumptions to its appropriate levels, so that the resulting format became more usable for the evaluation purpose.

The evaluation framework was based on the OECD/DAC criteria of **relevance, effectiveness, impact, sustainability, and coherence**. These criteria were translated into evaluation questions and adapted to the ToC-based evaluation format. Together with sub-questions, these formed the evaluation matrix.

Primary data collection included 73 interviews with UNICEF staff, donor and other international partners, CSOs, national duty bearers in relevant ministries/agencies, staff/service providers in sampled municipalities, and parents/caregivers. The evaluation team also undertook a comprehensive review of UNICEF publications, and of the Project's documentation, reports, and documentary products. The evaluation team further collected secondary documentary data, such as third-party publications. The evaluation made two "deep dive" analyses of the changes triggered by the Project, respectively in Kosovo* and North Macedonia.

Owing to the restrictions linked to the COVID-19 pandemic, evaluation activities were carried out remotely, online. This presented certain challenges in accessing interviewees and duty-bearers in "deep dive" countries, since these were engaged as frontline personnel in addressing the pandemic. The limitations affected the depth of collected data, but the evaluation modality was adjusted, with most interviewees contacted online.

KEY FINDINGS AND CONCLUSIONS

The evaluation found that through this Project, UNICEF managed to effectively leverage its evidence-based knowledge, skills and long-term presence in the field. UNICEF applied their knowledge of the local contexts and situation analyses to the Project design, and to address the needs of the duty bearers and CSOs working on ECD. All the while, the Project maintained the capacity to adjust the interventions, by drawing on close communication with stakeholders.

The prior, close partnerships of UNICEF with national stakeholders meant that the national policy, legislative and regulatory frameworks already echoed the UNICEF approach to inclusive ECD, and/or increasingly did so through Project implementation. This mutually re-enforcing relationship between the UNICEF approach and national normative frameworks made the Project-related interventions highly relevant. It is also in line with the systems approach promoted by UNICEF, which prioritizes the strengthening of country-level inclusive systems that respond to the needs of every rights holder – and indeed every child.

The systems approach was compatible with the donor-driven focus on specific groups of children (Roma children

and children with disabilities)⁴, but not always fully aligned. In certain national contexts – contrary to the assumptions – it was assessed that the vulnerability of the targeted groups, while valid, was not always the most in need compared to that of other groups. It was sometimes difficult for duty bearers to understand this prioritization. Yet, the evaluation found that UNICEF addressed and resolved this problem through engagement with the donor and subsequent programmatic adjustments to cover other vulnerable groups and continue the Project relevancy to stakeholders' needs.

The evaluation assessed the extent to which the Project was able to consider the different situations of men/boys and women/girls in relation to ECD and inclusion of the target groups. The evaluation found that the Project activities indeed focused on gender transformative results, both when training ECD professionals, and when reaching out to a gender-balanced range of beneficiaries. However, the Project documents and reports did not explicitly link the design of these activities with the gender analysis performed by UNICEF as a part of its country programming cycle.

The COVID-19 pandemic adversely affected the Project's implementation. Firstly, the modality of in-person interaction, which is the essence of the modelled services (PPE services, home visiting, health services, direct support and guidance to parents/caregivers, early identification, and intervention services for the most vulnerable children at home) was no longer viable. In addition, many of the Project's national partners were at the frontlines of pandemic response. Despite these unprecedented challenges, all Project partners maintained their engagement and helped the Project adapt to the exigencies imposed by the pandemic. UNICEF staff also performed effectively in ensuring transition to new, online implementation modalities – especially in education and training – by working in close partnership with implementing CSOs, national authorities, and service providers at municipal or community levels. The flexibility shown by the donor in accepting some unavoidable delays made such adaptation possible.

The Project contributed substantially to the realization of expected changes in the national policies and legal frameworks of the respective countries. This is especially apparent when it comes to promoting a holistic approach to ECD (integrating health, social care/protection, and child-centered PPE). These elements have become more deeply embedded in the policies and legal acts recently adopted in the countries. That said, the implementation of better ECD policy and legislation, their funding, and their translation into institutionalized practice, are still a work in progress.

The effectiveness of the Project has been documented through its role in strengthening networked ECD practitioners who share a common commitment and have compatible skills and vision for ECD in their respective fields of work. Training, networking, and adjustment of both formal and informal institutional arrangements around the newly acquired skills of the professionals have enabled the Project to model health, social care, child protection and PPE services to the rights holders, including in remote areas. The practitioners and parents/caregivers that were interviewed reported that certain changes of attitudes are taking place, and that the trained professionals increasingly use the skills promoted through the Project. Quantitatively, the Project has reached all, and exceeded several, of its targets in terms of the number of beneficiaries reached.

The evaluation found that the Project's monitoring was strong, but disproportionately burdensome, when considering the Project's budget, broken down by year and country. The Project's targets, which were exclusively quantitative, did not lend themselves to qualitative analysis of processes and trends: this is regrettable in the context of a systems approach, which works on the establishment of long-term institutional process and behavioural changes. In addition, despite UNICEF's efforts to collect baseline and monitor quantitative data (in particular with the Multi-Indicator Cluster Surveys), the Project faced weaknesses in the national administrative data. Even though the Project helped mitigate some of these shortcomings, – by, for example, establishing a national registry of children with disabilities in Serbia and by elaborating data collection tools – this has not been the Project's primary intended purpose, and the financial and capacity resources were insufficient for resolving the problem. Finally, the Project ToC placed expectations of changes disproportionately high compared to the budget and duration of the Project, and it did not identify internal and external assumptions at each level of change, which created overly ambitious reporting demands.

⁴ This targeted approach stems from the high priority placed by ADA as a part of its strategic objectives, to poverty reduction (https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Leitlinien/Englisch/PD_Poverty_reduction_Dec2009_EN.pdf) and gender (https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Leitlinien/Englisch/PD_Gender_2017_EN.pdf).

Looking at impact, overall, the Project made inroads towards inclusive ECD, especially when compared to its timeline and resources. The institutions engaged in the Project have advanced significantly towards expanding coverage and access to ECD, specifically social care/protection, health and PPE services in pilot municipalities even though the COVID-19 pandemic and limited human resources have dampened the prospects of making such transformation systemic. By continuing to strengthen partnerships with key institutions, the Project contributed meaningfully to the duty bearers' awareness of the ECD needs, gaps and opportunities which has improved policy and affected the quality of services. The parents/caregivers who did access the modelled services self-report changed attitudes towards their children, towards services, and towards their own role. These successes are largely attributable to the personal commitment of change champions at national and local levels, connection with whom UNICEF continues to nurture. The Project's choice to strengthen and improve existing services, rather than to create new ones (with a few exceptions), was conducive to secure the necessary public funding. Yet, as the interviews attest, the duty bearers are reaching the limits of what can be improved within the available human resources.

The evaluation found that UNICEF is the right partner for this Project and has leveraged its strengths to achieve results. The intervention was conceived as a part of the long-term engagement of UNICEF for the realisation of ECD standards and approach and thus remained fundamentally coherent with UNICEF's strategy. By optimizing its key comparative advantages – presence in the field, expertise of its staff, quality of its evidence generation– the Project has achieved considerable success with relatively limited resources. The process of the Project helped further diversify the existing long-term partnerships cultivated by UNICEF at national and local levels, which were in turn used to expand the generation and application of knowledge.

In several countries, UNICEF also acted as a “convener”. The breadth and depth of the changes observed goes beyond the Project: it is also attributable to the existing partnerships and accrued reputation of UNICEF in the field, and to the action of other donor and international partners who complemented or followed on UNICEF's action. Because of its long-term, professional cooperation with CSOs and duty bearers who work on ECD at both national and local levels, and because of its wealth of evidence-based knowledge and guidance, UNICEF was able to convene the relevant stakeholders and act as a trusted adviser. Matching funds from other donors helped expand and magnify the impact of the Project results.

KEY RECOMMENDATIONS

1. ADA would better optimise future investments into UNICEF projects by allowing UNICEF ECARO programmes (such as ECD) to develop full-fledged theories of change at a realistic level for future complex projects, as this would increase the feasibility and tailoring of future projects.
2. UNICEF ECARO should continue to advocate to donors and, when successful, support countries to systematize early detection, early intervention services and standard-based functional assessments.
3. UNICEF ECARO should strengthen, expand and sustain multidisciplinary networks of ECD professionals at national and regional levels.
4. UNICEF ECARO should build tools to monitor attitude, behavioural and practice changes among trained practitioners.
5. UNICEF ECARO should continue providing policy guidance to country offices on systematically promoting job descriptions and internal regulations of ECD duty bearers based on the products already elaborated.
6. For future complex projects, UNICEF ECARO should develop basic information products/documents for communication purposes.

1. INTRODUCTION

This report presents the results of the evaluation of the Project “Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova” (2018-2021). This Project was funded by the Austrian Development Agency (ADA) (1.8 million EUR) jointly with the United Nations Children’s Fund (UNICEF) (0.7 million EUR) for a total budget of 2.5 million EUR. It was implemented by UNICEF Europe and Central Asia Regional Office (ECARO) and seven Country Offices (COs) in the region: Albania, Bosnia and Herzegovina, Kosovo⁵, Moldova, Montenegro, North Macedonia, and Serbia.

The purpose of this report is to communicate the findings, conclusions and recommendations derived from an independent, theory-based evaluation of the Project. The evaluation is both summative, presenting how the Theory of Change (ToC) resulted in outputs, outcomes and impact through the reference period, and formative, demonstrating what dynamics enabled the results to ultimately contribute to long-term impact, and how future follow-up activities could be framed. The report includes evidence-based lessons learned and recommendations for UNICEF and ADA.

The evaluation was commissioned by UNICEF Europe and Central Asia Regional Office (ECARO), and managed by the UNICEF ECARO Evaluation team, with inputs from the Early Child Development (ECD) team.

The evaluation team was comprised of:

- Ms. Camille Massey, International Consultant/Team Leader
- Ms. Blerta Perolli-Shehu, Evaluation Specialist
- Mr. Zarko Sunderic, Evaluation Specialist.

The evaluation process followed three phases:

- Inception: review of initial documentation, elaboration of the methodology, identification of stakeholders, consultations and one workshop with UNICEF ECD team and COs, development of Inception Report;
- Data collection and field work: remote data collection, 73 interviews (including 63 women and 10 men), review of the documentation, consultations with key UNICEF RO and CO stakeholders on preliminary findings;
- Data analysis and reporting: analysis of interview notes, analysis of documentation, report drafting, remote consultation with key stakeholders, and finalisation of the Evaluation Report.

The evaluation process started on 10 October 2021, and ended in June 2022, as per the agreed timeline.

The interviews and consultations, as well as the validation of findings recommendations were done remotely, as per standard COVID-19 prevention measures.

2. BACKGROUND

2.1 Context

Social Inclusion

Western Balkan countries and Moldova have ratified the United Nations Convention on the Rights of the Child (CRC), the United Nations Convention on the Elimination of All Forms of Discrimination against Women and the United Nations Convention on the Rights of Persons with Disabilities. All the countries⁶ are committed to the

⁵ All references to Kosovo in this report should be understood to be in the context of United Nations Security Council Resolution 1244 (1999). The adjunction of the asterisk is intended as a reminder of this proviso.

⁶ The word ‘countries’ in this report is used to refer to Albania, Bosnia and Herzegovina, Kosovo, Moldova, Montenegro, North Macedonia and Serbia. For Kosovo this should be understood strictly in the context of United Nations Security Council Resolution 1244 (1999).

Sustainable Development Goal (SDG) Agenda and have in place a robust framework of policies, legislative frameworks and national strategies with regard to social inclusion, and protection of the human rights of women and children as well as vulnerable populations, such as ethnic minorities and persons with disabilities. Yet, annual progress reports of the European Commission point to weaknesses in ensuring realization of fundamental rights of Roma⁷ and people/children with disability across Moldova and Western Balkans region. Roma has continued to face discrimination, harassment and hate crime because of their ethnic origin, as underlined by the recent report from the European Union Agency for Fundamental Rights.⁸ Further, the rights of persons with disabilities, including their transition to community-based care and independent living, need to be effectively protected in line with the requirements of the UN Convention on the Rights of Persons with Disabilities.

The Project document outlines particular barriers in social inclusion of the most vulnerable since services provided tend to be concentrated, both in quality and quantity, in urban areas and outreach to rural areas is weak; the quality of universal or primary level services is low; the capacities of service providers are limited, new services around early intervention and disability prevention are missing and parents/caregivers' involvement as well as involvement of community-based and civil society organizations as potential partners in advocacy and service provision represents another challenge.

While countries have made progress in revising national legislation and policies, the institutional capacities for implementation remain weak. The biggest challenge is the predominant medical approach, i.e., "curing" a disability, as opposed to the social approach which builds on the strengths of the individual and ensures that their environments are supportive and enabling rather than restrictive.

According to UNICEF ECARO, the European Union (EU) accession is a cornerstone influencing factor for the Project countries, which have been investing efforts to harmonize policies and legislation to meet European standards. However, a sizeable number of children are socially excluded and face risks and deprivations, which limit their ability to reach their full potential.

Boys and girls from ethnic minority groups such as Roma, as well as boys and girls with developmental challenges and disabilities suffer disproportionately from poverty, poor access to services and social benefits, exclusion, and discrimination; they more often suffer from violence, separation from their families and placement in residential care institutions or special schools. Social and gender norms negatively impact the social inclusion of vulnerable children, and additionally hamper and limit Roma girls' participation in education on account of several reasons, including early marriage.⁹

The situation of the Project's target groups with regard to social inclusion and in the context of ECD at the onset of the Project constituted the baseline against which change will be assessed by this evaluation. According to the Project document,¹⁰ while the situation varied from one country to another, at the launch of the Project, the countries covered could be characterized as having slow implementation of reforms, especially the implementation of key national strategies, poor inter-sectoral coordination and quality of services, as well as inadequate financing of social services.

Effects of the COVID-19 pandemic

The impact of COVID-19, according to UNICEF sources¹¹, in Europe and Central Asia went beyond health risks, especially for children from poor families, ethnic minorities and children with disabilities, who have been disproportionately affected by the COVID-19 pandemic. Lack of access to essential and support services increased as was the isolation and stigmatization of children with disabilities and children from minority communities.

⁷ In this report, and in line with the European Commission (2021), the umbrella-term 'Roma' encompasses diverse groups, including Roma, Sinti, Kale, Romanichels, Boyash/Rudari, Ashkali, Egyptians, Yenish, Dom, Lom, Rom and Abdal, as well as Traveller populations (gens du voyage, Gypsies, Camminanti, etc.)

⁸ "A persisting concern: anti-Gypsyism as a barrier to Roma inclusion", European Union Agency for Fundamental Rights, 2018.

⁹ Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova Inception Report (2019). UNICEF ECARO to ADA.

¹⁰ Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans and Moldova Project Document (2018). UNICEF ECARO.

¹¹ <https://www.unicef.org/eca/unicef-responds-covid-19-pandemic-europe-and-central-asia>

The COVID-19 pandemic plunged the economies of the Western Balkans and Moldova into a profound economic crisis. In 2020, all countries in the region experienced negative GDP growth, due to reductions in services, exports, personal consumption, and investment.¹² The health crisis strained the overall social budgets of the governments, while the existing funds were often re-allocated to towards the urgent needs in healthcare system. Even though the World Bank estimates indicate that the rate of recovery from the pandemic-induced recession has been faster than initially projected¹³, the effects of pandemic-related crisis are still felt.

The health crisis has impacted the situation of children, and perhaps disproportionately so, those who were considered vulnerable before the crisis. They have been affected by school closures, additional technical and financial constraints related to transfer of some of school instruction online, travel, circulation and other limitations imposed in response to the COVID-19 crisis. Social distancing, school closure, protracted closure of the social interaction venues (parks, child entertainment venues, museums, theatres, etc.), limitations on access to healthcare (both related and unrelated to the COVID-19 infections), delays and confusion that accompanied the imposition of the vaccination rules and mandates in several countries had a notable impact on social inclusion, the depth and breadth of which is only now starting to be properly documented.

Early child development

Ratification and implementation of ECD policies have been a challenge in the region, primarily due to scarce resources, inadequate understanding of the importance of ECD for optimal child growth and wellbeing, long-term economic savings for state budgets, competing development priorities, and structures of inequality. Additional efforts are required to strengthen the rights of the child and to build resilient child protection and childcare systems. Based on the literature review, the common obstacles to ECD development in Western Balkans and Moldova also include:¹⁴

Discrepancy between adopted policies and their implementation. There is a discrepancy between existing policies, laws, and strategic action plans, on the one hand, and the implementation of the existing policies that translate into human capacities, available professional resources, pluralism of services, sufficient budget allocations and accompanying infrastructure, on the other.

Fragmented services increase deprivations on the family. A family-centred approach model is missing and fragmented services for the child and family remain a challenge. Due to this fragmentation, the child does not benefit from a holistic approach which would imply one single support plan for one child and family and cooperation of all support services and professionals in its implementation.

Integrating nurturing care into health care. The health sector should continue to expand its vision of health beyond prevention and treatment of disease and include the promotion of nurturing care for children as a crucial factor in the realization of the human potential of all people.¹⁵

Monitoring of the ECD needs to improve. There is a lack of an effective monitoring system on ECD which would provide information to policymakers and service providers on the precise situation of children. This includes challenges with data availability for the ECD system and even more specifically lack of disaggregated data across countries. Children with disabilities as well as Roma children cannot be included unless sound data collection and analysis render them visible.

Parental practices. Effective parenting support programmes are missing in several countries of the region. Children who are particularly vulnerable come from families with many children, or from poor rural single-parent families, or from families living in substandard settlements in extreme material deprivation, where parents/caregivers have a

¹² The World Bank (2020). Assessment of the economic growth in 2020 in Western Balkan countries and Moldova. Washington DC.

¹³ For this issue of the Regular Economic Report, the World Bank used two methods to estimate the potential poverty and distributional impact of the COVID-19 pandemic in 2020 and the possible recovery in 2021: (1) projections based on sectoral GDP growth and (2) detailed microsimulation of shocks and policy responses": The World Bank (2021). Competition and Firm Recovery Post-COVID-19. Europe and Central Asia Economic Update. Office of the Chief Economist Fall 2021. Washington DC

¹⁴ References: <https://www.unicef.org/eca/early-childhood-development>; European Commission (2021). 2021 Communication on EU Enlargement Policy; UNICEF website (2017), [ECD in Post-2015 Development Agenda and Why Early Childhood Development](#); [Child Protection Index](#) (2016); UNICEF, 2013. [The State of the World's Children](#); Sophie Naidoo, S. and Hasan, R. (2016). [Early Childhood Development: A Review of the Global Evidence](#), World Bank; UNICEF (2017). ECD in Serbia in Brief.

¹⁵ Child Protection Index <http://www.childprotectionindex.org>

low educational background. There is a lack of programmes to support parental wellbeing and to promote good parenting practices.

Governance structures lack effective institutional coordination. In general, the implementation of early childhood development programmes is often fragmented and uncoordinated, particularly for children under 3 years and at the local level.

ECD financing remains separated through sectoral budgets and policies. ECD funding is usually directed to separate sectors, leading to competition for scarce resources. Improved coordination can lead to increased effectiveness and efficiency of ECD programmes, sometimes with the same or even reduced resources.

For details on country-specific policies and legal frameworks, please refer to Annex 7 – overview of countries.

2.2 Project Description

Building on previous projects at country level, this Project became the first regional project on ECD covering these countries. In each country, the Project selected two to 26 municipalities to model ECD services and pre-primary education (PPE) services, in addition to the advisory, advocacy and knowledge-generating work done on both thematic areas (ECD services and PPE services) at the national level.

Project Budget

The total Project budget stood at 2,513,16 EUR, with ADA contribution totalling 1,799,999 EUR and UNICEF contributing 713,117 EUR. The projected expenditures by category¹⁶ were:

Table 1: Planned budget allocation by type

Description	Costs (EUR)
Human Resources	1,029,545.24
Equipment	91,355.29
Logistics and operational costs	39,387.39
Costs for activities	1,012,423.12
Visibility, publications, etc.	101,927.58
Contingency	34,121.32
Direct costs	2,395,259.94
Administrative/Overhead costs	117,756.99
Total	2,513,016.93

The distribution of the direct costs through the targeted countries was projected as follows:

¹⁶ No final expenditure figures were available at the time of report drafting.

Table 2: Planned budget allocation by country

Country	Costs (EUR)
Albania	250,850
BiH	346,000
North Macedonia	372,383.37
Kosovo*	224,295.16
Moldova	190,300.48
Montenegro	132,343.48
Serbia	447,378.00
Regional	397,588.60

Contribution to SDGs and gender equality

The Project outcomes and outputs related to:

- SDG 3 (Good health and well-being): the outcomes they aimed at improved health and development of children
- SDG 4 (Quality education): inclusive, quality pre-primary education is the foundation for children to take full advantage of further steps in formal education
- SDG 10 (reduced inequalities): the Project related to the situation of ethnic minorities and children with disabilities who are often impeded to fully access their rights
- SDG 16 (Peace, justice and strong institutions): the Project invested in the normative and institutional framework surrounding ECD
- SDG 5 (Gender Equality) as a cross-cutting issue.

The Project logframe envisaged several gender transformative results, in terms of access to health, social care and child protection services and PPE for girls, especially for Roma girls who have lower access levels. Quantitative Project targets were disaggregated by gender. The Project justification presented briefly how the situation and experience of girls and boys with disabilities and/or from Roma communities may differ.

Project approach and structure as per the Project document

In the Project document, the ToC of the Project is formulated as such:

IF mothers, fathers and girls and boys from vulnerable groups (Roma, Egyptian, children with disabilities) benefit from a) support for nurturing care, b) quality health services, c) early detection of developmental risks, delays and disabilities and d) early intervention services and IF boys and girls from ethnic minority groups and children with disabilities access quality, equitable and inclusive pre-primary education (PPE) THEN they will have improved health and development and will be able to reach their full human potential.

In line with this, the Project document presented the structure of the Project as follows:

Outcome 1. “Mothers, fathers and girls and boys, including those from vulnerable groups (Roma, Egyptian, children with disabilities), from the Project targeted areas benefit from support for nurturing care, quality health services, early detection of developmental risks, delays and disabilities and early intervention services.” This outcome was served by **five outputs**:

- 1.1. National and sub-national policies, and programs improved, and mechanisms strengthened to contribute to realization of the human rights of boys and girls, particularly from marginalized ethnic minority groups and children with disabilities and their families
- 1.2. Service providers enhanced knowledge and skills to support parents/caregivers for nurturing care, early detection of developmental difficulties and early childhood intervention (ECI)
- 1.3. Improved and innovative support modalities/services for children and parents/caregivers are made available

in targeted municipalities (e.g., counselling services, home visits, public service facilities, parental workshops, ECD centres, community based programs)

- 1.4. Early childhood intervention services for children with developmental difficulties and disabilities strengthened and their availability expanded
- 1.5. Awareness of the importance of child development raised among the parents/caregivers with an intention to increase demand for quality services.

Outcome 2. “The pre-primary education (PPE) in the Project targeted areas is more accessible and provides quality services including for boys and girls from ethnic minority groups and children with disabilities.” This outcome was served by **one output**:

- 2.1 Capacity of pre-primary education professionals (teachers, principals, psychologists, speech therapists, volunteers) in the Project targeted areas, strengthened for respect for diversity and inclusive service provision.

In each country respectively, a tailored set of outputs was implemented according to objectives agreed by the Government and UNICEF CO, based on feasibility and on the priorities of national policy documents:

Table 3: Overview of outputs implemented by country

	1.1	1.2	1.3	1.4	1.5	2.1
Albania		X	X			X
Bosnia and Herzegovina	X	X	X	X		
Kosovo*	X	X	X		X	X
Moldova	X	X	X			X
Montenegro	X	X	X			X
North Macedonia		X	X	X	X	X
Serbia	X	X	X	X	X	

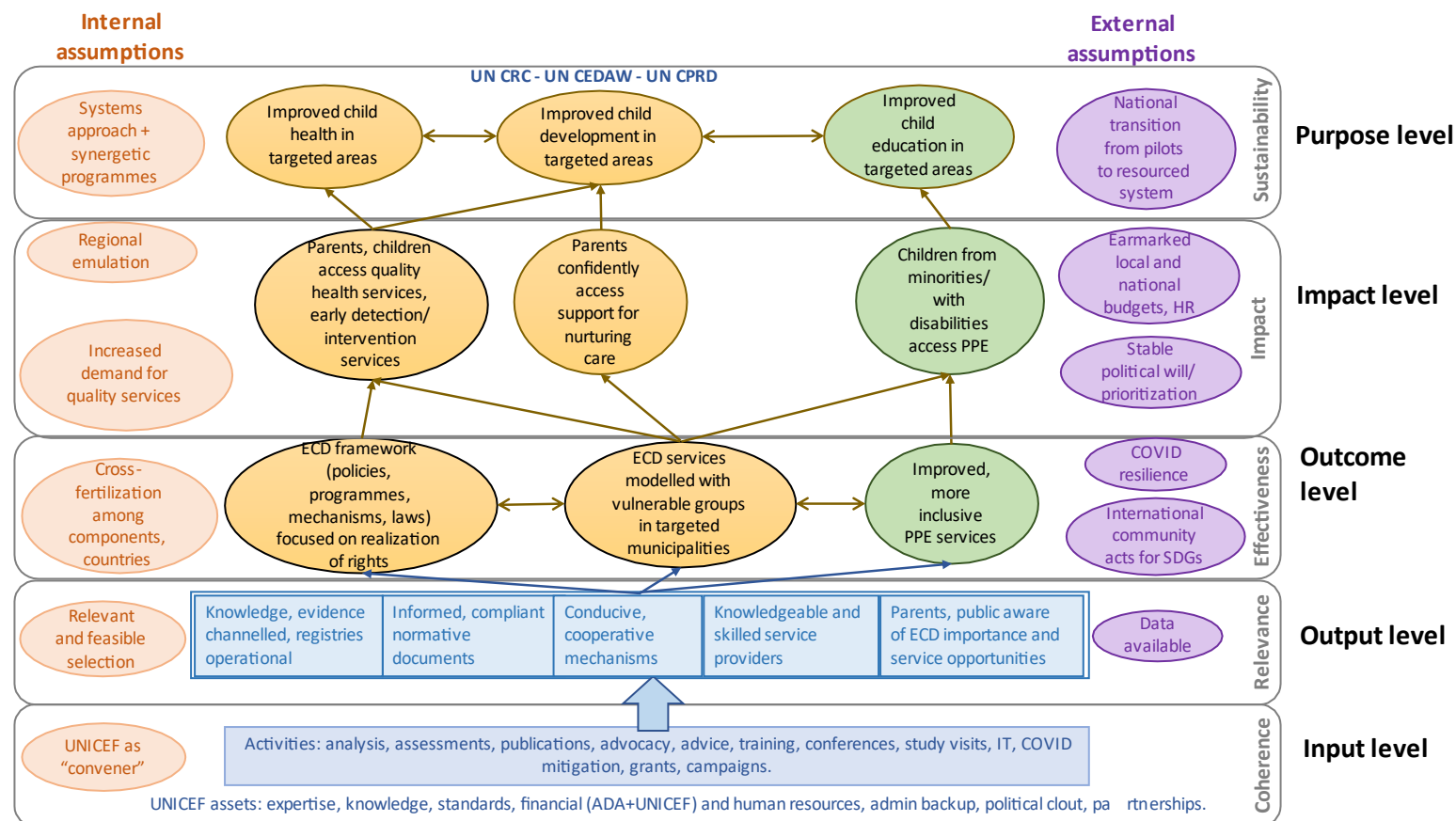
Revisited structure and ToC of the Project

As per the Terms of Reference (ToR), the evaluation team revisited the ToC and formulation of the Project document to check its validity and coherence during the inception phase. In agreement with UNICEF, the ToC and structure of the project were reformulated as follows:

- **At input level** the Project mobilised various assets to implement activities and create new experiences, processes, tools, knowledge and skills among direct beneficiaries, particularly decision makers and service providers.
- **At output level**, these actions were intended to elicit changes in the interaction, capacities, attitudes and actions of the direct beneficiaries (duty bearers and civil society organizations (CSOs)), guided by new pieces of legislation, regulations and policies, and equipped with new tools and knowledge, in the field of ECD.
- **At outcome level**, the outputs were intended to yield the new and/or improved services building on the existing framework,
- **At impact level**, the project was expected to contribute to sustainable change for the rights holders (children with disabilities, Roma children and their families/parents/caregivers, and possibly other vulnerable children and families).

These impacts should in turn have **contributed to the larger purpose of** establishing a ECD system that would positively affect child health, child development and education in the targeted areas and beyond. For more details refer to Annex 2 – Theory of Change of the Project.

Figure 1: Visual reconstruction of the ToC



2.3 Project Stakeholders

The Project targeted immediate (Civil Society Organisations (CSOs) service providers, duty bearers from among local and central level public institutions in the areas of health, social services and education) and final beneficiaries (children with disabilities and their families and communities; Roma children and their families and communities; other vulnerable children and their families and communities), further described below in the Stakeholder Analysis section of this report in Annex 3.

The evaluation recognised the different groups of stakeholders and places specific attention to (a) the benefits received by the stakeholders (b) the level of participation by the different stakeholders and (c) the communication between the Project and its stakeholders. Distinction is made between two main types of stakeholders:

1. **Duty bearers and service providers**, who constitute the direct beneficiaries of the Project's activities. For the purpose of this evaluation, including this report, the expression "duty bearers" includes all three categories below, unless otherwise specified. This category includes:
 - a. National-level duty bearers: line ministries, Parliament, state agencies, and learning institutions (such as the faculties and training institutes in charge of initial and continuous training of health and social services practitioners);
 - b. Municipal-level duty bearers: municipal councils and city halls, social care and child protection services, health services and PPE services present at the municipal level, whether they are deconcentrated from the national level, or pertaining to municipal administration (depending on the territorial administration of the respective countries);
 - c. Other service providers engaged in the Project, including mostly CSOs focusing on ECD, and in some cases local companies.
2. **Rights holders**, who constitute the end beneficiaries of the Project, as they are expected to benefit from the services provided by duty bearers and service providers. This category includes:
 - a. Children with disabilities, Roma children and other children facing vulnerabilities, who are the ultimate beneficiaries of the Project;
 - b. Their parents, guardians, caregivers and wider families, who care for them. For the purpose of this evaluation, the expressions "parents" or "parents and families" will cover this entire category, unless otherwise specified.
3. **UNICEF** as the implementer and co-funder of the Project, including:
 - a. UNICEF ECARO, which handled donor relations, designed the overall ToC and framework of the Project, and which supervised and administered the Project including overall monitoring and reporting;
 - b. UNICEF COs, which selected and designed the respective components and activities to be implemented in the respective countries, and which implemented and monitored the Project in partnership with national counterparts.
4. **ADA as the donor**, who validated the Project design and oversaw the monitoring of Project implementation. In some cases, the Austrian Embassies were also engaged in exchange of information about the Project at country level.
5. **Other international partners** engaged in ECD who have coordinated with the Project, because they have implemented or may implement, or may finance ECD projects in the countries, including: WHO, UNFPA, other United Nations Agencies, depending on the countries, the European Union, International CSOs, such as the Open Society Foundation, and other bilateral embassies and development agencies.

3. PURPOSE, OBJECTIVES, USERS AND SCOPE OF THE EVALUATION

3.1 Purpose

The purpose of the evaluation, as summarised based on the ToR and Inception Report is to:

- Inform the evaluation users for evidence-based decision making;
- Understand the effects of the Project on the direct/immediate, and when possible, final/end beneficiaries;
- Ensure accountability towards the donor, the UN governance bodies, and the beneficiaries (rights holders and duty bearers) in light of the Project's objectives, indicators and targets, and with regard to invested assets;
- Provide opportunities for organizational learning.

The evaluation is therefore mostly summative (as relates to understanding the effects of the Projects and ensuring accountability), but also to some extent formative (as relates to organisational learning and informed decision making). The evaluation report and management response will be public, thus fulfilling UNICEF's commitment to transparency and accountability.

3.2 Objectives

The **evaluation objectives**, in line with the ToR, and complemented by the evaluation team, are as follows:

1. Provide an independent assessment of the performance of the Project in relation to expected progress;
2. To provide actionable recommendations for UNICEF on improving its work at country and regional levels and on supporting the sustainability of the changes;
3. To identify good practices and innovative approaches, and provide lessons learned for UNICEF and actors working toward improving social inclusion of Roma children and children with disabilities.

Consequently, the evaluation should serve its users to:

1. Meet the accountability requirements set forth in the Project document;
2. Learn from the Project's performance and delivery of results;
3. Support future planning and decision making on ECD in the region;
4. Provide a basis for informed advocacy in the Project countries and beyond.

3.3 Evaluation users

The primary intended users of the evaluation results are:

- UNICEF ECARO
- UNICEF COs
- ADA

Secondary intended users are:

- Duty bearers including: Line Ministries; State agencies (e.g., national institutes); Municipal administration (belonging to local self-governance) and deconcentrated State services at municipal level.
- Other United Nations agencies which are currently active in ECD and inclusion in the region, including: WHO North Macedonia; UNFPA North Macedonia
- CSOs including: CSOs providing services to rights holders at local level; CSOs performing advocacy and services to rights holders at national level.
- Rights holders including: Children with disabilities and Roma children in targeted municipalities; Parents/caregivers involved in the parenting programme and home visiting programme.

3.4 Scope of the Evaluation

Programmatic and temporal scope

The evaluation covers all Project activities of UNICEF during the period from 01 December 2018 to 31 December 2021. The evaluation covers the input, output and outcome levels of the Project. The evaluation team took steps to identify plausible impact and sustainability aspects of the Project, owing to the formative nature of the evaluation, while bearing in mind the Project's progressive and long-term approach toward impact.

Geographic scope

The evaluation covers activities conducted within the territory of the seven countries covered, at central government level and in selected municipalities. Owing to the restrictions linked to the COVID-19 pandemic, evaluation activities were carried out remotely, online.

Unit of analysis

In addition to the general Project planning and implementation, the evaluation made two “deep dive” analyses of the changes triggered in Kosovo* and North Macedonia, chosen as a sample. Consequently, some of the evaluation criteria will mainly draw on data from these “deep dive” countries.

Thematic scope

The evaluation focuses on ECD, including early detection of developmental risks, delays and disabilities, early child intervention, parenting and PPE as central elements of the Project's ToC.

Population groups covered

The evaluation primarily analyses the contribution of the Project to changes for immediate beneficiaries at the output and outcome levels. It also makes some inroads into assessing the plausible changes for final beneficiaries, at the impact level.

Immediate beneficiaries include, as duty bearers: national and local self-governance authorities/services in charge of ECD and PPE services, primarily in the health, child protection, social services and education sectors. Final beneficiaries include:

- In the short run: children with disabilities, Roma children and their parents/caregivers in the municipalities targeted by the Project (addressed through impact-level analysis).
- In the long run: children with vulnerabilities and their parents in selected countries in ECARO (addressed by analysing sustainability of the Project-induced changes).

4. EVALUATION METHODOLOGY

4.1 Evaluation Criteria

In conformity with the ToR, the evaluation is based on the OECD/DAC criteria of **relevance, coherence, effectiveness, impact, sustainability**. These criteria were applied given the theory-based evaluation approach, as detailed below and translated into evaluation questions, as presented in sub-chapter 4.2. More detailed presentation of the approach to each evaluation criterion is found in Annex 1 – Evaluation Matrix.

Relevance: The evaluation examined relevance from the point of view of ToC, trying to establish the extent to which the Project's **outputs** in the ToC matched the issues they were supposed to address, as well as the assumptions that were associated to those issues.

Effectiveness: The evaluation examines the extent to which the expected **outcomes** (as spelled out in reformulated ToC) have been achieved, and whether the corresponding assumptions have materialized.

Impact: The evaluation looks at whether the Project strategies and approaches are **plausibly contributing to the improved experience of the rights holders**, particularly the most vulnerable ones, at the **impact level** of the theory of change.

Sustainability: The evaluation focuses on whether the **key assumptions** about the **purpose** of the Project are in place, to ensure lasting benefits.

Coherence: The evaluation focuses on optimisation of the **input** level of the ToC, including **activities, served by a range of UNICEF assets**. The evaluation further tests the internal coherence of the Project, and its coherence with the strategic goals of UNICEF and the respective countries.

Gender, Human Rights and Leave No One Behind

As cross-cutting elements of the analysis, the evaluation tested to what extent the Project was based on a human rights analysis, gender analysis, and whether it has led to gender transformative results within the ToC. The evaluation mainstreamed gender throughout the evaluation, at sub-evaluation question level and at indicator level. In particular, the evaluation assessed the existence and adequacy of gender analysis supporting the Project design at regional and country level, analysed the extent to which the Project formulated and worked on explicit gender transformative results, and checked whether gender-focused activities and monitoring practices took place during implementation. Owing to the effects of inclusive ECD on women and girls, and the over-representation of women among ECD practitioners, the evaluation had a high proportion of women among its respondents (86%) – but it ensured that men were also represented in each category of respondents.

4.2. Evaluation questions

During the inception phase, the evaluation team adapted the evaluation questions proposed by the ToRs to the reformulated ToC, with a view of streamlining the questions to achieve a strong match between the ToC and the evaluation matrix, which is based on these evaluation questions. As a result, one key evaluation question was identified per criterion, and several sub-questions were elaborated to delve into specific elements of each criterion.

Table 4: Revised evaluation questions

Evaluation questions as per ToR	Revised evaluation questions	Sub-questions
Relevance		
1. To what extent did the Project design respond to the needs and priorities of Roma children and children with disabilities, and continue to do so as circumstances changed? (especially within the context of COVID-19)?	1. To what extent did the project design continuously respond to the needs and aspirations of the rights holders and duty bearers?	How did UNICEF channel the evolving needs and priorities of Roma children and children with disabilities into the project design?
9. How effectively did the Project adapt to and respond to the circumstances caused by COVID-19 pandemic?		To what extent did UNICEF align its interventions in the respective countries with national priorities, policies and constraints?
		To what extent did the project integrate a gender analysis?
		How did the project approach adjust to the context of the COVID-19 pandemic?
Effectiveness		
5. To what extent has the Project	2. To what extent has the	To what extent did the duty bearers and

<p>achieved, or is expected to achieve, its objectives and planned results?</p> <p>6. To what extent are the intermediate effects of the Project realized, or have the potential to be realized?</p> <p>7. What were the enabling and constraining factors (and mitigating strategies) that supported the achievement of Project results?</p> <p>8. Were there any unintended results (positive or negative) from Project implementation?</p>	<p>project contributed to the realization of the expected changes?</p>	<p>other project partners expand and improve more accessible and inclusive ECI, ECD and PPE services for the target groups?</p> <p>How did the project embrace or mitigate enabling and constraining factors?</p> <p>How did the monitoring and reporting framework of the project capture change at outcome level?</p>
Impact		
N/A	<p>3. What is the potential for the project's target groups to use the new/improved offer of services?</p>	<p>To what extent have parents and children in targeted municipalities accessed ECD, especially ECI, PPE services, and experienced nurturing care and quality education?</p> <p>What factors facilitate project-induced benefits for the rights holders in targeted municipalities?</p> <p>Did the project trigger unintended changes?</p>
Sustainability		
<p>10. To what extent are the net benefits of the interventions continuing, or are likely to continue, for the institutions supported? What factors will facilitate further sustainable benefits?</p> <p>11. To what extent did the Project contribute to building resilient services for the most vulnerable children such as Roma children and children with disabilities in the countries it operated in?</p> <p>12. What will happen when the project is over? What will last?</p>	<p>4. What is the likelihood that the project results will contribute to systemic improvement of ECD for the target groups?</p>	<p>To what extent are the benefits of the interventions continuing, or are likely to continue, for the institutions supported (duty bearers and civil society partners)?</p> <p>What is the potential for duty bearers to scale models up at systems level?</p>
Coherence		

<p>2. To what extent has UNICEF demonstrated its added value as a partner and implementer? (especially in operating contexts of middle to high income countries with supportive institutional capacity)?</p> <p>3. To what extent has the Project leveraged other resources and interventions to deliver results?</p> <p>4. To what extent has duplication of activities been avoided, and synergies have been achieved in the context of the Project, including with external actors?</p>	<p>5. To what extent was the project coherent with the comparative advantages of UNICEF including guidance and strategic documents on ECD)?</p>	<p>To what extent has UNICEF optimized/made the most of its resources (financial and human resources, administrative)?</p> <p>How did the ToC reflect UNICEF strategic plan and approach on ECD (and related knowledge, expertise and experience)?</p> <p>How did UNICEF mobilize its existing, and/or create new partnerships as a convener and as a partner for change agents?</p> <p>To what extent was duplication of activities avoided and synergies achieved?</p>
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The revised evaluation questions and sub-questions were matched with indicators, data sources, and data collection methods to form the evaluation matrix which represents the methodological backbone for this evaluation report. The full Evaluation Matrix is presented in Annex 1.

4.3 Data Collection, Analysis, and Sampling

The evaluation follows the UNEG Norms and Standards as well as the UNEG Ethical Guidelines for Evaluation.¹⁷ Mixed quantitative and qualitative methods were used, with a primacy of qualitative methods.

The evaluation is based on two data sets:

- **Evaluation universe data:** this includes general data about the Project as a whole (including “deep dive” countries, and other countries as well as regional-level and UNICEF-wide data), as well as interviews and documents. Evaluation universe data was used to emit hypotheses in response to the evaluation questions, based on information that applies to all or most countries and/or to the regional level. However, alone, this type of data was not sufficient to respond with a confident level of certainty to most evaluation questions, because there is limited access to data in most countries (Albania, Bosnia and Herzegovina, Moldova, Montenegro, Serbia, which were not selected as “deep dive” countries), and since there was limited time/capacity to investigate the realities of the field for the duty bearers and rights holders in these countries. This class of data mostly provided insight on the output, outcome and impact levels of the ToC. It informed the evaluation on the implementation of the activities and results achieved, changes that the beneficiaries experienced, ownership of the results by beneficiaries and CSOs.
- **“Deep dive” countries’ data:** this includes data on Kosovo* and North Macedonia, which were sampled as “deep dives”. The data gathered from these countries enabled the evaluation team to check the working hypotheses that were elaborated based on the evaluation universe data analysis: this data was interrogated by the field reality as experienced by Project implementers, ECD duty bearers, and rights holders. “Deep dives” involve more data-intensive research, broad range of interviews and collection of documents beyond the existing documentation produced during/by/for Project implementation.

¹⁷ <www.uneval.org/normsandstandards/index.jsp>, <www.unevaluation.org/ethicalguidelines> [10/10/2020].

4.3.1 Data collection

Interviews

Interviewing has been one of the key elements of the data collection during the evaluation. As proposed during the inception phase, the interviews with UNICEF staff and partners were prioritised as professional respondents, while “deep dive” countries as geographic scope.

All UNICEF Project staff have been interviewed during the inception phase, there was no sampling conducted.

Among duty bearers at national level, all national counterparts were interviewed in Kosovo* and North Macedonia during data collection. Similarly, all CSO service providers (implementing partners) were interviewed during data collection in Kosovo* and North Macedonia.

Among duty bearers at municipal level, interviewees were sampled according to municipal sampling, combined with convenience sampling: all available duty bearers in the sampled municipalities were interviewed, as specified in the stakeholder analysis.

Among rights holders (parents directly reached by the Project), the sampling was very restrictive: two-three rights holders were interviewed per “deep dive” country. As it was stated in the Inception Report, the time and resources allocated to evaluation did not allow for representative sampling. The rights-holder interviews were thus done for illustrating potential change (or the lack thereof) experienced at the impact level, to provide insights into the potential bottlenecks faced by the rights holders when accessing new or improved ECD services to families or PPE.

The interviewed rights holders were identified through convenience snowball sampling: they were proposed by the CSO service providers. Parents who are part of the Roma community, and parents of children with disabilities were both represented in this small group of interviewees. There is a risk of bias in the selection of rights holders by service providers: this bias could only be partly mitigated by the communication with CSO service providers: availability, access to phone/internet, and interest in participating in the evaluation. However, the consequences of this bias were considered to be minimal since these interviews were meant for illustration purposes and not as the key source data.

The evaluation team held a total of 73 interviews, distributed as follows:

- Kosovo*: 17 informants
- North Macedonia: 27 informants
- Other countries and regional level: 29 informants.

These included:

1. Interview with all relevant UNICEF staff (one joint interview per country and three individual interviews at regional level),
2. Interviews with the donor and other international partners,
3. Interviews with national level duty bearers from among line ministries and agencies in the health, social protection, child protection, and education sectors in the “deep dive” countries,
4. Interviews in the sampled municipalities in the “deep dive” countries, with current and/or former staff of service providers and other relevant duty bearers in the health, social and pre-primary education sector, and elected officials in the selected municipalities, rights holders (parents/caregivers who benefited directly from the Project), local/national/international CSOs; international partners.

The breakdown for the “deep dive” countries is listed below:

Table 5: Overview of interviewees in Kosovo*

Institution	Number of interviewees	Sex-Disaggregation
National level duty bearers (Ministry of Health and Ministry of Education)	3	3F
Municipal level duty bearers (Municipal Directorates of Education)	2	1F, 1M
Municipal counterparts/ implementing partners (municipal family medical centres)	3	3F
CSO Implementing partners	6	3F, 3M
Rights holders (parents)	3	3F

Table 6: Overview of interviewees in North Macedonia

Institution	Number of interviewees	Sex-Disaggregation
National level duty bearers (Ministry of Health, Ministry of Labour and Social Policy and Ministry of Education and Science)	5	4F, 1M
Pre-school institutions	9	9F
CSO Implementing partners	9	7F, 2M
Academic institution (University)	1	1M
International development partner	1	1F
Rights holders (parents)	2	2F

Document collection and desk review

Comprehensive Project documentation and other relevant documentation represented the second basic source of data. During the evaluation process, the evaluation team received from UNICEF:

1. The entire Project documentation, products of the Project (publications, reports, presentations, training material, quantitative data, etc.),
2. Documents, reports and quantitative data from implementing partners.

In addition, it assembled:

3. Online resources and publications from United Nations and third parties,
4. National legislative, regulatory and policy framework, and additional documents in the sampled municipalities (e.g., action plans, information material, etc.)

These documents were assembled for all the countries covered. The list of documents reviewed can be found in Annexes 9 – Bibliography, and 10 – List of Project-generated documents reviewed.

4.3.2 Data analysis

To analyse the collected data, and respond to the evaluation questions, the evaluation team used **contribution analysis methodology**, which addressed:

- What change was intended by the Project (based on the ToC);
- What changes can actually be observed on the ground and among the stakeholders in terms of knowledge, skills, know-how, mobilization of tools, techniques and mechanisms, decision-making processes, content of decisions, behaviour, attitudes, perceptions, experiences and initiatives;
- What changes can actually be observed in access to inclusive and quality ECD services for vulnerable children (especially children with disabilities and Roma children) and their parents/caregivers and families;
- Whether the action fulfilled necessary preconditions for these changes;
- How, and to what extent, the Project contributed to the changes – with the acknowledgement that it may not be the only contribution to this impact.

Each of these sets of questions were posed for each level of the ToC – graduating from inputs to purpose. At each level, the analysis tested the ToC, its internal logic and assumptions. Simultaneously, analytically proving the Project's contribution to change became more challenging the higher the level of the ToC and the logical framework.

At the levels of inputs, outputs, and outcomes), the evaluation was able to demonstrate direct contribution to changes. At the higher levels of the ToC (impact to purpose), the evaluations confidence level is lower - it demonstrates plausibility of the Project's contribution to change.

The data was analysed through an analytical grid structured around the evaluation questions, sub-questions and indicators (see Annex 1 – Evaluation matrix). This grid provided an overview of the information extracted from both the documents, which were reviewed, annotated and referenced according to the level of analysis (questions, sub-questions, indicators), and interviews, which were annotated, and salient statements extracted to be attached to the same levels, to identify typical respondent positions on each question, and the degree to which they conformed or differed from one another.

The data analysis results, dispatched accordingly on the grid, allowed the evaluation team to have a ready overview of the evaluation process and to also assess early on, whether the gathered data was sufficient for triangulation (confrontation of three or more types of data). If the triangulation deemed impossible, the evaluation team took remedial action, by soliciting additional data.

Based on the grid, the evaluation team prepared draft findings for each evaluation question, and triangulated data for each draft finding. These results of the analysis formed the basis for this final report.

4.3.3. Sampling

Country sampling

The evaluation team conducted **two “deep dive” analyses on Kosovo* and North Macedonia**. In these countries, the evaluation team conducted a broad range of interviews with all types of stakeholders, along with in-depth review of documentation. The purposive sampling was based on the following criteria, examined in consultation with UNICEF ECARO and COs:

- Representation of the Project document's outputs (at outcome level in the reconstructed theory of change). This criterion has to do with the diversity of interventions and thematic area of work in these countries, as well as breadth of activities;
- Number of municipalities covered in the program and number of stakeholders engaged;
- Significance of the investment to the Project;
- Feasibility for the COs, especially against other ongoing evaluation/research/planning initiatives that were occurring simultaneously.

Municipal sampling

Within the “deep dives”, the evaluation analysed changes at the municipal and community level. For this purpose, it sampled municipalities in consultation with UNICEF COs, based on the following criteria:

- Municipalities both covered by the Project, and identified as demonstration municipalities as per UNICEF's overall strategic approach.¹⁸ This strategy defines four levels of intervention for UNICEF, including demonstration municipalities where UNICEF interventions are modelled. These municipalities combine:
 - Feasibility of modelling (existence of entry points, in line with requirements for demonstration municipalities);
 - High number of communities identified as marginalized;
 - Variety and extent of the needs identified among these communities.
- Representation of urban, rural and mixed municipalities;
- Coverage of all Project outputs (as per initial Project document's ToC) implemented in the respective country;
- Feasibility measured by access to informants and documents.

Table 7: Selected municipalities according to criteria

Municipalities	Coverage by the action (outputs as per project document)	Rural/urban	Feasibility
Kosovo*			
Dragash	Outputs 1.2, 1.3, 1.5 and 2.1 (ECD Center established and functional)	Rural	Respondents and data are available
Gjilan	Outputs 1.2, 1.3, 1.5 and 2.1 (ECD Center established and functional)	Urban	Respondents and data are available
Lipjan	Outputs 1.2, 1.3, 1.5 and 2.1 (ECD Center established and functional)	Rural	Respondents and data are available
Zvecan	Outputs 1.3, 1.5 and 2.1 (ECD Center)	Rural	Respondents and data are available
Gjakove	Outputs 1.2, 1.3, 1.5 and 2.1 (Home visiting programme)	Rural	Respondents and data are available
Fushe Kosove	Outputs 1.2 and 1.3 (Home visiting programme)	Rural	Respondents and data are available
Mitrovica South	Outputs 1.2, 1.3 and 2.1 (ECD Center established and functional)	Rural	Respondents and data are available
North Macedonia			
Skopje, Chair	Outputs 1.3 and 2.1. (Quality inclusive pre-primary education in regular pre-primary classes)	Urban	Respondents and data are available
Vinica	Outputs 1.3 and 2.1. (Quality inclusive pre-primary)	Mixed Rural/urban	Respondents and data are available

¹⁸ <https://www.unicef.org/kosovoprogramme/reports/programme-strategy-notes-unicef-kosovo-2021-2025>

	education in regular pre-primary classes)		
Skopje, Shuto Orizari	Outputs 1.3 and 2.1. (Quality inclusive pre-primary education in regular pre-primary classes)	Sub-Urban	Respondents and data are available
Gostivar	Outputs 1.3 and 2.1. (Quality inclusive pre-primary education in regular pre-primary classes)	Urban	Respondents and data are available
Veles	Outputs 1.3 and 2.1. (Quality inclusive pre-primary education in regular pre-primary classes)	Urban	Respondents and data are available

4.3.4 Limitations

The unfolding of the COVID-19 pandemic presented the evaluation team with some difficulties in access to interviewees in the “deep dive” countries, as well as the duty bearers of ECD (in particular health services) and the UNICEF COs. As a result, their capacity in terms of time and human resources to participate in the evaluation was constrained.

This constraint was factored in the data collection design and alleviated by the utility-oriented evaluation approach. Yet, since restrictions did not allow for in-person data collection, the depth of the data was limited, especially at local level. The evaluation team significantly increased the number of online interviews as compared with the ToR to compensate this limitation.

The timing of the evaluation was also challenging, since the interviews took place both during the winter season holidays, and at a time when the “deep dive” countries faced a new peak in infections. As a result, many interviewees were unavailable or unwell at the time, and interviews had to be rescheduled. However, only one interlocutor declined the interview. Consequently, the data collection phase was extended, but the quality of interview data was not affected.

Lack of regularly available disaggregated data has presented an obstacle in Project monitoring and reporting. Administrative data (with rare exceptions) are not disaggregated per ethnicity or disability which severely limits its use in reporting. Further, the impact of the pandemic inhibited collection of routine data in 2020. The evaluation could therefore not rely on comparable data across countries and years, except for Multiple Indicator Cluster Survey (MICS), where available, which is aligned with SDG targets and indicators and provides disaggregated data, including by ethnicity.

Other limitations, in particular concerning attribution of broad changes to this relatively small Project, inherent to most evaluations, were compensated by contribution analysis and a realistic choice of evaluation criteria and questions. The quality of the interview data and the variety of people interviewed allowed to clearly identify changes, causalities, and analyse plausible contributions, following the steps of a ToC-based analysis.

4.4 Ethical Issues and Considerations

Observance of the UNEG ethical standards by the evaluation team

The overall approach adhered strongly to the ethical guidelines of the United Nations system and UNICEF, which

are listed in Annex 9 - Bibliography. The evaluation adhered to UNEG Norms and Standards, and its overall approach was grounded based on being impartial, credible, responsible, honest, and demonstrating integrity at all stages to foster an independent evaluation of the highest quality standards. The evaluation team respected the following principles throughout its engagement with UNICEF ECARO: (i) Respect for dignity and diversity; (ii) Fair representation; (iii) Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); (iv) Redress; (v) Confidentiality; and (vi) Avoidance of harm. The evaluation team has prepared and implemented an evaluation approach that meets the ethical evaluation obligations and principles as described further. The evaluation team members did not have any conflict of interest and operated with independence and impartiality throughout the evaluation.

Furthermore, the Evaluation Team's ethical approach was informed by UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis and in accordance with the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research and UNICEF's Child Safeguarding Policy. For external ethical protocols, the Evaluation Team abided by UNICEF's guidance on ethical principles and requirements.

The evaluation team chose the informants in consultation with UNICEF ECARO and COs. This selection followed UNEG Code of Conduct for Evaluation in the UN system.¹⁹ The selection ensured representation of the evaluation users and the various groups of stakeholders, as presented in Annexes 3 and 4. This representation had two limitations, due to the COVID pandemic which limited access, as well as the time and budget of the evaluation which reduced the feasibility of reaching out to large groups of informants, in particular among rights holders:

1. The duty bearers (State institutions in charge of ECD and inclusion), CSOs working on ECD and inclusions, and the rights holders (parents reached by the Project) were interviewed only in the deep dive countries, as it was not feasible to conduct such wide range of interviews in all seven countries.
2. For the same reasons, the evaluation could only reach out to five rights holders. The purpose of interviewing rights holders, however, was not to obtain a representative sample, but rather to hear individual stories and experiences which would illustrate and nuance the findings on impact, which were derived from other interviews as well as from document analysis (in particular Project-made research with end beneficiaries).

As regards rights holders, the evaluation did not reach to children themselves, because, in ECD, the end target group includes pre-primary school children: online interviews with such young children were considered to represent a disturbance to the children which would have been unjustified by very limited additional information for the evaluation. The evaluation team considered that the parents', CSOs' and duty bearers' input represented a better balance between the inconvenience posed to the interviewees, and the benefit for the evaluation.

In line with informed consent principles and confidentiality, interviewees were informed at the start of the interview regarding the purpose of the evaluation, assurances of voluntary participation, and confidentiality of all responses. The Evaluation Team applied the principle of "do no harm" – both for the evaluation team and evaluation participants together with the standard ethical requirements of any evaluation data collection process.

The Evaluation Team did not use audio or video recordings of interviews. All notes taken by Evaluation Team have been stored in personal computers with password protection.

No compensation for participation in the evaluation process was provided. The Evaluation Team ensured that informed consent protocols were verbal, to avoid signing of any type of printed forms that might put participants at risk. For all interviews and group discussions, personal data, including contact details were stripped from the data before it was shared to ensure further confidentiality. All interview notes from the evaluation team are kept electronically on password encrypted computers. Any potential personal identifiers have been removed from the data prior to analysis. Data analysis was carried out only by the evaluation team members to ensure confidentiality. Data compiled in reporting was aggregated so that individual responses cannot be traced to specific locations or individuals. Both quantitative and qualitative information will be maintained on evaluation team computers only until the finalization of the report, at which time it will be deleted to further protect individuals from possible identification.

¹⁹ www.unevaluation.org/document/detail/100

The research needed for this evaluation did not include any interaction with children.

Ethical Review Procedure

The inception report, including evaluation methodology, interview templates, and consent forms were submitted to the UNICEF Ethics Review Board in parallel with the quality assurance procedure. Ethical approval was given on 22 January 2022 (see letter of approval and a letter of consent in Annex 6 – Consent Forms and Ethical clearance).

4.4 Quality assurance

The UNICEF ECARO Evaluation manager and ECD team first reviewed all draft evaluation deliverables (inception report including data collection and data analysis tools; final report), following which the Evaluation Team amended deliverables as required. UNICEF ECARO and COs then reviewed the second version of the deliverables for comments, and the Evaluation team integrated their comments. The report was then reviewed by UNICEF-procured, external quality assurance.

5. EVALUATION FINDINGS

5.1 Relevance

Evaluation question 1: To what extent did the Project design continuously respond to the needs and aspirations of the rights holders and duty bearers?

Key Findings:

Finding 1: UNICEF applied their field knowledge, situational analysis and systems approach to the Project design and implementation. This enabled the Project to continuously adjust to the needs and aspirations of the stakeholders.

Finding 2: The approach to ECD supported by UNICEF, and the national normative frameworks, were mutually reinforcing, which contributed to ensuring the Project's relevance to national priorities both at the policy level, and during implementation.

Finding 3: The Project had to balance differing emphases in targeting approaches between UNICEF and ADA as the donor: while UNICEF promotes an inclusive, systems approach, ADA's preference for targeting Roma children and children with disabilities did not always correspond to local priorities. UNICEF and the donor jointly succeeded in making necessary adjustments in the field to remain relevant to stakeholder's needs.

Finding 4: The Project had a gender focus and conducted specific activities, but there was limited documentary evidence that these activities were backed up by gender analysis.

Finding 5: UNICEF successfully adapted to most of the constraints imposed by the COVID-19 pandemic through a redesign of the implementation modalities, although some services suffered or provision was delayed.

Finding 1 UNICEF applied their field knowledge, situational analysis and systems approach to the Project design and implementation. This enabled the Project to continuously adjust to the needs and aspirations of the stakeholders.

Triangulated evidence basis

UNICEF country programmes

Project document

Project reports

Country Project reports

Joint partnership review reports

Training reports

Implementing partner CSOs' reports

Project outputs (training modules, publications, applications, internal reports)

MICS

Interviews with UNICEF and duty bearers

Interviews with UNICEF staff revealed that the Project design and selected outputs in the respective countries was informed by UNICEF's field knowledge, and, stakeholder and context analysis of each country's ECD systems. This was underpinned by UNICEF's prior, long-standing engagement in country and the previously generated research products and data (MICS, earlier UNICEF studies and publications).

Partnerships pre-dated the Project, including with national-level institutions in the health, social protection, child protection, and education sectors; devolved state-level services at the regional or local levels; and the local self-governance at regional and municipal levels. UNICEF COs also have cooperated with civil society actors relevant to ECD: at national levels, some CSOs had long been engaged as like-minded actors in advocacy efforts, while at the local level they served as a longstanding source of child rights monitoring, as well as, in some cases, implementing partners for certain services as a part of other UNICEF work.

It is clear from the stakeholder analysis sub-chapters of the Project documents, that UNICEF COs based their engagement with CSOs on the analysis of previous partnership experiences in three areas: as service providers to the target groups; as advocates for prioritisation and improvement of ECD services by duty bearers; and as champions, representatives or advocates for certain vulnerable groups. It is also apparent from the interviews with UNICEF, that the COs were aware of CSOs' capacities and comparative advantages, and incorporated that knowledge into the planning and implementation process.

Based on Project documents and country reports, UNICEF's in-depth knowledge of local and municipal actors (both public officials and CSOs) was particularly pronounced in communities and municipalities where UNICEF previously implemented activities under other ECD programmes, or other programmes involving ECD actors. Such knowledge was corroborated by the interviewed stakeholders in "deep dive" countries. To give an operational example, pilot initiatives on social protection in Albania equipped the CO with an in-depth understanding of the actors and dynamics in some of the pilot municipalities for the Project – and this understanding, as evidenced by interviews with UNICEF and stakeholders, was transferrable to the Project, since social protection stakeholders are highly relevant to ECD, particularly in ECI.

Quote (a duty bearer in North Macedonia) *"The support we got from UNICEF and other United Nations agencies is absolutely relevant for our country: the indicators on neonatal care were very bad, while the tertiary system had to be reorganized. The solution of the Masterplan [elaborated with UNICEF support] defined what maternity hospitals must have in terms of equipment and skills."*

UNICEF's knowledge of the context included not only the formal roles envisaged for stakeholders by national policies, legislation and regulations, but also the awareness of their real capacities in terms of institutional development and available human resources, as well as of their motivations (structural incentives to engage and invest efforts in cooperation with UNICEF and each other, political interests, etc.) and of their relationships (for example the willingness to engage in partnerships, levels of mutual trust, etc.). This awareness was expressed during the interviews, and also channelled into Project documents and reports.

Based on this knowledge, UNICEF created small-scale funding agreements with partner institutions wherever necessary, containing an explanation on the established needs that require such additional support, as well as the projected change sought in the discharge of duties in accordance with the legal framework.

UNICEF tried, wherever possible, to generate additional data for pinpointing the needs of the target groups. For example, in Montenegro, the Project interventions focused mainly on Roma children, since MICS 2013 and 2018 data highlighted the heightened need for supporting this community. UNICEF adapted the 2013 and 2018 MICS to generate data specifically on Roma children: this data served as a basis for a separate report on Roma settlements in ECD context.²⁰ This report complemented UNICEF knowledge based on direct work with the community, allowing UNICEF to ensure programming and the respective governments' policy documents²¹ addressed beneficiary needs.

Some Project country reports, Project outputs and internal reporting tools, as well as interviews conducted by the evaluation team revealed the COs' ability to remain relevant to the beneficiary needs and the implementation context through their agility in "fusing" the systems approach with in-depth stakeholder analysis. In practical terms, this meant UNICEF was able to frame their understanding of the stakeholder interactions (between duty bearers and end-beneficiaries, among stakeholders). UNICEF understood the context of the interplay between the various aspects of the normative (legal, policy and institutional) framework, and their cumulative systemic impact on social care, child protection, education and health.

For example, UNICEF identified how the evolution of the normative framework in related areas interplayed with the development of the local self-governance: UNICEF systems approach enabled COs to anticipate devolution and decentralisation of relevant responsibilities for ECD and inclusion. This approach allowed for a targeted cooperation with the most relevant institutions at state and local levels in Albania, Bosnia and Herzegovina, Serbia, and North Macedonia.

The complexity and granularity of this knowledge informed decision-making during the Project design and implementation, and – as interviews testify – were crucial in offering participative, practical, and feasible solutions to problems, and in adjusting the Project activities and outputs.

Several products developed by the Project exemplify this integrated analytical capacity and how it helped keep the Project relevant:

- The Methodological Guide - Research for National Situation Analyses on Early Childhood Intervention²² includes a situational analysis which traces the most commonly observed transitional continuum of "Legacy Services, Evolving Services, and Contemporary Services" in the countries of the Project. It investigates the framework, personnel and users (as key stakeholders), and the characteristics of services provided. It then applies the approach to ECI in a change-oriented fashion, which is a crucial element of keeping the interventions relevant to stakeholder and beneficiary needs. Many practitioners interviewed in the "deep dive" countries reported that they are using the Guide and are finding its insights very useful to guide their interventions.
- Developmental Behavioural Scales used to assess children's early development, in line with UNICEF and WHO guidance were developed, and promoted in Bosnia and Herzegovina, North Macedonia, and Serbia. They ensure the relevance of duty-bearers' interventions to evolving needs of the end-beneficiaries.
- Situational analyses were prepared, for instance, in Serbia, serving as a formal tool for adjusting Project interventions for relevance.

²⁰ According to MICS, Roma and Egyptian children are considered the most vulnerable segment of the population, with 26.8% children moderately or severely stunted, and almost 37% women aged 20-24 with at least one live birth before the age of 18. In Roma settlements, only 18.5% children 36-59 months were in early childhood education as compared to 39.9% of the general population. Forty percent of respondents believed that children needed to be physically punished (55% mothers and 33% fathers), which was in line with the actual prevalence of physical discipline.

²¹ For instance, see Montenegro National Strategy for Inclusion of Roma and Egyptians 2016-2020.

²² Vargas-Barón, Emily, Methodological Guide - Research for National Situation Analyses on Early Childhood Intervention, UNICEF, New York, 2021.

- Training sessions and modules, for instance, the modules for patronage nurses based on UNICEF regional package for home visiting were developed and considered as particularly well-tailored by the stakeholders in the “deep dive” countries.²³ These materials mobilized context analysis to tailor the messages and practical exercises.²⁴

When taken together, extensive familiarity with the context and programmatic knowledge, complemented with the ability to implement a evidence-informed systems approach, allowed UNICEF to ensure relevance of its interventions. They also enabled the COs’ staff to contribute to the products and services selected by the Project, and to select outputs that were better suited to each country context, which corresponds to one of the assumptions of the reconstructed ToC.

Good practice: A project designed for enhanced – not new – ECD services ensures that interventions are context-specific and not “one-size-fits-all”.

The project approach to ECD services, whether in the health, child protection and social sector, or in PPE, was to enhance the quality, adequacy, targeting, access, and coverage of existing services – not to create new services. This approach was based on context analysis.

The home visiting programmes with patronage nurses existed in all target countries before the Project. In several cases, these had been developed with some support of UNICEF – such as advice, or facilitation of consultations. Based on past experience, and assessing the development of this service, the Project aimed to boost these programmes through the training of patronage nurses, facilitation of networking and referral between patronage nurses and other actors of health and social integration (such as local health centres, hospitals, specialised doctors, centres for social work and/or community-based social and resource centres.)

This approach avoided the traps of creating decontextualized, one-size-fits-all, donor-driven activity. It ensured that the supported services would fit within the existing normative framework and would be better owned by the stakeholders, because they were perceived as context relevant. A duty bearer from Kosovo* summarized: *“We did not start these interventions from scratch with this Project: they were a continuation of previous work (...) We were able to expand our reach and increase our quality through the Project; and we knew exactly what we were doing, and why we were doing it.”*

Finding 2: The approach to ECD supported by UNICEF, and the national normative frameworks, were mutually reinforcing, which contributed to ensuring the Project’s relevance to national priorities both at the policy level, and during implementation.

Triangulated evidence basis

Project document, Project progress/final reports, Project country reporting

Policy, legislation, by-laws in “deep dive” countries

Interviews with UNICEF staff, duty bearers

The interviews and reports demonstrate that UNICEF and the respective national partners engaged in extensive discussions concerning the national priorities for each country and jointly identified the priority programmatic areas, outputs and indicators to be covered by the Project in each country. Since the priority areas were jointly defined and complemented the national policy agendas, the Project outputs were therefore highly relevant to the duty bearers’ needs.

The feedback received in Kosovo* is illustrative: all stakeholders highlighted that Project design and planning was a participatory process involving key government stakeholders. The relevant Ministries validated UNICEF plans prior to their final approval. There was no need to adjust the selected outputs or the approach to ECD in any country during the Project implementation phase, which is a testimony to the relevance of the participatory Project design,

²³ As an illustration: beneficiaries considered early detection trainings for nurses in North Macedonia particularly tailored to their needs.

²⁴ Schwethelm, Bettina, The care of small and/or sick newborns – Module 22, UNICEF, New York, 2020.

and of the appropriate use of an “menu” of outputs for selecting the interventions most appropriate in each country context.

Since UNICEF (over time and often for over a decade) and the Project (during Project design and implementation) directly influenced the elaboration of national priorities and policies, these priorities and policies were fundamentally aligned to the UNICEF approach. National policies were then further supported through the Project during implementation. Fundamentally, the national policies have been influenced by and replicated the UNICEF programmatic approach to a sufficient extent to ensure mutual alignment.

Quote (a duty bearer in Kosovo*) *“UNICEF has oriented and conceptualised the way we perceived ECD.”*

For example, the de-institutionalisation reforms, which have been practiced in the seven countries covered, are aligned with UNICEF’s holistic ECD concept of engaging the health, child protection, social care, and education sectors and actors. Such close alignment comes as no surprise since UNICEF has supported these policy reforms over the past decade. For instance, in Albania, UNICEF programmes on social protection and on social care services stem from de-institutionalisation in child protection and aim for social integration of vulnerable children, families and communities, in line with the policy documents adopted over the past ten years. The Project stepped in to reinforce this integrative approach with a focus on ECD, but it could build on the foundation laid many years before.

Figure 2: Mutually reinforcing, multi-sector visions for ECD



In practical terms, the ECD approach promoted a multi-disciplinary approach and horizontal links among the professionals of the three sectors, both at policy level and at the level of service delivery. Many Project activities were designed to respond to this practical objective.

At the local level, the Project ensured the relevance of the activities to the local stakeholders’ needs in a comparable manner. A good example is North Macedonia, where the Project supported the establishment of a national assessment body for children and youth with disabilities with specialized assessment bodies at the regional level, comprised of multi-disciplinary professionals. Likewise, the various training sessions’ attendance lists in all countries show a balanced mix of health and social welfare professionals.²⁵

Quote (a duty bearer in Kosovo*) *“UNICEF was very dedicated in partnering and negotiating with municipalities to address the needs and priorities of the children from the design phase. The Project design was informed by those needs.”*

The interviewed duty bearers noted that the supporting activities designed under the respective outputs were highly

²⁵ For instance, the attendance lists of the trainings on the Developmental Behavioural Scales in Bosnia and Herzegovina show approximately one third of professionals from local health centres, one third of professionals from local “Centres for Social Work”, and one third of professionals from health and social institutions at cantonal (Federation of Bosnia and Herzegovina) or entity (Republika Srpska) levels. The same trend was observed in other countries and for other trainings.

relevant to their needs and to end-beneficiaries' needs. This entailed constant interaction with a wide variety of stakeholders at all level of governance. For instance, the Moldova Analytical Brief produced by Ecorys as part of the Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region (2022), noted the large number of stakeholders to be involved, both at national and at local levels. During the interviews, UNICEF staff and the duty bearers noted that it is more challenging to match the expectations of the multiplicity of duty-bearers at the local level than of the few decision-makers at the national level. To ensure continuous alignment between Project and the national policies (in particular their implications at local level), UNICEF needs to monitor their implementation. This is particularly challenging when all levels of governance are involved. This challenge has been observed in this Project but is not specific to it: it is a documented in other evaluations. For example, the Evaluation of UNICEF Albania Country Programme (2020) highlights: "there are substantial challenges in ensuring and, importantly, demonstrating, implementation (...) at subnational levels."

Lesson learned: Technical-level stakeholders would have benefited from knowing more about the wider Project approach.

To retain the perception of Project relevance to the national ECD-related policies and on the rights holders targeted for inclusion, there are benefits to informing the local and technical-level stakeholders of the wider context, implications and expected impact of the Project more systematically and comprehensively.

Several stakeholders at the local level, or technical stakeholders at the national level, regretted that they were not given full overview of the entire Project in their respective counties. Consequently, they did not always perceive the relevance of the Project in its entirety in view of their national policy framework. They found that this shortcoming led them to miss some opportunities to benefit from the Project results in line with national policies. For instance, some stakeholders knew about only some trainings and materials but not about others. As a result, they were not able to use all the Project-generated learnings that were relevant to them. Likewise, some stakeholders did not know inclusion was a core objective of the Project, so they could not tailor some activities to the target groups.

CSO representative explained: *"We didn't realise that this was part of a wider project dealing with children with disabilities and Roma. If we knew, we would have provided support in a different way"; "We lacked the overall picture of the Project to tailor the training and to implement more specific tasks directed to children with disability and Roma children. Our training didn't have a focus on disability issues. Had we had this wider frame and sense, we might have included other aspects in the curricula."* Similar sentiments were expressed by others in different countries.

Finding 3: The Project had to balance differing emphases in targeting approaches between UNICEF and ADA as the donor: while UNICEF promotes an inclusive, systems approach, ADA's preference for targeting Roma children and children with disabilities did not always correspond to local priorities. UNICEF and the donor jointly succeeded in making necessary adjustments in the field to remain relevant to stakeholder's needs.

Triangulated evidence basis

Project document, Project progress/final reports, Project country reporting
Interviews with UNICEF staff, duty bearers, CSOs, ADA
Secondary data

UNICEF ECARO initiated the Project idea and reached out to ADA, which then invited a full project proposal. This proposal needed to match ADA guidelines on reduction of inequalities, relevant to its applicable strategic Three-Year Programme - priorities 1 and 5 regarding poverty reduction and inclusive societies.²⁶ It also had to be in line with the ADA regional strategy, in particular its cross-cutting issue on social inclusion, and its component on governance and human rights prioritizing "marginalized groups such as ethnic minorities, Roma and people with

²⁶ Austrian Development Agency, Three-year Programme 2019-2021, updated in 2020, ADA, Vienna, 2019
https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/3_JP/Englisch/3JP_2019-2021_Akt2020_EN.pdf

disabilities”.²⁷ The donor’s overarching intervention approach in middle-income countries is to address inequalities for both poverty reduction and inclusion of left-behind groups. Conceptually, this guidance is fully in line with UNICEF guidance and leave-no-one-behind principle, and it is relevant to the situation in the region where poverty is not widespread while inequality is high.²⁸

Quote (a donor representative)

“Poverty reduction and leaving-no-one-behind are dealing with the inequality topic from two complementary directions, we try to reconcile them.”

Although theoretically sound, this approach is not always easy to reconcile in practice. The choice of these groups as targets for special assistance must be based on the objective estimation of their vulnerability. There is ample research documenting the inequalities experienced by the Roma and other minorities. But the countries covered by the Project lack comparable disaggregated data, which would document the extent to which the inequalities, which the leaving-no-one-behind approach seeks to address, affect particularly children with disabilities and Roma children.

This shortcoming has been identified by interviewees from UNICEF and ADA. The country reporting, and in the documentation examined²⁹ show that while gender disaggregation is done more systematically, disaggregation is not systematically practiced in national statistics for the target groups of children with disabilities or Roma children. This happens either due to the lack of capacity or because such disaggregation is perceived as labelling. In Kosovo*, several interviewees stressed that the home visiting programme were meant as a service “for all, individualised”. While they did support the inclusion of the target groups (because their special needs are a reality), they sometimes considered that other groups faced similar challenges to inclusion. Some wondered whether there was sufficient evidence to justify that the Project would target them over other minorities.

The national counterparts noted several times that they fully subscribe to the UNICEF approach, that there must be universal access to ECD community/in-house services and PPE based on individual rights and needs. They did question, however, whether the Project’s targeting of Roma children was fully warranted. In some cases, they considered that Roma children have already been targeted by the national normative framework and the implementation of these policies is continuous and ongoing for years: in North Macedonia the Project focused on Roma integration in neonatal care reforms, while the inclusion of Roma in education institutions, including PPE institutions, have continuously been part of the education reform since 2012 through Roma Decade and various projects focusing on Roma inclusion. UNICEF further advocated to ensure the Project target groups (Roma children and children with disabilities) would be specifically mentioned as priorities in the policy framework, which was being elaborated.

In several locations, the country reporting shows that the Project had to extend its outreach to other groups with particular needs: this is the case for minority or returnee communities and underserved/poorer municipalities in Bosnia and Herzegovina and Kosovo*. According to the interviews and the documents, the donor supported such adjustments, which ensured sufficient flexibility for adjusting to local needs and priorities.

Quote (a CSO representative in Kosovo*)

“The priorities of the Project addressed exactly what was needed in these communities: in these municipalities, which cover large territories, the Kosovo institutions could not ensure these services prior to the Project.”*

The Project also adjusted its approach locally to maximize the targeting of children with disabilities and Roma children through selecting municipalities with large Roma communities for the piloting of enhanced services.

²⁷ Austrian Development Agency, Danube Area/Western Balkans Region Regional Strategy, ADA, Vienna, 2016
https://www.entwicklung.at/fileadmin/user_upload/Dokumente/Publikationen/Strategien/Englisch/EN_Strategy_Danube_area_Western_Balkan_s.pdf

²⁸ OECD, Multi-dimensional Review of the Western Balkans - Assessing Opportunities and Constraints, OECD, Paris, 2021
<https://www.oecd.org/dev/multi-dimensional-review-of-the-western-balkans-4d5cbc2a-en.htm>
World Bank, Toward a New Social Contract: Taking on Distributional Tensions in Europe and Central Asia, World Bank, New York, 2019
<https://www.worldbank.org/en/region/eca/publication/eca-social-contract#1>

²⁹ Ibid.

Interviews and country reporting showed that this approach was often considered relevant by the national and municipal authorities because the territorial selection eased the argumentation of need: while the disaggregation by target group may not be available, the territorial inequalities are usually clearly documented by the national data. Such approach was also supported by CSO counterparts.

The budgetary setup of the Project, which was allocated by output (previously agreed with the donor, and stakeholders), rather than tied to the activities, helped facilitate such adjustments, since the funds were not earmarked for a particular target group or municipality.

Finding 4: The Project had a gender focus and conducted specific activities, but there was limited documentary evidence that these activities were backed by gender analysis.

Triangulated evidence basis

Project document, Project progress/final reports, Project country reporting
Additional Project reports and products
Interviews with UNICEF staff and CSOs
Online desk research
MICS

An important element of relevance is a Project's ability to consider the different situations of men/boys and women/girls in relation to the problem addressed by the Project and in terms of the expected changes. This supposes a gender analysis, which in turn needs to inform a tailored approach to both genders, and the linkage to gender transformative results (i.e., results which help change the inequalities between genders with regard to the problem addressed, in this case ECD).

The Project implemented several activities focused on gender transformative results, such as gender socialisation modules, as well as components of the parent application and practitioner trainings dedicated to violence against women and domestic violence. Most activities which addressed mothers and childcare were by nature directed at mothers, and plausibly had a gender equality and women empowerment vision by improving mothers' situation.

Gender equality and women's empowerment was also mainstreamed in other activities. As an illustration, the consulting firm Ecorys reports, in the Analytical Brief on Moldova prepared in 2021 focusing on the Project: *"Gender-sensitive content was incorporated into the trainings. During the sessions the importance of fathers engaging in their child's education was discussed and fathers were encouraged to play active roles in this process. As per the Key Informants, messages about the need to reduce the burden of care on the female caregivers was communicated to the participants. In a context where a fathers' engagement in their child's early education is limited, all interviewees assessed this content as highly relevant."*

Quote (a CSO representative in North Macedonia):

"Our CSO has been working on the Helpline for parents' services to improve their parental skills. In practice, this is mainly for mothers, because fathers are less interested in participating. One of our target groups are socially deprived mothers and Roma mothers. Our organisation has expertise working with women who survived family violence."

However, the activities which focused on gender transformative results were not based on elaborate gender analysis as a part of the Project documents and reports. The Project documents and Project reports, while acknowledging the importance of gender mainstreaming, gender equality and the empowerment of women, do not go much beyond general considerations. They do not analyse the different consequences, for men/boys and women/girls respectively, of the problems which the Project intends to tackle. They do not analyse the root causes of the different situations of men/boys, and women/girls with regard to ECD. They do not present the different impacts of inequities, disability, or the COVID pandemic for men/boys and women/girls. The evaluation team could not identify any evidence of such gender analysis in the Project documentation.

Interviews with UNICEF revealed that COs and ECARO did produce extensive gender research and analysis relevant to Roma children and families, as well as children with disabilities, under other projects or as a part of their regular, five-year country analysis. In addition, all COs produced gender analysis for their respective Country Programme Documents, in relation with their respective priorities. Most COs also had implemented other projects and prepared gender analysis for the purpose of other projects, or as background for the Country Programmes, which could have been relevant (at least in part) to this Project. Finally, various external sources of evidence exist on the different experiences of women/girls and men/boys in relation to the various ECD services. However, this evidence was not explicitly channelled into the programme document or in the respective countries' progress reports, including in the analytical sections and demonstrated in gender transformative results.³⁰ The final Project report corrected this gap at the end of the Project by channelling some of these research results and updating the gender analysis already conducted in country programme documents or other projects.

Lesson learned: Gender analysis needs to be integrated into the project design and documentation in order to fully deliver gender transformative results.

There are indications that deeper, more systematic gender analysis is needed to inform the Project design, but also to report on the gender transformative results of such projects. Interviews suggest that the situation of men/boys and women/girls with regard to ECD, their role in ECD, and their interest in change, may be profoundly different. Future interventions would be better supported if the existing analysis was complemented with updated, project-specific gender analysis informing explicit gender transformative results. This should be feasible because:

- UNODC Country Programme Documents (and other projects) already include solid gender analysis on the thematic priority areas of UNICEF, including areas related to ECD;
- There usually exists gender-disaggregated data in MICS and to some extent in national statistics;
- All countries covered have a wealth of expertise among practitioners, both in civil service and among CSOs.

Finding 5: UNICEF successfully adapted to most of the constraints imposed by the COVID-19 pandemic through redesign of the implementation modalities, although some services suffered, or provision was delayed.

Triangulated evidence basis

Interviews with UNICEF staff, ADA, duty bearers, CSOs

Project document, Project progress/final reports, Project country reports

Project products (training materials, parental application presentation, 15-day learning at home Challenge, Methodological guide, etc.)

The COVID-19 pandemic significantly affected the implementation of this Project since many Project activities (training, community and parent workshops, home visits, services in PPE children's groups) were planned for in-person interaction. In addition, the Project's national partners were at the heart of the COVID-19 response. This is particularly true of health professionals, but is also applicable to practitioners in the education, child protection and social care sectors. National health agencies, who were key Project partners in early identification and ECI, have performed unprecedented tasks and assumed exponentially increased responsibilities. Working with already stretched human and financial resources, they were facing a daunting task and prioritized COVID-19 response.

Quote (a duty bearer from North Macedonia):

"The pandemic has badly affected the capacity of the health sector. The capacity of health workers is small, they are very stretched."

All Project partners maintained engagement in planned Project activities and to support the Project's adaptation to the pandemic. They have demonstrated their commitment to a common vision of ECD by making considerable

³⁰ Existing guidance on the implementation of the United Nations System-Wide Action Plan on Gender Equality and the Empowerment of Women advises such action: <https://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability/key-tools-and-resources#UN-SWAP>.

efforts for continuing Project implementation under challenging circumstances. UNICEF, in turn, accompanied these changes by redesigning some activities, adjusting their modalities to move them online, and providing hardware and software where necessary. In North Macedonia, the Project provided the necessary electronic tablets to its partners. It supported the use of Eduino, an online system designed by UNICEF through another project. PPE stakeholders found these well-tailored and satisfactory, as evidenced by interviews and by a satisfaction survey conducted by the Project with its beneficiaries in North Macedonia. In Kosovo*, UNICEF designed an online ECD platform for ages 0-6, which targets preschool (0-5) and pre-primary (5-6) aged children, parents/caregivers, and educators. The Project produced guidelines on “tele-health”. The Project operated this transition in a participatory manner with its State, local governance and CSO partners: many products such as the Bebbo parent application, ECD platforms, training modules and guidance materials, were adjusted in this fashion.

Quote (a duty bearer from Kosovo*):

“UNICEF helped us to create the content for the ECD platform. They were very flexible during the pandemic, aligning their actions to the changing needs.”

Operationalizing the adaptations to COVID-19 in a quality manner required time, but this was the correct decision: all interviewees considered it a worthwhile investment and found that it was more important to ensure the relevance and functionality of online products, rather than rush online implementation. As a result, most activities were implemented, even if they were delayed, or until the re-establishment of the necessary conditions on the ground – as was the case for workshops with parents/caregivers in Roma settlements, for instance. The example of Moldova is enlightening:³¹ the Project helped identify the challenges posed by the COVID-19 pandemic to the parents/caregivers, who were “unprepared to provide young children with learning opportunities and reduce screen time” in a context where “the outbreak of the COVID-19 pandemic created considerable barriers to accessing education for the youngest children and their families.” The Project reacted: “With the introduction of online sessions on positive parenting to the caregivers of young children, the intervention responded to the caregivers’ need for guidance on organizing learning activities for their children at home.” Donor flexibility was instrumental to ensure that these adjustments were made.

Quotes (UNICEF representatives):

“With the pandemic, we realized that the contract would not be implemented face-to-face as planned. So, we had to transfer training and all materials online. We spent almost a year to change the original concept and move online.”

“Due to the heavy workload in the health sector, intermittent pre-school and school closures, and nation-wide or local-level lockdowns, some of the Project activities were delayed during 2020 (e.g., workshops in Roma settlements on health education have been postponed), while others could continue with or without modifications (home visitation and promotion of early learning). Project strategy adapted so that outreach to Roma families can continue in 2021 despite the persisting pandemic.”

The Project partners from State and local self-governance institutions actively accompanied these adjustments. For example, they promoted the Project-made guidance and provided additional instructions which facilitated:

- The nurses’ interaction with parents/caregivers on smartphone or tablet to replace home visits for neonatal care and ECI for children with disabilities and their families;
- The social workers’ parental support by the phone;
- The organisation of online trainings for PPE professionals;
- Online modules and publications for parents/caregivers on parenting under COVID constraints.

Good practice: Embracing the externalities of the adaptation to COVID-19 pandemic can led positive effects, such as increased coverage.

Moving online enabled the Project partners to scale up some activities because once the software and modalities are developed, and if participants have the minimum necessary equipment, online interaction only has marginal costs. The Project aptly took charge of the initial costs and kick-started these online activities – a form of

³¹ Ecorys for UNICEF, Analytical Brief # 3 Moldova, 3rd Rapid Assessment Cycle, August, 2021.

investment – whereas partners in the countries (including contracted CSOs) ran the activities at a very low cost. This shows that a relevant and tailored adaptation to the COVID-19 pandemic can expand the circle of Project's beneficiaries. In other cases, the savings caused by shifting to online modalities enabled partners to multiply the venues and offer individual, rather than group services.

For instance, in North Macedonia, once UNICEF equipped the PPE institutions with IT equipment, 40% more PPE staff than initially envisaged were trained. Group parental support meetings were conducted as envisaged, but were then supplemented by individual, and therefore more tailored, support meetings.

A duty bearer in North Macedonia reported: *“With the support of UNICEF, we have developed free-of-charge services for individual parents, in addition to the group support service. At the beginning the interest was small, but after strong promotion campaign we have had more beneficiaries each month.”* This interest shows how the new services developed to adjust to the pandemic were relevant to the needs.

Overall, resilience to COVID-19, which was an assumption of the reconstructed ToC, was mostly met. Still, some activities still suffered - especially counselling and mentoring services. Some services, such as mentoring in PPE institutions, were not transferrable online since they depend on the children's group environment: the interviewed duty bearers and UNICEF reported that mentoring activities were interrupted during the closure of all educational institutions, and the Project ended before the necessary conditions could be met again.

Likewise, counselling services to Roma children and children with developmental challenges was not possible: online interaction could not provide the appropriate level of depth for generating relationships of trust with children. Roma settlements were particularly difficult to reach during the pandemic since their internet access is very limited: access to high-speed connections is low, financial means are lacking for procuring the equipment, and often purported users lack familiarity with the equipment. In North Macedonia, the Project used existing Roma community mediators to conduct on-site, in-person visits, which was a context-relevant adjustment, but this could not fully replace the visits of social and health workers.

Many interviewees, in particular nurses and social workers, found that transitioning online, while relevant to the constraints imposed by the COVID-19 pandemic placed a heavier burden on the families. A duty bearer in North Macedonia explained, *“We still miss good counselling services for the children: currently, due to the pandemic, all support goes online through the parents.”*

5.2 Effectiveness

Evaluation question 2: To what extent has the Project contributed to the realisation of the expected changes?

Key Findings:

Finding 6: Inputs from UNICEF contributed to inform, with evidence and guidance, the national policy and legal documents adopted during the Project period, though the direct effect of this contribution on policy seems to have been more substantial than on legal and regulatory aspects.

Finding 7: The Project contributed to the establishment of networks of committed professionals, building of their skills, and reinforcement of conducive cooperative mechanisms. This in turn contributed to improving the accessibility and inclusiveness of ECI, ECD and PPE services.

Finding 8: The practitioners included in the Project display a change of attitudes, and they increasingly use the skills promoted through the Project. This has a direct effect on the quality (particularly the inclusive character) of ECD and PPE services.

Finding 9: The monitoring and reporting mechanisms of the Project made progress towards effectively establishing the baseline and tracking Project efforts, although overall successes were hampered by the data gaps at national and local levels.

Finding 6: Inputs from UNICEF contributed to inform, with evidence and guidance, the national policy and legal documents adopted during the Project period, though the direct effect of this contribution on policy seems to have been more substantial than on legal and regulatory aspects.

Triangulated evidence basis

Project progress/final reports, Project country reports
Interviews with duty bearers, UNICEF staff, CSOs
Policy, legislation and by-laws in “deep dive” countries
MICS

In the “deep dive” countries, the evaluation team analysed the policy documents (national strategies and action plans), legislation, and regulations adopted during the Project timeline. This was completed by a review of country-level reporting and interviews with UNICEF staff. This analysis has demonstrated that many of these documents channel, at least in part, the knowledge produced by UNICEF (research publications and guidance produced by this and other projects), and the approach to ECD promoted by UNICEF.

Typically, policy documents quote UNICEF data, such as MICS statistics or data gathered jointly with national authorities for the purpose of a publication or background analysis. They also use some of UNICEF’s ECD vocabulary. Most importantly, they tend to promote a holistic approach to ECD – the triangle of health, social care/child protection and education – and a child-centred approach based on supporting the realisation of the children’s potential, rather than the past “curative” or “palliative” approach to “defects”. Some policy documents introduce new indicators based on UNICEF-promoted standards of services. For instance, new legislation and regulations on early identification require the practitioners to identify, along with development challenges, the strengths of the child and how their family can support them.

The newly adopted normative documents sometimes explicitly target children with disabilities and Roma children as priority groups, but not as separate groups. They depart from a logic of separated care for the target groups and adopt an integrative approach. Additionally, they take a proactive outreach approach towards the most vulnerable and the most underserved, which denotes the adoption of a leaving-no-one-behind principle. For instance, in Kosovo*, the draft Law on Early Childhood Education foresees the creation of community-based ECD resource centres – distinct from the “institutionalisation” policies, which prevailed in the past. Likewise, in North Macedonia, separate schools were turned into community PPE and primary education resource centres. The channelling of the concepts and standards promoted by UNICEF was made possible because key policy makers became convinced of their value. Interviews in “deep dive” countries show the buy-in for UNICEF-promoted models.

Quote (a duty bearer in North Macedonia)
“We decided to transform schools for children with special educational needs into resource centres for inclusive education. Children need to be involved in regular schools. UNICEF supported this reform.”

Quote (a duty bearer in Kosovo*)
“The community-based models are a very good alternative for children who could not previously access ECD services. Bringing the services to the child, to the family, to the community – all of that, we decided to institutionalise it by bringing it into the new law.”

Legislative and regulatory documents adopted during the lifetime of the Project delineate clearer responsibilities than before, and they typically envisage cooperation between the three sectors. They often reflect some of the standards of services promoted by UNICEF, such as early identification assessment scales. They sometimes formalise the workflows and types of services piloted with the support of the Project. However, the inherited delineation of roles among the line ministries is not easy to supersede with a holistic, inter-ministerial approach.

Lesson learned: To the extent possible, formal groups of ECD professionals (e.g., working groups) need to reflect the holistic policy approach in cooperative working arrangements.

In some cases, the holistic ECD approach professed in policy documents is not fully transferred into the legislative

and regulatory framework. This is the case, for instance, of some by-laws regulating the appointment, role and functioning of working bodies specialised in ECD. Because these by-laws are often the responsibility of one line ministry, which does not have the capacity to instruct the staff of other line ministries, such regulatory documents sometimes create obligations only for one type of practitioners, which can diminish the scope for horizontal cooperation, and endanger the practical implementation of the holistic approach to ECD.

For instance, in Bosnia and Herzegovina, the composition of the Federation's "Working group for the revision of the Rulebook on professional continuous development of professionals in the field of early detection, diagnosis, intervention and follow up of development and other disorders impacting the growth and development of children in the Federation of Bosnia and Herzegovina" includes almost exclusively health professionals, supported by one lawyer and one psychologist – but no social care professionals. This can be explained by the fact that this working group was appointed by the Minister of Health. An inter-ministerial undertaking could have gathered a more holistic range of professionals. Even if the Rulebook is meant for health professionals chiefly, inputs by social care practitioners could have benefitted its contents.³²

The evaluation team randomly sampled normative documents to check whether the Project staff and experts had contributed to their elaboration and found that UNICEF was engaged in all of them. However, there is a concern that most of the documents directly influenced by the Project belong to the policy, rather than the legal sphere (laws or regulations), which could suggest that more efforts are needed to solidify the commitments by creating positive obligations for the duty bearers.

Table 8: Overview of randomly sampled policy, legal and regulatory documents adopted during the Project

Focus area	Policy documents	Law	Regulatory document
Project target group(s): Roma children and/or children with disabilities	Albania – National Action Plan on Persons with Disabilities 2021-2025: Project provided expertise.		Serbia – Rulebook on Additional educational, health and social support for children, students and adults: Project provided expertise. Document updated to include inclusive PPE.
	Albania – National Action Plan for Social Services and Inclusion of persons with disabilities 2021-2025: Project provided expertise.		
	Albania – National Action Plan for Roma and Egyptians' Inclusion 2021-2025: Project provided expertise.		
	Serbia – National Strategy for the Inclusion of Roma Women and Men: Project advocated. Document includes access to health and social care services.		
	Montenegro – National Strategy for the Inclusion of Roma and Egyptian people 2021-2025. Project provided expertise. Document includes activities modelled through the Project.		
	Montenegro – National Action Plan for the Inclusion of Roma and Egyptian People: Project provided expertise. Document refers to the		

³² The respective Rulebook refers to social and educational workers, in addition not health professionals. However, to date, the Ministries in charge have not amended all relevant Rulebooks.

	Project and the donor.		
PPE	<p>North Macedonia – <i>2020 Policy Guide/Concept on Inclusive Education</i>: UNICEF provided expertise through the Project. Document addresses barriers identified jointly by UNICEF and duty bearers.</p> <p>Albania – National Education Strategy 2021-2026: Project provided lessons learned from modelled services regarding inclusive PPE.</p> <p>Moldova – Education Strategy 2020: Project advocated.</p> <p>Moldova – National Programme on Inclusive Education 2021: Project advocated.</p> <p>Montenegro - Early Child Education Strategy: Project provided expertise. Document has focus on Roma children.</p>	<p>North Macedonia – <i>2019 Law on Primary Education</i>: UNICEF part of the drafting committee. Document provides mechanisms for inclusion of all children.</p> <p>Kosovo* – Draft National Education Strategy: Project provided expertise.</p> <p>Moldova – National Code on Education: Project advocated. Document prioritises persons with disabilities and persons belonging to the Roma communities.</p>	
ECD health, protection, and social services to children, families, and communities	<p>North Macedonia – <i>Master Plan on perinatal care</i> – Project provided extensive expertise. Indicators based on UNICEF advice.</p> <p>Kosovo* – Strategic Plan for maternal, child and reproductive health 2020-2021: Project provided expertise. Document includes systematic, universal home visiting programme.</p> <p>Bosnia and Herzegovina – Federation of BiH Multisectoral Early Childhood Development Strategy 2020-2025</p> <p>Moldova – ECD Concept Note: Project provided expertise.</p> <p>Serbia – AP 2021-2023 for Education Strategy until 2030; Project provided inputs based on implementation evidence on ECI.</p>	<p>Kosovo* – Law on Early Childhood Education: Project contributed expertise.</p> <p>Kosovo* – Law on Child Protection 2019: Project advocated</p>	Kosovo* – Administrative Instruction for Primary Healthcare 2020: Project provided expertise.
Other	<p>North Macedonia – National Health Strategy 2030. Project provided advice and expertise.</p> <p>Kosovo* Economic Reform Agenda 2020-2022: Project advocated. Document includes references to ECD.</p> <p>Kosovo* – Strategy on Children's</p>	<p>North Macedonia – <i>Law on Social Protection</i> – Project provided analysis and policy briefs.</p>	<p>North Macedonia – <i>Regulation on the National Body for Functional Assessment</i>: Project provided expertise and ICF-WHO standards.</p>

	<p>rights: Project advocated. Document commits to ECD.</p> <p>Kosovo* – Action Plan on Children’s rights: Project advocated. Document commits to ECD.</p> <p>Albania – National Health Strategy 2021-2025: Project provided expertise.</p> <p>Albania – Strategy on Primary Healthcare 2021-2025: Project provided expertise.</p> <p>Bosnia and Herzegovina - Action Plan for the monitoring the implementation of the Committee on the Rights of the Child’s Concluding Observations: Project advocated.</p>		
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The contribution of the Project to the normative framework is due to several enabling factors. One is the direct involvement and consultation of UNICEF and experts in national consultative mechanisms for policy-making and law-drafting within the Executive (inter-ministerial working groups and line ministries in particular). The willingness of the national level duty bearers to involve UNICEF owes, in turn, to the organisation’s long-lasting engagement, often for one or two decades, with these actors, as a partner, and more generally as an advisor and a facilitator in consultative processes.

Another enabling factor is the resilience of the Project and Project-promoted partnerships in the face of external turbulences. During the lifetime of the Project, all seven countries have experienced national elections, often with long periods of political uncertainty. For instance, in Moldova, in 2021, the newly elected President had to exhaust the constitutional options to form a government, leading to anticipated parliamentary elections. In Bosnia and Herzegovina, it took particularly long negotiations before the government was formed. Turnover of decision-makers also took place in Kosovo*. In addition, all countries were severely affected by the COVID-19 pandemic.

Despite these challenges, the Project continued to be implemented because the COs:

- Maintained close contacts with the technical level and the practitioners when the political and policy levels were affected by turnover or political uncertainty;
- Built their image as honest, impartial and expertise-based partners to nurture partnerships with new incumbents from new political majorities;
- Adjusted the timing and the type of partnerships and modalities to the constraints experienced by the duty bearers.

This is one of the key assumptions of the ToC which has realised, and which in turn has enabled, to continue working successfully on the normative framework on ECD in all countries.

Finding 7: The Project contributed to the establishment of networks of committed professionals, building of their skills, and the reinforcement of conducive cooperative mechanisms. This, in turn, contributed to improving the accessibility and inclusiveness of ECI, ECD and PPE services.

Interviews with duty bearers, CSOs, UNICEF staff
Project progress reports and final report
Project country reports
Online desk research

The Project has been effective in contributing to creating in each of the countries a critical mass of networked professionals who share a common commitment to ECD, and have compatible skills and vision for ECD in their respective fields of work.

This was primarily achieved through the series of formal trainings for ECD professionals in the health, child protection/social care and PPE fields.³³ The training materials covered nurturing care, early detection, early child intervention, and PPE. According to the final Project report, the Project exceeded all its targets for training of PPE professionals, patronage nurses and medical doctors. In some countries, the number of professionals trained in a given area of work (such as home visiting, PPE, etc.) is very significant in view of the overall size of the sector. For instance, in Moldova, the Project trained 81% of the didactical staff working in PPE on inclusive PPE services.

In addition to the trainings directly delivered by the Project, interviewees report cascade trainings and reproduction of experiences. For instance, in North Macedonia alone, national authorities report that about 500 pedagogical assistants who already work in the primary and secondary education system serve as a model for the impending establishment of a similar service in PPE, while the PPE institutions supported by the Project have institutionalised peer-to-peer support.

Secondly, the Project contributed to the adjustment of the institutional arrangements for and around these trained professionals, so that they are enabled to practice their new skills and operate in a multi-disciplinary manner. For instance, in Moldova, the Project resulted in the approval of 27 adjusted job descriptions for a wide range of ECD professionals in Chisinau municipal administration: this is essential because legislation and regulations often remain unimplemented due, among others, to the lack of harmonisation in the functions of the relevant professionals. This is especially true as regards horizontal cooperation in multi-disciplinary, cross-sectoral policies.³⁴

Thirdly, the Project supported these professionals to initiate or broaden both formal and informal networks within each country. The Project directly supported the establishment of formal multi-disciplinary bodies, which form operational networks specialised in early identification and early child intervention. This was instrumental in ensuring coverage beyond capital cities. It also provided the conditions for horizontal cross-fertilisation between both components of the Project – an important assumption of the reconstructed ToC.

Quote (a duty bearer in North Macedonia)

“The establishment of a body for the functional assessment of children with disabilities is a national priority. A lot has already been done together with UNICEF. So far, more than 50% of the local functional assessment commissions have been opened throughout the country.”

There are also good examples of less formal networks of professionals, for instance the networking of health and social work centre practitioners working on ECD in Montenegro. The Project also exposed CSOs and duty bearers to each other at the local level, building positive precedents of cooperation.

Quote (a CSO in North Macedonia)

³³ Note that the project in Kosovo* did not distinguish PPE professionals (pre-primary education including ages 5-6 only), but rather included educators for children aged 3-5 years old as well (preschool education). However, for the sake of convenience, this report refers to all relevant professionals as PPE professionals.

³⁴ Evaluation of European Union Cooperation with the Republic of Moldova <https://ec.europa.eu/neighbourhood-enlargement/system/files/2022-02/Moldova%20final%20report.pdf> and <https://ec.europa.eu/neighbourhood-enlargement/system/files/2022-02/Annex%20Volume%20II.pdf>

“Educators from preschools often call our colleagues in [our CSO] to ask for assistance, because they know we are well connected into the community. We know whom to call if there is a problem. We are a resource, both for the Ministry and for the preschools.”

However, the Project did not succeed to put regional networks in place due to constraints related to the COVID-19 pandemic, as well as time and resource constraints.

An advantage of a regional project is the opportunity to create regional peer-to-peer networks of like-minded professionals focusing on the same issue. Regional programmes make this possible because they implement similar activities with similar objectives at the same time in all countries covered, and because they establish partnerships with institutions and CSOs that share similar mandates. However, regional networking of peers was not a prominent ambition of the Project. It does not explicitly appear in the logframe. The Project proposal and Project reporting remains very country-specific: while there is a common blueprint of outcomes and outputs, implementation resembled more a series of national projects based on a common core model than a regional project with regional-level objectives. This was a realistic decision, but also meant that a key assumption of the reconstructed ToC on cross-fertilisation was not realised.

In practice, the Project has shown that establishing regional networks require:

- The existence of a critical mass of professionals networked in the respective countries. The Project has contributed to this result, but it is only now starting to function.
- That these professionals have already experimented with new schemes and new skills, and that they have identified challenges and good practices. This is too early to be the case.

Therefore, while the Project has created the necessary conditions for a productive regional network, its timeframe did not enable it to reach this stage. In addition, the COVID-19 constraints have prevented the organisation of in-person regional meetings. While such networks can continue to operate online regionally once they are well established, it is difficult to jumpstart and create the bonds and trust necessary for peer-to-peer regional support online. UNICEF therefore waited for an alleviation of these constraints. UNICEF reported that such meetings are starting now.

Finding 8: The practitioners included in the Project display a change of attitudes, and they increasingly use the skills promoted through the Project. This has a direct effect on the quality (particularly the inclusive character) of ECD and PPE services.

Triangulated evidence basis

Interviews with duty bearers, CSOs, UNICEF staff

Montenegro UNICEF CO report on interviews with parenting programme facilitators

Project progress/final reports

CSOs Project reports

The practitioners from duty-bearer institutions interviewed by the evaluation team have all reported changes in their own, and their colleagues' attitudes. Several interviewees from PPE institutions in “deep dive” countries encapsulated it when praising “the emotional learning” they had through the Project. However, there is no evidence to check whether such changes are generalized: rather, there are anecdotal signs suggesting that the Project has generated some attitude changes among some professionals.

Quote (a duty bearer in North Macedonia)

“The most important [in the Project] is the everyday professional support we get through the experts. They give us ideas, they help with plans, with the implementation process, they strengthen the capacity of our staff.”

These changes are characteristic of champions of change in transitioning institutions: they involve and increase in the self-confidence of dedicated professionals, and in turn a more forward leaning and proactive attitude. For

example, in Serbia, interviewees reported that field-level social workers and nurses tend to demand more feedback from their peers, supervisors, and users. In other words, the trainings and mentoring and supported duty bearers are more empowered with their ECD roles. Thanks to this empowerment, practitioners feel more confident about confronting and matching their competences with those of other professions: they are readier to implement a holistic, multi-disciplinary approach which corresponds to the vision of ECD promoted by UNICEF and by the applicable national policy documents. This ability is a precondition to adopt an inclusive approach to the provision of ECD services, based on the objective needs and challenges faced by each individual child. Interviews, implementing partners (CSOs) reports, and UNICEF country-level reporting provide many illustrations of the dialogue, which now happens between health professionals, social workers, and education professionals. This change was also observed by interviewed CSOs and international actors, and it was confirmed by officials involved in supervision. A considerable number of quotes from interviews illustrates this trend.

Quote (a duty bearer in Kosovo*)

"I learned so much about child development in these trainings! My professional background as a nurse was very medical. Now I feel I am more competent to view child development holistically, not just from a medical perspective."

The presence of some champions of change, ready to promote the new models, is confirmed by the speed with which the cascade training sessions were implemented by the newly trained personnel (training of trainers model). For instance, in Kosovo*, after 18 national trainers were trained, 50 health professionals were retrained, which is a very good ratio in the context of the COVID-19 pandemic and bearing in mind the limited availability of health professionals.

Another change in attitudes of some duty bearers concerns their relation to the supported children and parents/caregivers. This change has emerged among some interviewees through training and through the modelling of enhanced services. The modelling created positive experiences of a different type of relationship with the rights holders. Although this result was adversely affected by the COVID-19 pandemic and the inability to have face-to-face interaction, the interviewed parents/caregivers, pre-primary educators, nurses and social workers describe a closer, friendlier relationship which is more:

- Need-based: interviewees in the field report that they depart from a diagnostic approach based on large categories to increasingly assess the specific needs and unique situation of every child and family. This is particularly true as regards children with disabilities at home, and both Roma (or other minority) children and children with disabilities in PPE institutions.
- Child- and family-centred: focused on the potential of the child and oriented towards what they, the family, and other actors can do together to help develop and realize this potential (according to several duty bearers, CSOs and parents interviewed).

However, there is insufficient evidence to assess whether these changes are incidental or more widespread.

Quote (a duty bearer in North Macedonia)

"We learned through the training to better assess the challenges of the children. Now with the parents, we try to find common ground for the child and to openly talk about the challenges. We try to help now, where there is a way to help."

A manifestation of this transformed attitude is found in supported PPE institutions in the "deep dive" countries, which report using new pedagogical skills that require a nurturing and confident attitude. With play-based, project-based, and motivation-based techniques they include previously excluded children into the group's learning. They report facilitating mutual assistance and complementarity among children. In North Macedonia, an educator described "a more positive atmosphere for the entire group".

Finding 9: The monitoring and reporting mechanisms of the Project made progress towards effectively establishing

the baseline and tracking Project efforts, although overall successes were hampered by the data gaps at national and local levels.

Triangulated evidence basis

Project document, Project progress/final reports, Project country reports
CSOs reports
UNICEF country programmes
MICS
Interviews with UNICEF staff, duty bearers
Statistical analysis of the Roma parent groups in Montenegro (UNICEF consultant)
ToC workshop

The Project document offers a strategic overview of the intervention: it presents the ToC with corresponding impact, outcomes, and outputs specified. Instead of dwelling on the details of individual activities, it gives an indicative outline of typical activities, which provides sufficient flexibility while offering a solid guide for monitoring.

The document ensures close correlation between the ToC, the targets, and the baseline data. The monitoring plan of the Project is built around its logframe, particularly on the selected high-level quantitative indicators at outcome level (based on MICS and national statistics), and quantitative targets at output level (based on activity tracking and reports from CSOs and local duty bearers).³⁵ Thanks to the availability of data generated by MICS, the Project proposal provides a complete set of baseline data for outcome-level indicators. It also provides additional research for each country, both qualitative and quantitative, using national statistics, UNICEF research, CSO reporting, and national policies' monitoring reports. It is unusual in an evaluation to find such comprehensive baseline data, especially for a multi-country project.

The monitoring during Project implementation was also strong. The quarterly reports prepared by the contracted CSOs present data in a standardised and comparable manner, thanks to a common template and comparably high levels of reporting quality among the countries. UNICEF has done the quarterly, country-level reporting, which was based on the contribution of the implementing partners and complemented by UNICEF monitoring. This reporting procedure provides sound qualitative analysis which is constant over time and across the countries.

However, there are some inherent weaknesses to a quantitative approach to monitoring in the thematic area of ECD. The first challenge is the quality and availability of quantitative data. At the start of the Project, beside MICS data, the country quantitative data available to the Project was insufficient to fully document the baseline and the expected changes in quantitative terms: national statistics were not comparable across countries, and sometimes across time in the same country, it was not (and still is not) disaggregated for the target groups, and it is not sufficiently detailed when it comes to ECD issues. The availability of such data is an assumption of the reconstructed ToC, which was not fully met.

The Project has, to some extent, contributed to mitigating this shortcoming. Some activities helped improve the national data collection – for instance, by supporting the establishment of a national registry of children with disabilities in Serbia. It has elaborated good data collection tools in all countries, such as the home visiting questionnaires for ECD workers and parents/caregivers.

³⁵ Targets according to the project documents:

31,500 mothers and 12,700 fathers (or other caregivers) of young children with knowledge and skills to provide nurturing care¹² to their children and enable them to access quality services

7,550 children (3,830 girls and 3,720 boys) and 5,450 families with early identification and early intervention for developmental delays and disabilities.

4,000 children (2,010 girls and 1,990 boys) from ethnic minority groups to gain access to culturally sensitive and quality health and social services.

1,150 children (575 girls and 575 boys) with developmental difficulties and from ethnic minority groups with integrated community services which support early child development.

1,530 children (768 girls and 762 boys) with developmental difficulties and from ethnic minority groups with access to quality and inclusive pre-primary education

But the data produced by the countries remains limited, and still is not comparable between countries. Some tools (including the home visiting questionnaires) could not be used under COVID-19 constraints, while others (for instance a post-programme survey on parents'/caregivers' behaviours in Montenegro), while highly valuable, are resource-intensive compared to the Project budget, and the limited financial resources at the disposal of the CSOs and national duty bearers in the respective countries.

Several interviewees in both “deep dive” countries expressed their inability to produce sufficient data, in particular data on the most at-risk or vulnerable children, with a view to inclusion: although the Project has not enabled them to address this need within its time and resources, it has contributed to make them aware of this need. By facilitating networking in each country among State and non-State actors producing data, UNICEF also fostered relationships and helped partners accept each other's data and knowledge as legitimate.

Quote (a duty bearer in North Macedonia)

“When we presented the national report [on the rights of the child] in Geneva, we were confronted with shadow reporting by CSOs, and we got a more realistic picture. We are now trying to fulfil the Committee's recommendations.”

Another shortcoming is the lack of conducive means to report on changes from a process perspective. The behavioural changes among duty bearers suffer from under-reporting and under-representation in the Project reports because they are difficult to measure, and because the targets negotiated with the donor were quantitative rather than qualitative.

Lesson learned: A ToC and its corresponding monitoring that exclusively focus on expected results without sufficient attention to assumptions will limit the ability to analyse and report on processes and link them to results.

The ToC in the Project document did not present detailed internal and external assumptions. It described general external assumptions (e.g., “relative economic and social stability is ensured”), but these were very generic, and they were not linked to the specific levels of the ToC. The Project document does not present any internal assumptions. The Project document described mitigation strategies in relation to the various outcomes, but it did not explain how to address assumptions.

In addition, the Project's ToC was insufficiently developed: it did not identify the levels of changes correctly. During the ToC reconstruction process, UNICEF staff and the evaluation team jointly acknowledged that the Project document phrased each of the levels - “outputs”, “outcomes” and “impact” – too ambitiously, so that the “outputs” were phrased more like the “outcome”, and outcomes were more appropriate in their wording to an “impact”, while the “impact” level was more appropriate to multi-component programmatic intervention.

Finally, the review of the Project ToC found that the “outputs” often contained causality links, pointing at several levels of change (e.g., in Outcome 1.1, “National and sub-national policies, and programmes improved, and mechanisms strengthened” is an outcome, while “to contribute to realization of the human rights of boys and girls” is already an effect of that outcome).

As a result, the staff found it difficult to report on processes and on the realisation of assumptions. The progress reports did not analyse trends in the institutions concerned, or in the Project's environment, to the levels of the ToC. The confusion between the levels of the ToC, and the absence of clear assumptions, also made it difficult to compare trends among the countries.

There is room to optimise and better present sound qualitative analysis. At the country and regional level, UNICEF has been very proactive in analysing the implementation context, and this capacity needs to find an outlet which would, in time, also feed into country programme reporting.

5.3 Impact

Evaluation question 3: What is the potential for the Project's target groups to use the new/improved offer of services?

Key Findings:

Finding 10: The Project has advanced significantly towards reaching targets in expanding coverage and access to ECD, specifically ECI and PPE services in pilot municipalities.

Finding 11: The Project has contributed to a change in the targeted parents'/caregivers' attitudes towards their children, towards services, and towards their own parental role as well as the communities. These changes are not yet mainstreamed and were adversely affected by COVID-19 pandemic.

Finding 10: The Project has advanced significantly towards reaching targets in expanding coverage and access to ECD, specifically ECI and PPE services in pilot municipalities.

Triangulated evidence basis

Project progress reports and country reporting

Interviews with duty bearers, CSOs, rights holders

Bebbo application documents (presentation, specifications, monitoring framework)

North Macedonia Field Visit to Preschools Report

The final Project report shows that the Project exceeded all targets on the number of children and parents/caregivers to be reached by the various supported services. In some cases, the number of final beneficiaries was up to ten times the target. In the "deep dive" countries, targets in the area of PPE and community/family ECD services were exceeded already by the end of the second year. The numbers and percentage of targets reached vary from country to country, but not significantly.

By the end, the Project had supported a total of 63,171 parents/caregivers (46,135 mothers and 17,036 fathers) in providing nurturing care to their children, including for children with developmental risks, delays and disabilities and have enabled them to access quality services. This represents 143% of the target (which was 44,200 parents): 146.46% for mother and 134.14% for fathers.

Through the Project, 7,306 girls and 7,656 boys from ethnic minority groups and with disabilities gained access to quality inclusive pre-primary education. This is almost ten times the target of 1530 children. A detailed breakdown of beneficiaries reached by the Project can be found in Annex 12.

Interviewees confirm a stark increase in the number of children with disabilities, Roma children and children from other minorities who were enrolled in PPE institutions and/or received ECD services through their families:

- The number of children with disabilities identified by ECD professionals (a precondition for their outreach by ECD services, and in turn their inclusion) has increased in all countries. This is due to the use of more advanced identification techniques (International Classification of Functioning, Disability and Health of the WHO), but also because of an increased feeling of responsibility and a more pro-active approach by ECD professionals - both at home and through PPE institutions. It is also due to the implementation of systematic mechanisms of reporting and referral introduced with the support of the Project. For instance, in some regions in Kosovo*, maternity wards regularly send the lists of new-born children to home visiting professionals.
- The number of parents/caregivers and children benefiting from counselling, home visiting, and specialized health services, has increased.
- The number of children from the target groups (Roma children and children with disabilities) in PPE institutions has increased in all countries where Outcome 2 (PPE) was implemented. A good example is the number of children with special needs included in the visited schools in North Macedonia, which is much higher than the standard baseline.

- The level of information about ECD home services and PPE services has increased among the targeted communities (in particular Roma communities). This is another factor which facilitates increased access ECD services – and in turn, ECD services facilitate participation and inclusion in public services. CSOs and visiting nurses are at the forefront of the outreach effort. For instance, CSOs, social welfare centres, community centres, and PPE institutions inform potential beneficiaries of ECD and PPE services in Roma settlements.

Interviewees concur that the increase is most visible in pilot municipalities where services are modelled. Under the leadership of both local duty bearers and CSOs supported by the Project – often in cooperation – these services have deployed in areas which were out-of-reach until the Project. There is also increased potential to expand these services in other municipalities, notably thanks to the roll-out of new legislation and by-laws, and because of the support provided by the professionals involved in the Project, to their peers in other municipalities. In Kosovo for instance, the interviewees confirm that the organisations receiving grants for ECD centres and services have increased capacities (as a results of the Project) to further scale up and continue services; the legal infrastructure is more supportive/encouraging to scale up the models by local govts to reach more beneficiaries; the education and health service providers have increased capacities to provide services; the mindset is more as a result of the project. However, there is no evidence to date that the services have effectively been scaled up throughout the territory of any of the countries covered.

Quote (a duty bearer in North Macedonia)

“The number of children with disabilities has constantly increased over the past few years. Earlier, these children simply weren’t sent to preschools. Now, with the inclusive policies, more and more parents send their kids to regular preschools. Before the Project, we had perhaps one or two children with disabilities in the entire PPE system. Now we have one or two per group.”

Quote (a CSO from Kosovo*)

“We have provided services now in some areas where children had no access to any kind of ECD services at all. The services are closer to the children and are inclusive. The educators are qualified, the centres are well-equipped, and the parents are very open and cooperative.”

In the municipalities covered by the Project, the PPE and at-home ECD services delivered are also more accessible to the target groups, because they are better adapted to their needs, or to their socio-economic and cultural specificities. For instance, PPE institutions supported in “deep dive” countries now routinely use assistive technology which facilitates inclusion for children with disabilities or children who do not speak the language of education).

Lesson learned: Access to necessary infrastructure is still missing for certain target groups.

Some basic accessibility infrastructures are still missing in some localities by the end of the Project. For instance, in Montenegro, the distance between communities and pre-school institutions is around four to five kilometres in some localities, with no transportation. UNICEF reports increased interest of parents/caregivers towards pre-school in these municipalities, but these obstacles impede enrolment. The situation is particularly challenging where there is no explicit targeting of hard-to-reach rights holders.

An interviewee from Montenegro explained: *“Government standards define universal services which do not prioritize Roma and Egyptians. And, since Roma and Egyptian families tend to be more remote, they tend to be dropped off first. We need to tailor some trainings for service providers who do the visits, addressing Roma families’ specific issues.”*

In North Macedonia, the PPE institutions buildings are not always equipped with adequate access for children with disabilities. Some CSOs also reported that the parents’/caregivers’ group meetings were not always adapted to Roma parents/caregivers and parents/caregivers of children with special needs, because PPE institutions lacked sufficient or dedicated space for delicate conversations, and because the educators lack the necessary skills for this – which in turn discouraged some of the parents/caregivers. As an interviewee put it *“the only place and time we can focus on discussion with these parents, on these topics, are during the parents’ group meetings. But not everyone wants to speak about their personal problems in front of the whole group. Educators sometimes*

feel they don't have the knowledge to lead such delicate conversations with parents."

Finally, during the COVID-19 pandemic, the lack of internet infrastructure (insufficient bandwidth, lack of smartphones and computer equipment in the poorest communities, lack of IT literacy in some target groups) has made it difficult for some families to access online ECD services and PPE activities. The Bebbio application's monitoring framework shows that these obstacles were anticipated. This particular obstacle was partially addressed, at the start of the pandemic, through the distribution of equipment and provision of IT literacy courses to service providers and rights holders. However, it could not be entirely overcome.

It is therefore important to assess the infrastructure situation locally, directly in each piloted municipality, to identify accessibility obstacles early and help address them. Local, community-based CSOs could be included in the Project and activity planning earlier, to anticipate remedies to these obstacles.

Finding 11: The Project has contributed to a change in the targeted parents'/caregivers' attitudes towards their children, towards services, and towards their own parental role as well as the communities. These changes are not yet mainstreamed and were adversely affected by the COVID-19 pandemic.

Triangulated evidence basis

Project progress reports and country reporting

Montenegro Project survey questionnaire and results

Interviews with rights holders, duty bearers, CSOs, UNICEF staff

Statistical analysis of the Roma parent groups in Montenegro (Project product)

Follow-up Survey on Parents' and Caregivers' Knowledge, Attitudes, Practices & Social Norms Associated with Violence Against Children, 2019

Although the evaluation team was not able to conduct direct observation of service delivery or of interaction in the families who accessed these services, or to interview a large number of parents/caregivers, the evaluation documented some changes of attitudes among various direct or indirect target groups, as compared to what was reported before the start of the Project. The attitudes considered relate to "mellow parenting" (one of the key aspects of the Project's workshops for parents/caregivers), and to the attitude towards services.³⁶

As regards parenting programmes, the case of Montenegro was well-documented with a survey to parents/caregivers who used ECD services, which corroborated the findings of interviews with rights holders, CSOs and duty bearers in North Macedonia and Kosovo*. The survey deployed in Montenegro involved baseline and post-programme questionnaire administered to parents/caregivers about Demographics, Parenting behaviour, Child behaviour, Harsh Discipline, Parenting stress, Acceptability of corporal punishment, and Parental depression. The report showed:

- Improved child discipline (significant reduction of harsh discipline)
- Increase in positive parent/child relationships (positive parenting)
- Decrease in child behaviour problems
- Increased perception of the negative impact of corporal punishment
- Slight decrease in parental stress
- High satisfaction with the programme.

Likewise, the Third Analytical Brief prepared for the Project in Moldova in 2021 identifies the same trends. It also explains: "The most frequently mentioned benefits were the caregivers' improved awareness and acceptance of their child's special needs."³⁷

³⁶ Mellow parenting comes from a UK-based program and refers to sensitive parenting aiming to improve parental-child attachment and develop better relationships between parent and child. <https://www.mellowparenting.org/>

³⁷ Ecorys for UNICEF, Analytical Brief # 3 Moldova, 3rd Rapid Assessment Cycle, August, 2021

The table below provides an overview of the changes among rights holders, identified through the analysis of our interviews, cross-referenced with interviews with programme facilitators conducted in Montenegro by the Project.

Table 9: Overview of behavioural and attitude changes exemplified among rights holders

Type of rights holders supported directly by the Project	Level of enthusiasm towards ECD services and promoted practices	Level of openness towards promoted issues	Level of demand for ECD services	Level of satisfaction with ECD services
Children	More eagerness among enrolled Roma children and children with disabilities, to participate in activities of the PPE groups.	More eagerness and readiness among Roma children, children with disabilities, and their peers in PPE groups, to interact and provide mutual assistance/help each other.	Interviewed parents/caregivers and educators report eagerness to go to PPE institution in the morning, and positive feelings associated to primary school among their children who continued from PPE to primary school.	Interviewed parents/caregivers and educators report satisfaction at the end of the day among newly enrolled children in PPE institutions.
Parents/caregivers	Interviewed parents /caregivers used very positive vocabulary to describe their experience	More openness to talk about disabilities and challenges to inclusion with PPE educators, CSO/community service providers, and visiting nurses. Change was particularly noted by nurses regarding disability.	Different climate reported by service providers: families are less confrontational towards the offer of services, especially services for children with disabilities. Nurses report more demand for visits.	Higher satisfaction in the services accessed – both PPE and home/community level ECD services. Most appreciated services are PPE, functional assessments, regular home visiting.
Communities	Some examples of interest towards difference. Lower level of rejection. In some cases, switch from rejection to protection attitudes.	Very progressively - more readiness to approach families who have children with disabilities, and involve children. More readiness to include Roma children in same PPE institutions as others.	Some examples of readiness to have ECD services within the community.	Insufficient evidence to report

These changes are not only presented as an example: they are logically linked to the parent/caregiver modules organised by the Project and to the changes of attitudes described above among some duty bearers who are in contact with the children, parents/caregivers and communities. Where they exist, the behaviours and attitudes of service providers (duty bearers and CSOs) can create positive precedents of interaction, which in turn can plausibly contribute to transforming the self-perception of parents/caregivers. The parents/caregivers interviewed displayed attitudes as services users: services are no longer just received as “charity”, but demanded as rights, with a stronger sense of mutual responsibility between care givers and service providers. It is therefore highly plausible that the Project has contributed to a change among some of the targeted parents’/caregivers attitudes towards their children, towards services, and towards their own parental role.

Quote (a duty bearer in Kosovo*)

“The Ministry of Education has a supervisory and consulting role towards PPE institutions. We monitored the capacity building process and conducted visits. Visiting these children, I cannot find the words to explain, when

you see them, how enthusiastically they attend these activities. Because they have a qualified and motivated educator in front of them, who understands the role of playing in a child's development and learning."

Quotes (interviewed parents)

"I felt heard, I felt supported." "It seemed to me that I knew all those things, but then I realized how much I didn't know." "I feel I am a better mother now." "My daughter [who has a speech impediment] likes to go to the preschool, she smiles there."

The change of attitude is not widespread, and some interviewees pointed that some parents/caregivers are still very reserved and protective, due to a history of exclusion towards both target groups (Roma communities and children with disabilities). This challenge was compounded by the COVID-19 pandemic, which bred fear of contacts and sometimes mistrust towards authorities in general, and which deprived the rights holders and service providers of regular, continued face-to-face interaction – whereas the construction of trust-based relationships to service providers largely depends on a continuum of personal interaction and positive experiences. However, the impact of the Project on these challenges clearly seems to have been, by and large, positive.

Good practice: Modelling services while working on demand

The change of attitude and growing trust observed with some rights holders is largely connected to the Project's modelling approach, which focused on both supply and demand of ECD services in target areas. Modelling has created positive experiences, and word of mouth is generating further demand locally, in the pilot municipalities. It is also generating better social tolerance for differences. One of the values of the Project was therefore to allow the expression of demand, or at least acceptance of ECD services among the target groups and, beyond, at community level.

For instance, a nurse explained: *"We are very well received by the parents in their homes, and they are very happy to have us there. And then they talk to other mothers about us, and then other mothers start contacting us... We have a lot of self-referrals, now."*

Likewise, a CSO in North Macedonia stated: *"When we brought children [with disabilities] from the residential institution to the small homes' community service in the village. We were perceived as the enemies of the village. No one wanted these children in their neighbourhood. Now the whole village is guarding these children because they saw that the children are not enemies."*

Montenegro is also a good illustration of how the Project bridged a gap by working on both demand and supply of ECD services: before the Project, UNICEF worked with the Ministry of Education on capacity building, directly with teachers – but it had not worked with families directly. The Project was an opportunity to make this link between demand and supply.

5.4 Sustainability

Evaluation question 4: What is the likelihood that the Project results will contribute to systemic improvement of ECD for the target groups?

Key Findings:

Finding 12: The personal commitment of champions, changes in laws, regulations and policy, availability of the human resources, and financial feasibility, all helped the Project countries to start expanding the coverage of the modelled ECD services. This suggests a potential to gradually increase sustainability.

Finding 13: By cultivating deep and comprehensive partnerships with key institutions, the Project contributed meaningfully to the duty bearers' awareness of the ECD needs, gaps and opportunities, but duty bearers are reaching the limits of what can be improved with available resources. The piloted services face emerging challenges locally towards long-term stabilisation and scaling up.

Finding 12: The personal commitment of champions, changes in laws, regulations and policy, availability of the human resources, and financial feasibility, all helped the Project countries to start expanding the coverage of the modelled ECD services. This suggests a potential to gradually increase sustainability.

Triangulated evidence basis

Project progress reports and country reporting
Interviews with UNICEF, duty bearers and CSOs
CSOs' progress reports
Mellow parenting preschool event feedback documents (North Macedonia)

The evaluation found numerous examples where countries have replicated and expanded the coverage of the modelled services and mechanisms, in a way that maintained the approach promoted by the Project.

The most easily reproduced and expanded models are the peer-to-peer (e.g., the network of ECI health professionals and social workers established in Montenegro) and coordination mechanisms (e.g., the coordination mechanism of institutional stakeholders regulating ECD service provision in Kosovo*). This is because they elicited adhesion when tested through the Project as they provide the CSO and duty bearers' practitioners with a supporting structure based on peer-to-peer networks, which is lasting because it builds on mutual support among professionals who share the same objectives. These mechanisms are typically overseen by the relevant line ministry (usually health, social welfare, and/or education).

The other frequent type of expansion concerns the services themselves. Home visiting, assessment for identification and ECI, and integrative PPE groups are the most commonly scaled up. Kosovo* provides a good illustration of these two types of replicated models: peer to peer/coordination mechanisms, and services to rights holders. The home visiting programme and the ECD centres were the flagship services of the Project in Kosovo*. They are currently being expanded from the pilot municipalities to the whole territory. This was made possible by the combined top-down (policy and legal framework) and bottom-up (local modelling) approach. In Kosovo*, the home visiting has already been integrated in all policy and legislative framework and in the national budget, as it forms part of the National Health Strategy and is in full ownership of the Ministry of Health (handed over by the CSOs). Interviewees consider it sustainable in the majority of municipalities, and the model is progressively scaled up throughout the territory.

For Kosovo*, the ECD centres are now part of the new draft Law on ECE, which foresees development of sublegal framework regulating Centres' ownership by local governments. At local level, they are well accepted, and municipalities are sustaining their implementation. The Project also supported the establishment of the ECD coordination mechanism and strengthened its capacity. Members of the ECD Coordination mechanism met quarterly throughout the Project. This mechanism has taken on the early child education mandate and is chaired by the Deputy Minister of Education, with membership from key early child education stakeholders.

Quote (a duty bearer in Kosovo*)

"The home visiting program is fully institutionalised now. It is operating in over 90% of the municipalities. It is our most praised work."

Similar patterns were reported in most countries. Judging by the examples of the "deep dive" countries, it is plausible that the Project reporting on this matter is realistic. The key factors that enable such scale up include:

- **In at least some countries, personal commitment of visible champions** such as decision makers. This may not be the case in all countries but was observed in both "deep dive" countries. Some symbolic gestures and examples of personal leadership helped alleviate the resistance to change. For instance, in North

Macedonia, stakeholders report that “*when we decided to close the residential institutional care in [a municipality], the Minister for (Labour and) Social Welfare was sitting for two full days on the spot to deal with the resistance and fears of the employees of institutional care.*” In North Macedonia, there are multiple testimonies of change agents being very engaged at community or municipal level (e.g., Mayor, PPE institution directors). These persons are visible in the communities concerned.

- **Commitment through the national legal and policy frameworks.** In all countries, at least one service was integrated explicitly into the relevant national action plans or strategies, with a view to expanding its coverage to the whole territory.
- **Financial feasibility** of the models. In Kosovo* and Albania³⁸, where new services were created or where the division of responsibilities changed during the Project: this complexifies the financial feasibility of scaling up. But in other countries, the Project did not create new services and the authorities did not restructure the broad institutional setup in ECD. Therefore, in five out of seven countries, the division of responsibilities for service provision was not altered. As a result, and because national budgets are allocated per institution, the structure of budget allocation for these services remained mostly constant. In the “deep dive” countries, several interviewees including from among local governance bodies and national decision makers in charge of financing, found that the Project’s models (community-level, integrative and targeted ECD services and PPE institutions) are more cost-effective than the models they came to replace (typically, residential institutions). In at least one Country, the uptake of the modelled services triggered national authorities to earmark new funding: the Serbian Government has integrated funding for the Community Centres for ECD and Inclusion.
- **Preparedness of human resources.** This includes training and capacity, negotiation and communication, and the provision of the necessary tools and conceptual resources. In some countries, the Project succeeded in integrating these tools, resources, and training into the professional development structures of the country: for instance, Bosnia and Herzegovina integrated the ECD Assessment Scales promoted by the Project, into the Programme of Additional Training Curriculum for home visiting nurses. Human resource preparedness also includes the adjustment of the human resources framework (job descriptions, allocation of human resources) after the modelled services, and the legal and policy framework were stabilised – thus avoiding inadequate allocation of human resources and individual responsibilities. In some cases, these adjustments took place even after the completion of the Project – which demonstrates continued commitment. This was the case in Serbia, the Government amended the relevant bylaws on the healthcare system after the end of Project, to adjust professional requirements towards scaling up of the ECI model: introduction of home-based work and telework, type and scales of human resources. A UNICEF interviewee stated: “*It is the first time we have such aftermath of a Project, moving by itself to the system level after end of the Project.*” Often, this progress is a combined result of many initiatives by UNICEF, of which this Project was a part. A CSO in North Macedonia illustrates this fact in the PPE sector: “*the result of cooperation between the Ministry of Education and UNICEF is that we have completely transformed education (including PPE) in the country. We have new resources for schools, inclusion is mainstreamed, schools and the public are accepting inclusion better.*”

While these factors seem to exist in all countries, they were not verifiable for all modelled services. There is also a tendency of UNICEF COs to consider commitment mostly on the basis of adopted policy documents – without always anticipating that generalisation of services may require a larger volume of local funding in the future, which could dilute this commitment. The Project reporting and the logframe of the Project do not give sufficient space to the monitoring of national and local budgets for the provision of services: only the Moldova foresaw this in its indicators and systematically reported on this. Such practice should be more widespread in other offices.

Finding 13: By cultivating partnerships with key institutions, the Project contributed meaningfully to the duty bearers’ awareness of the ECD needs, gaps and opportunities, but duty bearers are reaching the limits of what can be improved with available resources. The piloted services face emerging challenges locally towards long-term stabilisation and scaling up.

³⁸ In Kosovo, some new services were created such as home visiting, which meant the allocation of additional responsibilities. In Albania, the project took place while the decentralisation reform was still new, and some responsibilities handed from the national to the municipal level had to be adjusted/ negotiated accordingly.

Triangulated evidence basis

Project progress reports and country reports, CSOs progress reporting
Interviews with UNICEF, CSOs, duty bearers, rights holders
Agreement documents with CSOs and institutions in all countries
Interviews with CSOs, duty bearers, Project staff
Project online training materials in the seven countries
Project publications (tools, guidelines)
Online desk research

The context of comprehensive partnerships with UNICEF, combined with the experience of modelled services, and capacity development (trainings, workshops), has increased the duty bearers' exposure to:

- ECD needs,
- The gaps between the existing service provision and these needs,
- The opportunities for using UNICEF-promoted standards, models and practices to address the needs.

Being exposed to these, the CSOs and duty bearers developed an aligned vision of ECD: interviews in PPE, health and social/child protection sectors document a vision and key words that are common to CSOs, field practitioners, experts, and policy makers. They all outline similar needs, recall similar guiding principles, and talk about how these principles help address the needs and correct the shortcomings of the inherited ECD services and systems.

The alignment the ECD vision was made possible by partnerships established with key institutions. UNICEF formalised these partnerships through detailed agreements, specifying concrete responsibilities: this enabled the staff of these institutions and CSOs to be deeply engaged in the Project activities and prepare to own the future steps. Many of these agreements started with this Project.³⁹ There is an appetite to go further with bridging the gaps which still exist in the outreach, quantity and quality of the services.

However, in some countries, some professionals have reached the limit of what the existing means allow them to achieve. This is clearly the case for PPE services in North Macedonia. The trained educators have upgraded their skills for inclusion; the number of included children from the target groups has increased; PPE institutions are better equipped with assistive technology to include these children. Educators, PPE institutions' directors, and parents/caregivers now ascertain children's needs and address them accordingly. However, PPE institutions as they exist now face the limits of their ability to meet growing demand. Other community services are required, supported by extra human resources. With early identification, an increase in demand necessitates extra resources dedicated to supporting parents/caregivers to ensure attitudinal changes towards disabilities and inclusion: where interviewed practitioners tried to expand their coverage beyond the scope of the Project, they sometimes faced guarded attitudes, fear or denial towards the ECD potential of children with disabilities.

Quote (a duty bearer in North Macedonia)

"Trainings are good for the start. Preschool educators now know how to recognize developmental problems, they know how to communicate that to the parents, and tell them what these issues are, what to do, and how they can work with the child. But educators do not have the capacity to solve all developmental challenges of the children. Now we lack more experts and professional staff in our preschool, more assistive technologies, and more community-based social services."

Quote (a parent in Kosovo)

"Educators in the preschool said that we need to work with a logopaedist. Unfortunately, there is only one logopaedist for 100 children in the preschool, so we need to take a private logopaedist twice a week. My daughter

³⁹ Key examples include agreements with the Ministry of Education and the Pedagogical Institute of Montenegro, the Psychological Centre of Belgrade in Serbia, the CSO Voice Against Violence in North Macedonia, the Chisinau Municipal Council in Moldova, the CSO Bethany in Albania, the Communal Centres of Dragash, Gjilan and Lipjan in Kosovo, the CSOs Education for All and Centre for Education and Upbringing and Hearing and Speech Rehabilitation in Bosnia and Herzegovina.

has significant improvements, but it's a pity that the preschool cannot provide more support. They don't have enough experts employed, nor space to work with so many children, even though they are good at noticing development challenges."

Quote (UNICEF staff)

"We need to be more modest with systemic changes and change of attitudes of service providers. Modelling evaluation made us think about fitting approach and programme to context."

As some services are becoming integrated in the life of the pilot municipalities, and stabilised through national policies and legal framework, new challenges are emerging locally – especially as the demand for inclusion and the number of children with special needs in PPE institutions are likely to continue growing.

The transition to online service delivery in response to the COVID-19 pandemic made some services more widely available, and a rich repository of training modules, practical tools and guidelines has been created. The ECD online platform created in Kosovo* has reached 88% of the educators with both technical/methodological and content training on ECD. Currently, the interviewees are concerned about reverting to face-to-face training and interaction, which is more time-consuming and more resource intensive.

Another concern is that the expansion of services, especially in hard-to-reach locations and communities, will soon reach the limits of human resource capacity, at least in the "deep dive" countries. According to trainers and supervisors, there is a generational change and emigration phenomena among the practitioners, where the young generation of educators, health professionals, and social workers reportedly display a lack of interest for community services in general, and for rural areas in particular. The interviewees claim younger generations are reluctant to apply to positions in Roma settlements and remote areas.

Quotes (duty bearers)

"We opened a gynaecological service and then we closed it because of the low interest of health workers to work in areas with such complex problems. It is especially difficult now that there is a shortage of health workers, so specialists cannot be found or hired in those settlements. Other rural parts of the country face the same problem."

"Professional services in preschools are not complete because we lack psychologists, logopaedists, and other experts, especially in small and rural areas."

Lesson learned: Efforts to address violence against women and domestic violence are particularly affected by shortages of qualified and willing personnel.

Shortages in qualified professionals have a long term gender dimension: several interviewees reported that they are more pronounced in areas which are most affected by violence against women and domestic violence, and that it was also particularly difficult to recruit professionals who are well trained on violence against women and domestic violence. Further research would be needed to understand the root causes of this lack of interest. Possible factors include the lack of available training, persisting taboos and social bias about violence against women and domestic violence, which was documented by recent research in all the countries covered.⁴⁰

5.5 Coherence

Evaluation question 5: To what extent was the Project coherent with the comparative advantages of UNICEF, including guidance and strategic documents on ECD?

Key Findings:

Finding 14: The Project was conceived as a part of the long-term engagement of UNICEF for the realisation of ECD standards and approach. It is fundamentally coherent with UNICEF strategic documents.

⁴⁰ <https://www.osce.org/projects/survey-on-the-well-being-and-safety-of-women>

Finding 15: The Project partners viewed the ECD expertise and evidence-driven programming of UNICEF as comparative advantages.

Finding 16: The Project benefited from, and further diversified, the existing long-term partnerships between UNICEF and duty bearers as well as CSOs at national and local levels. UNICEF leveraged these partnerships to expand the generation and application of knowledge.

Finding 17: In several countries, UNICEF acted as “convener” for other donors, especially in ECD, where matching funds helped expand and multiply the effects of the Project.

Finding 14: The Project was conceived as a part of the long-term engagement of UNICEF for the realisation of ECD standards and approach. It is fundamentally coherent with UNICEF strategic documents.

Triangulated evidence basis

Project document and country reports

Theory of change workshop

Country programmes

UNICEF knowledge products

UNICEF, WHO guidance documents on ECD

Online research: UPR, applicable standards

The evaluation team compared the Project document, the description of the activities conducted in the seven countries, and the approach described by UNICEF interviewees, with all applicable strategic documents of UNICEF (country programmes and knowledge products). These documents were shown to be fundamentally aligned.

The Project objectives closely match at least one priority in every country programme. The Project indicators and targets are fully compatible with the respective country programme documents, and, in some cases, they directly feed into them: each country programme has at least one quantitative indicator which is identically reproduced in the Project logframe, which corresponds to an effort to optimise reporting and avoid redundancies in data monitoring. Due to the consideration of each country programme, the Project was checked against other UNICEF initiatives during the design phase, and the COs ensured that it does not duplicate any parallel activities, on the contrary, the Project continues or precedes other initiatives, in a coherent fashion. The baseline analysis, and selection of outputs and priorities made jointly with the respective countries governments further assured the absence of duplication with other donors' initiatives.

The holistic, inclusive approach described under Finding 2 is strictly based on the concepts presented in UNICEF guidance on ECD.⁴¹ The Project is by essence focused on the inclusion of vulnerable children and their families, and the activities specifically adjusted to the most at-risk groups in the respective countries. In other words, ECD as promoted by UNICEF is in nature inclusive. The leave-no-one-behind principle⁴² is therefore fully entrenched in the Project outcomes, outputs and activities. The Project is also in line with international and European human rights law applicable in the countries covered,⁴³ in that it actively contributes to the prevention of discrimination against Roma children and children with disabilities, who are most at-risk of being victims of systemic or individual discrimination.⁴⁴

The rationale and objectives of the Project are fully in line with UNICEF's approach to ECD. By targeting children in their early years, which are decisive for the development of a child's cognitive capital, which in turn is decisive for a child's ability to realise his/her rights, the Project constitutes a coherent investment into UNICEF mandate of

⁴¹ UNICEF Programme Division, UNICEF's programme guidance for early childhood development, UNICEF, New York, 2017

⁴² United Nations 2030 Agenda for Sustainable Development

⁴³ United Nations Convention on the Rights of the Child; Universal Declaration of Human Rights; European Convention on Human Rights; International Covenant on Civil and Political Rights; International Covenant on Economic, Social and Cultural Rights; Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities; Framework Convention for the Protection of National Minorities; International Convention on the Rights of Persons with Disabilities; European Convention on the Rights of Persons with Disabilities.

⁴⁴ See for instance, the latest Universal Periodic Reviews of Albania, Bosnia Herzegovina, Montenegro, North Macedonia, Republic of Moldova, Serbia and Kosovo. <https://www.ohchr.org/en/hr-bodies/upr/upr-main> and the most recent reports by the National Human Rights Institutions and equality bodies in all countries covered.

every right for every child.⁴⁵ Focus on early childhood is also coherent with the United Nations Convention on the Rights of the Child, the foundation document for UNICEF: the Project document and second progress report make an explicit connection with the Convention, and especially its General Comment No. 7 that early childhood is a critical period for the realization of these rights. Likewise, at least six of the Sustainable Development Goals (SDG) are linked directly to wellbeing and inclusion in the life cycle and particularly during the early years.

Finding 15: The Project partners viewed the ECD expertise and evidence-driven programming of UNICEF as comparative advantages.

Triangulated evidence basis

Interviews with CSOs and duty bearers
 Training materials
 Project publications and other products
 Specifications of Project-supported online applications
 Testimonials of Project product users' experience in Project reporting and field research
 Training exit questionnaires' reports

The evaluation team reviewed the Project's products (training modules, knowledge documents, guidelines, job descriptions, manuals on online applications, etc.), and checked it against the perception of the interviewees in the "deep dive" countries.

The evaluation found that these products optimised a key comparative advantage of UNICEF: it is perceived by its partners as "genuinely" knowledge-based, as an interviewee put it. Interviewees consider that UNICEF does not just produce data and knowledge: it channels its research and learning into its products, supported by the expertise of its core human resources (often funded by the core budget) and of the experts mobilised (funded by the Project). The Project document, and the products funded by the Project reference and integrate various sources from UNICEF research and guidance. This lends credibility to the Project's products in the eyes of their users. The products' ability to capture existing knowledge on ECD generated by UNICEF was pointed out by stakeholders in North Macedonia, Montenegro, and Serbia.

This, in turn, enabled UNICEF to bridge the gaps in the knowledge delivered by national training/higher education institutions, both by providing this knowledge to professionals, and in several cases by supporting national training/higher education institutions to incorporate emerging knowledge in their training and education offer.

Quote (a practitioner in North Macedonia)

"Unfortunately, we do not learn [the integrated and holistic ECD approach promoted by UNICEF] in our University."

The Project collected training exit evaluation questionnaires from participants in several instances: the corresponding reports on questionnaire results show how important the knowledge transferred by UNICEF, in the eyes of the participants. For instance, the training "Open the window" in North Macedonia was rated 3.75 out of 4 for quality, and 80% respondents found it of utmost importance (20% fairly important and 0% not important). This is characteristic of an evidence-based organisation generating innovative concepts based on recent research.

Quote (a duty bearer in North Macedonia)

"A few factors are important for successful de-institutionalisation. The first is the knowledge of UNICEF and national stakeholders which was developed throughout the years."

Finding 16: The Project benefited from, and further diversified, the existing long-term partnerships between UNICEF

⁴⁵ Samson, M. (2016) Cognitive Capital: investing in children to generate sustainable growth. UNICEF & Economic Policy Research Institute, East Asia and Pacific

and duty bearers as well as CSOs at national and local levels. UNICEF leveraged these partnerships to expand the generation and application of knowledge.

Triangulated evidence basis

Interviews with UNICEF representatives, duty bearers, CSOs, ADA
Country programme documents
Theory of change reconstruction workshop
Stakeholder analysis

The Project benefited from numerous, long-term partnerships established by UNICEF with CSOs and duty bearers at all levels of governance, through its previous work on ECD in the seven countries. These partnerships are another key comparative advantage of UNICEF, which the Project capitalized on to deliver results.

UNICEF partnerships ensured mutual commitments and understanding, which have proven crucial when confronting adverse factors such as political turbulences, the COVID-19 pandemic, or more mundane resistance to change among some stakeholders. The quality of these partnerships played the crucial role: interviewees typically talk about “openness”, “consultation”, “joint planning” when asked how they would describe their relationship with UNICEF. Partnerships with Ministries are characterised as holistic, long-term, and in-depth.

Quote (a duty bearer)

“UNICEF is a better development partner than many donors (...) The main difference is that UNICEF does not intend to implement and finish a given project, but to work on the process and make a change. [Another multilateral donor] is just committed to activities, not to the process. This makes a big difference. I am grateful UNICEF had the courage for de-institutionalisation and inclusion reforms, which are unpopular with many people.”

Only an organization with long-term field presence can establish the breadth and diversity of partnerships available to UNICEF (see Annex 3). The quality of UNICEF is drawing on:

- Variety of the types of partners (experts, academia, public authorities, CSOs)
- Variety of thematic fields (from health institutions to electrical engineering and IT faculties)
- Variety in governance level (national, local, community levels). This was particularly observed in the sampled municipalities.
- Variety of decision-making levels: from top decision makers at political level, to mid-level managers, and front-line practitioners.

Quote (a duty bearer in North Macedonia)

“A key factor of success in inclusion in education is the great motivation of UNICEF and a couple of experts who worked on the topic. However, there are lots of hidden traps – the old interests of the professionals involved, old habits and fears.”

The evaluation found that the **existence of partnerships already established through previous projects funded by other donors** was not damaging to the visibility of the Project or the donor. Difficulty to separate the results of various projects is a normal externality of strong coherence. The interviews and Project reporting show that UNICEF staff was not always comfortable acknowledging this fact with the donor, as they were eager to prove the visibility and value of the given Project to a donor, which was perceived as having strong synergies in its values with UNICEF ECARO and COs. In the future, it will be useful to present this fact to the donor more openly and directly, which could somewhat reduce the reporting burden on the Project staff.

Lesson learned: When reporting requirements are not commensurate to the scope of a project, the resource burden on staff is high.

In addition to the reporting effort required by the large number of quantitative targets in the logframe, the COs and ECARO had to maintain reporting on formal partnerships with CSOs and with local institutions receiving small

local projects under the outputs. In addition, UNICEF also had to report on the outcomes of the partnerships with higher-level actors, chiefly the Ministries and national institutes (health institutes, training institutions, etc.). Partnership reporting was extremely useful to monitoring because it equipped the Project with comparable reports which fed into reporting on targets. However, it generated heavy obligations on UNICEF staff, which was mostly funded by the core budget. It was not possible to quantify the hours of reporting work generated by the Project, but there is a consensus to find that it was disproportionate to the amount of extra-budgetary contribution received for a Project which was a complement, the culmination (after long investments made over the years), or the start (as seed funding) of other, often larger projects and programmes.

This was compounded by constraints placed by the donor on the ToC of the Project, and on the reporting framework. As demonstrated by document review, confirmed during the ToC reconstruction workshop and interviews with the donor, UNICEF had to formulate the expected changes in a way that would align with the donor's strategic framework, which places changes at a very high level. As a result, the level of change placed on the Project were placed too high, especially as compared to the budget and timeframe of the Project. Combined with an all-quantitative set of indicators, this directed the reporting efforts to a level of change that would normally be characteristic of their five-year country strategy reporting, but which is not adapted to a shorter, more modest Project. Not only was this very resource-intensive, but it also constrained their ability to report at a lower level on process-related changes.

The recent partnership with the donor could partly explain these constraints. It was also constrained by COVID-related rules, which prevented the ADA headquarter and country representatives (where present) to engage in face-to-face interaction with UNICEF. Nevertheless, this partnership was characterized by good faith negotiations and an alignment of values and overall objectives. There was flexibility in the management of the Project, permitted by this synergy, which became increasingly apparent as the Project progressed. However, at the design phase, donor constraints placed on the Project's expected outputs and outcomes appeared disproportional to the size (budget, timing) of the Project, which resulted in monitoring and reporting difficulties.

Finding 17: In several countries, UNICEF acted as “convener” for other donors, especially in ECD, where matching funds helped expand and magnify the effects of the Project.

Triangulated evidence basis

Project document, Project progress reports and country reports
Interviews with UNICEF, duty bearers, ADA
Publications of other United Nations agencies and EU
Country programme documents

During the Project design and implementation phases, UNICEF leveraged its partnerships, as described above, and played a “convener” role of like-minded stakeholders. The partnerships described above are at the basis of UNICEF's role as a convener of diverse actors: in a holistic area like ECD, these actors have broad common objectives, and their mandates necessitate horizontal cooperation, but they sometimes experience communication difficulties due to diverging incentive structures, or a history of compartmentalised professional qualifications. By bringing them together around the implementation of evidence-based, reputable standards, and by investing its social and political capital into their interaction (trust, reputation), UNICEF creates more conducive conditions for these actors to work together and align.

Interviews with duty bearers at national level, with the donor, with other international partners, and with UNICEF staff suggest that UNICEF is perceived as strategically positioned on ECD. These actors often consider UNICEF to have filled critical gaps for other donors which lack specific mandate, knowledge and expertise. For instance, UNICEF is considered to have played a decisive role in raising ECD on the policy agenda of several governments, and in alerting donors about it. This role as a convener is then followed by coordination with other donors: UNICEF staff also reported that they coordinated with other donors throughout to exchange updates on programming, implementation, and situational analysis, and identification of respective supporting roles towards authorities in ECD.

The documents and interviews show that the mandate of UNICEF is well understood by the interlocutors among CSOs, country-level duty bearers and other international actors. Its country programmes are also sufficiently clear to communicate effectively with these actors. These advantages are conducive to a convener's role.

The Project matched, and more often was matched by funding initiatives of other donors: the EU in Montenegro, UNFPA and WHO and the World Bank in North Macedonia, the Luxemburg Government and the World Bank in Kosovo*. This ensured coherence and multiplied the effects of the Project in these countries. At the same time, it also reduces the ability of UNICEF – and of this evaluation – to directly attribute changes at impact level to UNICEF and in particular to this Project. The convener's role of UNICEF is a comparative advantage to contribute to impact – but it dilutes attributability.

The interviewed national stakeholders were conscious of these matching funds and the use of common tools, knowledge and messages among United Nations agencies, perceiving them as proof of coherence, in the spirit of the “delivering as one” approach. This was particularly the case of WHO and UNFPA. Cooperation and common approach with UNWOMEN, on the other hand, was absent from interviews and not prominent in reporting. This is concurrent with the limited gender analysis in the Project.

Quote (a duty bearer)

“UNICEF helped us develop the models for capacity development, and we need to continue and rollout this reform with the support of the World Bank.”

Quote (a UNICEF representative)

“UNICEF, UNFPA and WHO joined forces to help the Ministry of Health on perinatal and maternal health. We dispatched duties based on the expertise. Each of us has our own strengths and mandate.”

6. EVALUATION CONCLUSIONS

The Project design has to a large extent responded **relevantly** to the evolving needs and aspirations of the rights holders and duty bearers. The Project ToC and how it resulted in concrete outputs and activities for each country and pilot municipality were highly relevant to the needs of ECD actors and rights holders (children and their parents/caregivers), particularly because the design was based on thorough analysis. This includes MICS data, but also in-depth analysis of the dynamics at play with the Project stakeholders from national to municipal players, and a strong understanding of national policy priorities. By ensuring the Project design and implementation was informed by current evidence, UNICEF optimised its comparative advantage as an evidence-based organisation. Consequently, the high quality and relevance of the Project's products (trainings, publications, reports, research, IT equipment and applications, etc.) elicited strong satisfaction among the users.

While relevant to the situation, the ToC was formulated and organised so as to both capture the Project's objectives and fulfil donor requirements (to align with the donor's strategy and reporting framework), which was not always compatible. As a result, the ToC was not conducive to monitoring and reporting on changes. It placed expectations of results at too high a level, and lacked specific assumptions, both internal and external, for each level of change.

Agreement with ADA regarding the target groups was fully aligned with national priorities and the needs in ECD, however it did not take full account of the needs of other vulnerable and underserved groups. This shortfall was compensated by the flexibility of UNICEF, ADA, and the Project partners, who managed to include other target groups locally in some instances. The evaluation did not find clear differences between both target groups (children with disabilities and their families; Roma children and their families) in terms of access to the Project's outputs.

The Project ToC as a whole, its outputs and activities, were relevant to the national priorities. Moreover, they were intrinsically aligned with national ECD policies, because of the two-way mutually reinforcing nature of the partnership between policymakers and UNICEF: both sides contributed to the design of, respectively, the Project and national

policies. This, in turn, ensured the feasibility of the Project because the choice of outputs mirrored national priorities. It also ensured that national policies and priorities reflected and channelled UNICEF knowledge and vision of ECD. Through this collaborative policy and Project design, a common vision of ECD emerged, which is traceable in the ECD policy and legal documents adopted during the Project timeframe in the seven countries. This collaborative partnership most likely existed prior to the Project; however, the Project has clearly accelerated cooperation, and contributed to delivery of the concrete policy and legislative outputs.

The above strengths partly compensated for the shortcomings in the availability, quality and comparability of country-generated quantitative and qualitative data. The availability of such data was an assumption of the Project which was not fully realised.

The Project was fundamentally **coherent** with UNICEF strategic documents and drew on its expertise as a comparative advantage. It also benefited substantially from existing partnerships of UNICEF with state agencies and non-state actors, which were leveraged to expand on generation and application of knowledge. In several cases, there is evidence of UNICEF acting as “convener” for other donors, especially in ECD. The Project had to contend with the resource distribution dilemma: under existing time and resource constraints, it often had to either prioritize implementing activities to increase the quality and outreach of the services or to work on producing quality primary data. Quality data would require sustained support to the duty bearers but cannot be done until duty bearers systematize early identification and early childhood intervention, generalising the approach and services modelled by the Project. In the short to medium term, it is unrealistic that the stakeholders’ human resources and capacity – already thinly stretched – could be used to qualitatively improve the data breadth and depth. Fresh staff would need to be hired and trained.

Another shortcoming was that Project documents and reports failed to document (until final reporting) a clear gender analysis to back up the activities which, nevertheless, had a significant gender focus. Future efforts would need to build stronger links between projects and existing research, and they may consider exploring more extensive partnerships with dedicated partners, such as UN Women, or specialized CSOs.

The Project contributed **effectively** to the realization of the expected changes by creating and expanding on partners’ network, and building skills of its counterparts. ECI, ECD and PPE services became considerably more available and accessible for the target groups. The Project has embraced the change management approach, which was backed by a comprehensive monitoring framework. Yet, the quality of data – beyond the scope of the Project’s impact – has hampered the efficiency of the monitoring framework. The Project strengthened, and sometimes created alliances among ECD duty bearers, and between ECD duty bearers, other sectors and CSOs in the countries covered. In doing so, even though this was not explicitly articulated in the ToC, the Project effectively applied a change management strategy, building the readiness (knowledge and skills), willingness (values and attitudes) and ability (enabling environment) of the CSOs, health institutions, PPE institutions, social services and other child protection institutions to transform the way they approach and implement the ECD.⁴⁶ The Project contributed to all three aspects:

- Trainings and mentoring considerably increased the readiness of the practitioners, by equipping them with the knowledge, understanding and skills necessary to provide holistic, child-centred, inclusive and quality services to children and their families;
- The policy component, the networking, and the work done on the workflows, institutional arrangements, networking and job descriptions, contributed to ECD professionals’ abilities;
- The modelling and trainings affected the values and attitudes displayed by professionals, which increased their willingness to promote the vision of ECD.

The Project therefore built on the comparative advantage of UNICEF as a long-term partner for ECD actors which is capable of understanding the situation of the various stakeholders and of convening them around a common vision. This factor was instrumental to achieve the modelling of improved ECD services. This was particularly

⁴⁶ See among others: Weiner B.J., A theory of organizational readiness to change, University of Washington Seattle, 2009, https://www.researchgate.net/publication/38021465_A_theory_of_organizational_readiness_to_change
Errida A. and Lotfi B., The determinants of organizational change management success: Literature review and case study, International Journal of Engineering Business Management, Sage, 2021 <https://journals.sagepub.com/doi/pdf/10.1177/18479790211016273>

successful for home visiting, inclusive PPE institutions, and more generally early identification and early intervention. The modelling of these services mostly overcame the heavy constraints imposed by the COVID-19 pandemic and the limited means and infrastructure available: at the time of the evaluation, all envisaged activities were implemented with a few exceptions, although many encountered delays due to the COVID-19 measures and the overwhelming task facing health and education institutions in countering the pandemic.

Most importantly, the modelling of improved services and the preparation of policy and legal documents provided platforms to concretely test the common vision of UNICEF and ECD stakeholders. The interviewed rights holders were satisfied with the services they accessed, while the practitioners were increasingly ready, willing and able to provide the modelled services.

The Project made a considerable **impact** on the expansion of coverage and access to ECD, specifically ECI and PPE services in pilot municipalities. The attitudes of the beneficiary parents and caregivers towards their children, services and their roles have changed tangibly in the intended sense. Yet, COVID-19 pandemic impacted these changes and made them less mainstreamed and sustainable than intended. The conjunction of top-down (supporting policy and legal documents) and a bottom-up (modelling) approaches have laid the basis for more comprehensive ECD systems to be progressively established in the future. It is unclear whether the Project elicited demand beyond the pilot municipalities, but the growing numbers of users reported in sampled municipalities in the “deep dive” countries, and the reported gradual evolution of the targeted parents’/caregivers’ attitudes towards their children and ECD services suggests that an emerging demand should be anticipated.

The Project’s approach to strengthen existing priorities and services without fundamentally transforming the structure of ECD services creates favourable conditions for these strengthened services to be budgeted in the future since no separate or new budget lines need to be created at national or local level. However, as the services develop and cover a larger number of beneficiaries, the magnitude of these budgets would need to grow accordingly.

In terms of **sustainability**, there is a high likelihood that the Project results will continue in the long run to contribute to systemic improvement of ECD for the target groups. The personal commitment of the champions of change, as well as the changes in policy and regulatory frameworks have potential for increased sustainability, especially since these changes are embedded through comprehensive partnerships that UNICEF has built with key institutions. Yet, financial and human resources constraints are considerable, and more investment is needed to first stabilize and then scale up achieved changes. Similarly, as priorities are defined and services expand, the limits of the national systems, in terms of human resources and infrastructure, become apparent. This was particularly visible for PPE institutions. If the objective is to scale up the modelled services, the national institutional capacities must be upgraded too.

The ECD systems, if they continue to be supported by decision makers and practitioners, if they receive commensurate funding from national and local authorities, and if the emerging demand from rights holders is confirmed, are likely to progressively embody and practice the holistic, child-centred, and inclusive approach – but these necessary conditions will require the continued support of UNICEF or other donors.

In several countries, other donors and organisations have started to provide matching support to UNICEF and ADA with broader successor programmes, which should be able to build on the positive precedents of this Project and on the normative foundations and commitments established with the contribution of the Project. In other country contexts, the Project has benefitted from the positioning of UNICEF, and has given momentum to the “convener” role of UNICEF, although this has not yet materialized into funding.

7. RECOMMENDATIONS

The recommendations laid out below were discussed and validated in two steps: (1) the evaluation team consulted UNICEF ECARO on draft preliminary recommendations in a meeting that openly reviewed the appropriateness and feasibility of the each recommendation, (2) upon completion of the draft final report, UNICEF ECARO and COs

commented on the recommendations, both in terms of content and structure.

The recommendations are presented in order of priority.

1. ADA would better optimise future investments into UNICEF projects by allowing UNICEF ECARO programmes (such as the ECD) to develop full-fledged theories of change at a realistic level for complex projects, as this would increase the feasibility and tailoring of future projects.

Rationale of the recommendation:

Findings: 1, 3, 5, 9, 16

The evaluation showed that donor requirements regarding quantitative targets, target groups, and the level of outputs and outcomes had constrained the production of a ToC which would be achievable within the timeframe and budget of the Project, and that the Project ToC lacked some key elements. These aspects were particularly constraining in view of the relatively modest budget once the budget is broken down per country and per year. This later unnecessarily complicated the monitoring of the Project. A full-fledged ToC would enable future project teams to better identify the changes they aim to achieve, and the factors at play for these changes. They would create a strong basis and an easy-to-use framework for more analytical project monitoring. This is particularly useful for regional projects to harmonise and channel the analysis which the country offices perform as part of country programme implementation reporting.

Operational suggestions:

- The theories of change should unpack the input, output, outcome and impact level, and identify internal and external assumptions necessary for change to take place from one level to the next.
- The targets proposed to the implementing partner should focus on the existence of changes at output and outcome levels, and on the realisation of assumptions associated to these two levels.

2. UNICEF ECARO should continue to advocate to donors and, when successful, support countries to systematize services for early detection, early intervention and standard-based functional assessments.

UNICEF ECARO, supported by the country offices, should make and present a research- and knowledge-backed investment case to potential donors (and Governments in the countries of the region) to invest more in ECD as a high-potential investment for social inclusion and poverty reduction and eradication of violence against children. When successful, UNICEF should continue to design specific projects to support countries to strengthen, harmonise, systematise and connect comprehensive and standard-based ECD services.

Rationale of the recommendation:

Findings: 3, 4, 5, 10, 11, 14

The evaluation has shown the potential of the modelled services, and the ownership of both policy makers and practitioners when these services are implemented. Support to such reforms will inform policy making, organisation and financing of ECD services, and cross-fertilisation at policy and practice levels.

Operational suggestions:

- UNICEF ECARO should develop an investment case, complemented by advocacy products based on data, research and knowledge, to be used at regional and country levels for resource mobilisation for ECD.
- These projects should invest not only in services themselves, but also in the links between these services.
- The ToC of the complex projects stemming from this advocacy effort will require, even more than others, up-to-date and explicit gender analysis building on the existing evidence (e.g., from the preparation of Country Programme Documents, other projects, and external sources). Such projects should include gender transformative results explicitly supported by the set of activities. This is in line with guidance on the UN System-wide Action Plan on gender equality and the empowerment of women.
- The corresponding indicators and targets should be both quantitative and qualitative, result- and process-oriented.
- Priority should be given to:
 - Institutionalised early detection, early intervention (in particular home visiting) services and

- standard-based functional assessments
- Universal community-based ECD services beyond the locations where they were modelled
- Inclusive PPE services, beyond the locations where they were modelled
- Gender transformative results through inclusive ECD, backed up by up-to-date gender analysis.

3. UNICEF ECARO should strengthen, expand and sustain multidisciplinary networks of ECD professionals at national and regional levels.

Rationale of the recommendation:

Findings: 6, 7, 8, 13, 17

The evaluation found multiple examples of emerging networks of dedicated, like-minded professionals who start to embody and champion ECD concepts and services promoted by UNICEF. It is essential that these networks are maintained that they act as platforms for practitioners to learn from and support one another, and that they attract more professionals. The evaluation has also shown the delays experienced in creating regional peer-to-peer exchanges (due to the length of the project and the conditions created by the pandemic), whereas these exchanges are deemed very important by the stakeholders.

Operational suggestions:

- UNICEF should invest in should have strong, sizeable national and regional peer-to-peer component(s) – or, ideally, create a regional multidisciplinary platform for ECD professionals
- Beyond investment in ECD services themselves, future projects should strengthen the links between these services, by capitalizing on the networks of committed professionals already built through this and previous projects
- UNICEF should build on the work done on national registries to prepare the ground for future data-informed national policies
- Ideally, if and once governments generalize early detection, early intervention and standard-based functional assessments, such projects would also work as a platform for regional exchanges among peers on basic data collection methods and informed policy making. This would ensure cross-fertilisation of informed policy and decision making in the future. Specific project sub-components could address this cross-fertilisation.

4. UNICEF ECARO should build tools to monitor attitude, behavioural and practice changes among trained practitioners.

Rationale of the recommendation:

Findings: 1, 9, 12, 16

The Project supported an impressive array of trainings and sensitization activities to a large number of PPE, health and social professionals; however, UNICEF did not collect a lot of data on how these interventions changed the skills, approach, attitudes, behaviours, perception and practical application of the knowledge acquired – which are particularly important for ECD services. Such data would inform child rights monitoring, country-level reporting, and programming.

Operational suggestions:

- UNICEF ECARO should ensure that sizeable training/capacity building components integrate some initial data generation, and a monitoring mechanism regarding the approach, attitudes, behaviours, perception and practical application of the knowledge acquired by the professionals trained by UNICEF. This could be done through an annual or biennial (online) survey of these professionals tailored to the training portfolio.
- Thorough gender analysis should always underpin the definition of the desired behavioural and attitude changes. Among the expected results which aim at capacity building and behavioural/attitudinal change, some should clearly be identified as gender transformative results.

5. UNICEF ECARO should continue providing policy guidance to country offices on systematically promoting job descriptions and internal regulations of ECD duty bearers based on the products already elaborated.

Rationale of the recommendation:

Findings: 7, 12, 15

This recommendation will strengthen the sustainability of changes in practices and behaviours beyond training because it will entrench horizontal interactions, techniques, and the use of UNICEF-supported tools into the individual performance framework of practitioners, and into the incentive structure. It will also prepare the organisational functioning of ECD-relevant institutions to future expansion of modelled services, including in terms of human resources.

Operational suggestions:

- UNICEF ECARO should generalise the practice, tested in Moldova, of jointly re-drafting the job descriptions of key ECD personnel in ECD-relevant institutions. UNICEF should also work systematically, to the extent that partners are amenable to it, on the internal regulations of these institutions (e.g., internal rulebooks) as was done in Serbia, Kosovo* and North Macedonia, for instance.

6. For future, complex ECD projects, UNICEF ECARO should develop basic information products/documents about the respective projects.

Rationale of the recommendation:

Finding: 2

The evaluation has shown that some partners did not have all the information about the full scope and objectives of the Project. This challenge was related to the complexity of the Project, the broad range of Project partners, and the turnover experienced in many institutions. The proposed information products will enhance the partners' understanding of complex projects - the goals, target groups and geographic coverage, implementation modalities, and timespan. Partners will be in a better position to optimize their take from the future projects.

Operational suggestions:

- UNICEF ECARO, supported by country offices, should, as a standard practice for large and/or complex projects, elaborate concise information documents/products (such as presentations and/or one-page briefs) for all project partners.
- These products should be developed in priority for the most complex projects which involve many partners.