



2019:4

Sida Decentralised Evaluation

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Evaluation of the support to UNICEF to strengthen Child Protection in Abkhazia 2015–2018

Final Report

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May 2018

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Sida Decentralised Evaluation 2019:4

Commissioned by Sida

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Date of final report: 2018-05-09

Published by Nordic Morning 2019

Art. no. Sida62196en

urn:nbn:se:sida-62196en

This publication can be downloaded from: <http://www.sida.se/publications>

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Abbreviations and Acronyms

CDC	Child Development Centre
DAC	Development Assistance Committee
DF	De facto
ET	Evaluation Team
FGD	Focus Group Discussion
INGO	International Non-Governmental Organisation
MoE	Ministry of Education
MoH	Ministry of Health
MoLESP	Ministry of Labour and Social Protection
NGO	Non-governmental Organisation
OECD	Organisation for Economic Co-operation and Development
PSW	Para social worker
SCC	Social Community Centre
SC	Steering Committee
SEK	Swedish Krona
SW	Social Worker
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commission for Refugees
USD	US dollar
WV	World Vision

Preface

Authors

This report was written by Louise Mailloux, the Evaluation Team Leader, and Katerina Stolyarenko, team member, on behalf of FCG Swedish Development AB and Tana Copenhagen APS. Erik Bryld and Nadia Masri-Pedersen provided quality assurance.

Acknowledgements

The evaluation team would like to thank Helena Sancho of the Swedish Embassy, as well as the teams from UNICEF and World Vision for their support throughout this evaluation, in particular the UNICEF and WV team in Abkhazia for helping to coordinate the field work. Thanks also go to all the people who have participated in interviews and focus groups during the field visit to Abkhazia in March 2018.

Executive Summary

The evaluation found that ‘*Strengthening and developing sustainable basic social services for children in Abkhazia*’ was largely effective, in building capacity on child protection issues both at the community and institutional level, and in creating/strengthening community-based services for children in need, including children with disabilities, in various locations in Abkhazia. The programme also succeeded in raising the awareness of a large number of people on child protection issues across a wide range of stakeholders.

The programme was largely successful in modeling a community-based approach to provide child protection services. There are now 25 functional social community centres (SCCs), Steering Committees (SCs) and para social workers (PSWs), with the capacity to identify vulnerable children and provide a certain degree of assistance for the most vulnerable families/children in their community. Three CDCs were strengthened and a rehabilitation centre for children with disabilities was created and capacitated to provide specialised services. As a result, approximately 300 children with disabilities have been able to receive quality services in targeted communities. The programme training and deployment of 13 social workers in three pilot districts provides a foundation for a social service system in Abkhazia. However, the SWs still need external support to strengthen their practices and increase their level of confidence and, there are a number of systemic challenges that need addressing, including appropriate legislation, in order for the services offered to more effectively address the needs of vulnerable children.

The ET concludes that some of the outcomes achieved are sustainable, including the increased awareness of child protection issues across a wide range of stakeholder and the knowledge and skills acquired, PHCCs, SCs and PSWs, the SWs, the CDCs, the Rehabilitation centre, various professionals working with children and the Coalition for Equal opportunities. However, the sustainability of services is less certain once the current funding from Sida ends in June 2018.

The most sustainable services are those provided by the of the CDCs as most of their costs have been absorbed by the df MoLESP.. As for the SWs, there is a willingness in principle from the df MoLESP to assume the costs but a lot of uncertainty remains concerning the ability of the df government to provide funding in light of current and future fiscal constraints, as well as possible changes in priorities as a result of the 2019 df elections.

At the village level, the improvements made PHCCs and SCCs are sustainable in short and medium term but will need to be maintained over time. The salary of nurses is covered by the df authorities making the health care they provide sustainable. The future of the PSWs is less certain but given that most of school teachers, the df MoE could conceivably cover the additional costs or they could also accept to continue as volunteers like other members of the SCs. In this regard, the “social fund” amount could be increased and may be sufficient as an incentive to motivate local communities to support families in distress in their midst, given that the increased level of awareness of the programme benefits achieved to date. Various options for sustainable sources of funding should be explored. The social fund could also be used as a matching grant from philanthropic organisations or businesses, or as counterpart fund to encourage the df authorities to set aside some funds to help families in distress. In a future programme, UNICEF and WV would need to explore alternative ways to help support families living in extreme poverty. It was suggested, for instance, that a future programme could help develop philanthropy in Abkhazia.

The ET considers that the CDCs have good prospects of sustainability if the further support with continuous capacity building of staff and provision of sufficient amount of fuel, office supplies and materials. The sustainability of the social service pilots and the institutionalization of the university social work programme will need more time.

In terms of expanding the community-based model to other communities/districts, a future programme/project should take a phased approach whereby the current model is solidified and the df state has committed budget to assume the costs of the three social work pilots.

The ET concludes that the application of the human rights-based approach (HRBA) has been at the programme’s core, with a particular emphasis on non-discrimination, participation and accountability principles. Through the application of HRBA, the programme has been helping targeted communities and the df authorities at all levels address the needs of vulnerable children and families in a conflict sensitive manner. The overall conclusion of the evaluation on gender equality is that the programme was not designed and implemented to deliver concrete results. The programme would have been more effective if it had undertaken the gender analysis at the programme design stage, rather than the last year of implementation, and develop the action plan based on that analysis. The action plan to mainstream gender that was developed was poorly implemented and only provided sex disaggregated data at the activity level. Should the programme be renewed, the programme partners should put more efforts into ensuring that the gender strategy is grounded in the analysis that was conducted and ensure that the programme includes, implements and tracks gender equality outcomes.

Recommendations

Based on our findings and conclusions, the evaluation team recommends that Sida fund a continuation of the programme, with the following sub-recommendations:

1. UNICEF should continue to strengthen existing child and family social services through continued technical support to the current social workers and the Sukhumi University to offer a quality social work programme;
2. Review and strengthen the gender equality mainstreaming strategy in light of the gender analysis conducted during the current programme and implement in a more consistent and sustained fashion, ensuring that the results framework and performance management contain specific gender equality outcomes and indicators;
3. Carry out dialogue and advocacy with the df ministries for legislation to regulate social work in Abkhazia, including granting official/legal status to social workers to enable them to fully fulfil their role and responsibilities and respond to the needs of children more effectively;
4. Continue the dialogue and advocacy with the df government to allocate funding to cover the costs of social work/child protection services in Abkhazia and explore how an expansion of the social service and services for children with disabilities system could be funded by the df state;
5. Explore strategies with the df Ministry of Health to attract and retain specialists such as psychologists, psychiatrists and neurologists to work with children with special needs, including children with disabilities;
6. Continue to encourage df ministries to implement a system to identify children at risk, the services offered to them and their families, and monitor progress towards finding lasting positive outcomes for the children/families who receive services;
7. Explore alternative strategies to provide funding to assist families in distress, including exploring whether the df districts or df MoLESP can allocate such funds for communities. In the meantime, increase the amount allocated for social fund per community, and explore providing matching funds for charities/business that offer and/or assisting further development of philanthropy in Abkhazia.
8. Strengthen the capacity of the Coalition for Equal Opportunities to fundraise and develop projects that can be funded by international development agencies, NGOs or the private sector to enable it to play a more effective advocacy role to accessibility and inclusiveness for children with disabilities.
9. Use a phased approach to expand the community-based child protection services to other communities and districts, based on the sustainability of the current services, and on a poverty and vulnerability assessment.

1 Introduction

This report presents the findings, conclusions and recommendations from the Evaluation of the programme “Support to UNICEF to strengthen child protection in Abkhazia 2015-2018”.

The report is structured as follows:

- Section 2 outlines the rationale, scope and provides background information on the context and the programme;
- Section 3 provides details on the approach and methodology used to conduct the evaluation;
- Section 4 presents the findings of the evaluation;
- Section 5 conveys the main conclusions of the evaluation; and
- Section 6 offers recommendations.

2 Rationale for the Evaluation

The Swedish Embassy in Georgia is currently considering whether to continue its support for the programme ‘Strengthening and developing sustainable basic social services for children in Abkhazia’ as the initiative is coming to an end in June 2018. The findings and recommendations of the evaluation shall provide input in the discussions on how to design a possible continuation of the programme to continue to improve the situation of vulnerable children in Abkhazia.

2.1 CONTEXTUAL BACKGROUND

Abkhazia is a so-called breakaway territory and is currently by the so-called de facto (df) authorities in Abkhazia. The situation in Abkhazia remains affected by the consequences of the 1992-93 war and the protracted conflict with Georgia thereafter, as well as years of international isolation. Conditions in practically all spheres in Abkhazia deteriorated since 2008 and have yet to recover in spite of significant financial support from Russia. Furthermore, the mostly Georgian returnees to Abkhazia, estimated at some 50,000 people in the Gali, Ochamchira and Tkvarchali districts, face a number of specific problems related to human rights, security and livelihoods.

The unresolved status of Abkhazia hinders most international development actors from directly engaging with the de facto (df) authorities in system strengthening and system change. The focus of other international development actors has been so far on strengthening the resilience and capacities of local communities to address social issues by mobilizing their own and internationally available resources. UN agencies and international NGOs have also provided some capacity building for medical workers and teachers. The Sida-funded initiative is following the same principles and focusing on community-based approaches to developmental issues.

2.2 PROGRAMME BACKGROUND

Since 2015, the Embassy of Sweden in Georgia has funded “*Strengthening and developing sustainable basic social services for children in Abkhazia*”. The overall objective of the initiative is to address child protection at both community and institutional levels and to strengthen and develop sustainable services for vulnerable children.

UNICEF collaborates with World Vision (WV) to implement the programme, as well as international and local NGOs and relevant df authorities. The main local partners for this initiative are the 25 most sustainable Social Community Centers (SCCs) and three Child Development Centers (CDCs) established in the framework of the Sida-funded through a prior programme “*Community Support to Children and Youth in Abkhazia*” (2011-2015); the local NGOs Aduney, Sukhumi Youth House, Ochamchira Youth House, Tkvarchali Youth Initiative, Association of People with Disabilities of Gali “Samurzakan” and Avanguard; the df ministries of labour, employment and social protection df MoLESP; education (MoE); health (MoH); and interior (MoI); various district and local level df authorities; as well as Sukhumi University.

The programme consists of three components which complement each other, as shown in Figure 1:

Figure 1: Programme Components



The outcome for **Component 1** is Enhanced access of children in Abkhazia to sustainable community-based quality services. The key elements of the strategy to achieve this outcome included:

- 1) Mapping of vulnerabilities and existing informal community-level protection systems, including an assessment of accessibility of schools for children with disabilities and promoting inclusion and awareness raising of vulnerability and child protection issues;
- 2) Technical professional and organizational training for 25 SCCs, 3 CDCs and a rehabilitation centre for children with disabilities to address the needs of vulnerable children and children with disabilities at community level.
- 3) Development of platforms for coordination among organisations involved in child protection issues and advocacy work towards decision-makers

The outcome for **Component 2** is Strengthened social work practices in Abkhazia on community and institutional levels as a basis for child protection initiatives. The strategy to achieve this outcome included:

- 1) Development of a conceptual framework for social work adapted to the context of Abkhazia;
- 2) Development of a social work curriculum, training of 13 social workers and piloting in three districts (Gali, Sukhumi and Gudauta) as models for replication in other districts.

The outcome for **Component 3** is strengthened evidence base on child protection issues in Abkhazia, enhanced knowledge and data collection, and protective role of families and communities strengthened, as well as positive social change stimulated. This is to be achieved by:

- 1) Developing child protection indicators and a monitoring system contextualized for Abkhazia in collaboration with df ministries;
- 2) Awareness raising to improve acceptance and treatment of children with disabilities, including developing and maintaining a database of children with disabilities;
- 3) Offering parents training on child development and parenting methods

The primary direct beneficiaries of the programme are vulnerable children, youth and their families in 25 communities in six districts of Abkhazia and estimated at 7,000 by UNICEF, based on the programme document. Direct beneficiaries also include women (4,000) and about 3,000 vulnerable families. The second group of beneficiaries include community members directly involved in the activities of Social Community Centres, i.e. Steering Committees members, CDC staff, para-social workers (PSWs), as well as social sector professionals providing healthcare, education and social services in the targeted communities and the social workers trained as part of the programme.

The key assumptions, discussed in section 4.1.6, identified in the programme document regarding its successful implementation and sustainability are as follows:

- 1) Although affected by some political instability over the last years, it is assumed that Abkhazia will maintain sufficiently calm for the continued normal functioning of basic health, education and other social services provided by the de facto authorities, as well as for the work of health,

education and other social service professionals and civil society actors involved in supporting the network of SCCs and CDCs.

- 2) It is assumed that targeted communities will remain motivated for and committed to the activities organized by the SCCs and CDCs. Furthermore, it is assumed that all communities involved in this project as target groups will be able to work together and interact regardless of their ethnic background.
- 3) It is assumed that all relevant stakeholders and duty-bearers will recognize the non-controversial and non-political nature of supporting enhanced social services for children, including those living with disabilities.
- 4) It is further assumed that UNICEF will maintain full access to all districts of Abkhazia throughout the full project duration and thus will be able to continuously provide support to World Vision and all other partners involved in the project implementation.
- 5) It is also assumed that World Vision – after a restriction of INGOs to the Gali district during 2013-2014 – will be able during 2015 to return to work in all districts of Abkhazia as announced by the de facto authorities.
- 6) Finally, it is assumed that local civil society partners will remain willing and able to cooperate with UNICEF and World Vision continuously and effectively.

2.3 OBJECTIVE AND SCOPE OF THE EVALUATION

Based on the Terms of Reference (ToR) in Annex 1, the objective of this evaluation is to evaluate the effectiveness and sustainability of the programme and formulate recommendations as an input to upcoming discussions concerning the design of a possible new phase. Hereunder the evaluation is intended to map and analyse the results achieved of the programme so far and to answer to what extent the programme has been effective in achieving change in the situation of children in Abkhazia. The scope of the evaluation includes the entire programme, i.e. the three components and locations where the programme was implemented, as well as all the communities and df institutions included in the programme.

2.4 EVALUATION QUESTIONS

Below are the evaluation questions (slightly adapted from the initial ToR and categorised under three OECD-DAC¹ criteria:

Effectiveness

1. To what extent has the programme contributed to increasing the protection of vulnerable children in the covered communities in Abkhazia?
2. To what extent have the programme goals and outcomes been achieved? (Setting status of programme's indicators against set targets)
3. Which unforeseen external factors influenced the programme and in what way?
4. How did the assumptions affect the programme?
5. How do the community structures and professional district structures complement each other in an efficient manner?
6. In what way can the geographical spread of the programme be increased while maintaining the benefits achieved?

Sustainability

7. Is it likely that the benefits of the programme are sustainable?
8. How can the benefits be made more sustainable taken into account the special circumstances present in Abkhazia?

Mainstreaming

9. To what extent has the programme been designed and implemented in a sufficiently conflict sensitive manner, with respect of human rights?
10. Has the programme had any positive or negative direct or indirect effects on gender equality?
11. Could gender mainstreaming have been improved in planning, implementation or follow up?

¹ It must be noted that Sida chose not to include the relevance or efficiency criteria for this evaluation.

3 Approach and Methodology

3.1 APPROACH

The evaluation used a consultative and iterative approach with the objective of increasing the relevance, the accuracy and completeness of the findings and uptake of recommendations by stakeholders. For instance, while the evaluation team was responsible for the design, data collection and drafting the report, the draft inception and final report were shared with the evaluation manager at the Swedish Embassy in Georgia, UNICEF and WV for comments. In addition, at the end of the field data collection, the team leader presented and discussed initial findings of the evaluation to the Sida representative at the Swedish Embassy, as well as representatives from UNICEF and WV to gather further insights on the issue of sustainability and ways to move forward should the Embassy decide to fund another phase of the programme.

3.2 SELECTION AND APPLICATION OF EVALUATION CRITERIA

Sida selected the evaluation criteria for this evaluation. The three evaluation criteria were effectiveness, sustainability and mainstreaming of human rights, conflict analysis and gender equality. Based on these criteria, the evaluation team (ET) developed an evaluation matrix (see Annex 2), which guided the overall conduct of the evaluation, which it presented in an inception report. The evaluation matrix includes the evaluation criteria, questions, indicators, data collection methods and sources of data, as well as analysis methods. This in turn guided the development of data collection instruments (see Annex 3).

3.3 METHODOLOGY

The evaluation used a mix-method approach for data collection and triangulate data. The evaluation team collected secondary and primary data. Five methods of data collection (both primary and secondary) were employed to conduct the evaluation, described in the sub-sections below. Secondary data collection included a review of programme documents and an analysis of the baseline and endline survey results conducted by WV. Primary data collection consisted of interviews and focus groups with key stakeholders, as well as on site observation in SCCs, PHCCs, the CDCs and the Rehabilitation Centre in Sukhumi, which took place during approximately five days of data collection in the Abkhazia in the month of March. To optimise the data

that could be collected during the field visit, the two evaluators focused on different locations and stakeholders.

In total 119 people participated in interviews or FGDs, including approximately 98 women/girls and 11 men/boys, which is reflective of the programme participants. The FGD with children was approximately half and half boys and girls for a total of 15, which would be representative of the breakdown in Abkhazia but this number is very small compared to the actual number of boys and girls that the programme reached.

3.3.1 Document review

Programme documentation such as progress reports, assessments and studies were reviewed using content analysis based on the evaluation questions and the indicators developed in the evaluation matrix. The ET conducted an initial review to identify the most relevant documents to answer the evaluation questions and then conducted an in-depth review of those. In total, the team conducted a detailed review of 31 documents. See Annex 4 for the list of documents reviewed.

3.3.2 Interviews

The evaluation team conducted interviews using a semi-structure interview guide for primary data collection. Sampling was purposeful to reflect the different types of stakeholders and beneficiaries as well as locations. Given the large number of direct beneficiaries, this sampling strategy was used to ensure a coverage of the main categories of programme participants and regions. While the ET selected the organisations and type of key informant to include in interviews, UNICEF and WV recruited and made the arrangement with potential interview participants. The categories of stakeholders that the ET interviewed include: UNICEF and WV management and staff, Child Development (CDC) managers and staff, staff of rehabilitation Centre, representatives from the Ministry of Labour, Employment and Social Protection (MoLESP), polyclinics for children, NGOS and foundations, as well as the Coalition for Equal Opportunities and UNHCR. The majority of the interviews were conducted in Russian (an interpreter was used for about 40% of the interviews).

Focus group discussions

The evaluation team conducted eight focus group discussions (FGDs) using a FGD protocol (see Annex 3). Sampling was purposeful to reflect the different types of stakeholders and beneficiaries as well as locations. As with interviews, the ET selected the organisations, type and number of participants to include in FGDs and UNICEF and WV recruited and made the arrangement with potential FGD participants. Participants of FGDs included social workers, social community/steering committees members (including para social workers and nurses), parents who participated in the parenting circles, as well as children who participated in the social

community centre (see Annex 5 for the list of people who participated in FGDs). All but one FDG were conducted in Russian.

3.3.3 Survey Analysis

The ET reviewed the baseline and endline survey conducted by World Vision with 78 participants (35 parents of children with disabilities and 46 children with disabilities - 27 boys/19 girls) as part of the programme. The data of the WV surveys were used to corroborate/triangulate the data found through the other methods.

3.3.4 Site Observation

Site visits/observations in programme sites in Abkhazia, e.g. SCCs/PHCCs and/or school canteens in five communities/villages included in the fieldwork, as well as the three targeted CDCs and the Rehabilitation Centre in Sukhumi. The purpose was to examine the condition of the facilities, given that the programme helped improve them.

3.4 PROCESS OF ANALYSIS AND DEVELOPING CONCLUSIONS

The ET used comparative content analysis to review the data. The data (e.g. interviews) were organised by question and indicators so that findings could be triangulated within and across data sources. Triangulated data formed the basis for findings. The various sources and data collection were used as supporting evidence. The conclusions and recommendations were derived from the findings.

3.5 ETHICS AND PARTICIPATION

3.5.1 Ethics

The ET sought to present the findings of the evaluation as accurately and fairly as possible. The ET were sensitive to the cultural and social environment of all stakeholders and conducted themselves in a manner appropriate for the ongoing conflict between Abkhazia and Georgia. For instance, the ET refrained from asking any questions or discussing any aspects of the conflicts during interviews with stakeholders and only recorded what was said, if anything, unprompted.

The evaluation team sought informed consent of participants and that the data collected from individuals would remain confidential. All the participants in the evaluation were informed of the purpose and use of the evaluation, the data being collected. Interview and FGD participants were informed that the information they provided was confidential and would be presented in an aggregate form so that no

individual person would be identified in the report unless the data was already in the public realm. One FGD was conducted with children (teenagers). The ET ensured that it respected the UNICEF guidelines for interviewing children. Questions were designed to be non-threatening and indirect as to not put any pressure to reveal potentially embarrassing personal details in front of their peers. They were informed of the purpose and use of the data being collected, as well as the confidential nature of the discussion.

3.5.2 Participation

The ET sought to be participatory in its approach and methodology within the confine of the evaluation design, was chosen in light of the available budget and timeframe. The evaluation was designed to be utilization focused and include as wide a range of programme participants and beneficiaries as possible though its sampling strategy, as discussed above.

3.6 LIMITATIONS

The limitation of the evaluation is that there is a possibility of bias, given the sampling method. As noted it was purposeful. While the locations (e.g. districts, villages, organizations) were selected by the ET, participants were identified by UNICEF and WV. It is possible that individuals with less favourable views on the programme were left out or declined to participate.

Another issue is that given the time constraints many of the interviews were conducted with two or more people. Having colleagues or other participants in the interview or focus group discussion may have influenced the responses given to the evaluators and some information, opinions or details as further sources of evidence may have been lost in the process. Furthermore, time constraints limited the number of stakeholders who did not participate in the programme, such as district administrations and the judiciary and the views reflected in the interviews are mainly those of people and organizations that participated in the programme.

One key limitation of the endline survey is that while it measured progress against 19 indicators, only ten have a baseline. Despite this limitation, the evaluation was able to use survey as a source of data, but only used indicators for which a baseline and endline data was collected. Based on the analysis of the methodology used, the accuracy of the survey results is uncertain. However, as the evaluation does not rely only or primarily on the survey data, the effect of these limitations on the evaluation is deemed minimal, given that the data were triangulated across sources.

The review of the programme documentation, revealed that it did not contain a lot of disaggregated data, even at the activity level, e.g. number of men and women trained

as part of steering committees; parents trained in good parenting methods; or identify the gender of single parents who received assistance from the steering committees or social workers. However, based on the evaluation findings most of the people who received training, including parents. The design of the evaluation did not allow to gather sex-disaggregated to complement the data lacking in the programme documentation but only report what was gathered by the programme partners.

4 Evaluation Findings

4.1 EFFECTIVENESS

4.1.1 Extent that the programme contributed to increasing the protection of vulnerable children in the covered communities in Abkhazia.

The evaluation examined the extent that the programme goals were achieved in terms of its overall contribution to increasing child protection in the targeted communities. This assessment is based on overall evidence gathered on the three components, which make up the programme.

Overall the evaluation team (ET) found that the programme contributed substantially to increasing the protection of children, as well as improving the availability and quality of services for children with disabilities, in Abkhazia. Various stakeholders, including the Deputy Minister of MoLESP, confirmed that there were no child protection services in Abkhazia prior to this programme. The evaluation team found concrete evidence the programme allowed to lay the foundation of a community-based child protection and social work system, as evidenced by the three functioning social work pilots in three districts and the informal community-based services for vulnerable children in 25 villages, which will be discussed in more details in the subsections below. Based on the baseline/online survey conducted by WV, there was a significant improvement in the perception of caregivers to better care for their children (66.2%), increased access to child protection services (55%) and of children's feeling of increased social protection within their communities (29.8%). Furthermore, in addition to the above activities, over 3,000 parents (overwhelmingly women) participated in study circles on good parenting methods (as part of Component 3). The study circles have been conducted in 5 of 7 districts through 4 local NGOs covering 48 schools in Abkhazia. Based on interviews with Sukhumi Youth House staff, these parent circles are also a first in Abkhazia.

In terms of actual figures, based on the available programme data (between May and December 2017), the social workers managed a total of 181 cases overall (116 opened cases/65 immediately referred), out of 254 "signals" received, addressing a range of issues from lack of birth certificates, to cases of abuse or neglect, out of school children, mental health problems or addictions to cases of attempted suicides. And, the SWs collectively assisted 116 vulnerable families, including 312 children and 198 adults, based on the SWs own informal report to UNICEF. The WV internal evaluation reported that a total of 373 cases were addressed by the SCs, of which 238

were referred to district level services. This is credible, given the numbers reported by the SCs visited during the field visits.

There is also clear evidence that the programme contributed to improving the quality of services available to children with disabilities and raising awareness on child protection issues among the population, civil society organizations and key df institutions and df ministries. In terms of actual numbers, more than 300 boys and girls with disabilities received services (e.g. life-skills development, speech therapy, physiotherapy, psychological counselling), based on the programme reports and interviews with staff of the three CDCs located in Gali, Ochamchira, Tkvarchali and the Rehabilitation Centre in Sukhumi.

The evaluation also found that the programme was quite effective in raising awareness on child protection issues and helped change attitudes regarding the protective role of families and communities to support vulnerable children and children with disability among programme beneficiaries. However, the ET did not find that the programme has been effective in terms of raising awareness on gender equality, which is discussed in the section on Mainstreaming below (see section 4.3).

4.1.2 Extent that the programme goals and outcomes have been achieved

This section provides the ET's assessment of the outcome achieved under the three programme components against the targets set at the outset of the programme in the results framework. It found that overall the programme achieved most of anticipated outcomes and met most of its targets, apart from Component 3. Details are provided below.

COMPONENT 1 - ENHANCED ACCESS OF CHILDREN IN ABKHAZIA TO SUSTAINABLE COMMUNITY-BASED QUALITY SERVICES

As part of its strategy to build capacity, the programme started by raising awareness on CP at the community level, using a variety of tools such as mapping vulnerabilities and activities such as training, meetings, special events, roundtables, seminars. The ET found that as a result of these activities, the programme has been quite successful in raising awareness on CP at the community level.

As a result, the Steering Committee (SC) members who participated in FGDs reported to the ET that their awareness of vulnerability changed or expanded because of the training received through the programme. This was true across the SCs visited by the ET. Whereas initially they perceived vulnerability in terms of poverty only, the notion expanded to the social realm to include the risk of dropping out of school, disabilities, neglect, mental health issues, as well as physical and sexual abuse, among others. They also stated that the programme helped change their perception and that of the population they serve that family issues should be dealt only by the family

without outside interference. The SCs, particularly the PSWs, are also a source of referral for SWs and the CDCs.

Moreover, more than 2,300 community members were sensitized on disability issues through the delivered 96 sessions through the “Travelling Together” manual. The three CDCs played a key role in raising awareness and acceptance of children with disabilities by working with parents and in schools and by organizing school-based cultural activities where children with disabilities and other children can mix. According to the SCs visited, these helped increase children’s understanding and empathy for children with disabilities. CDC staff (e.g. in Ochamchira) also helped increase the visibility and acceptance of youth with disabilities by showcasing young people with a disability (female and male) who have been able to earn a living after receiving services from the CDC. These cases were broadcasted in newspapers and television.

Capacity to raise awareness on disability issues was also increased with the creation of the Coalition for Equal Rights in July 2017. The Coalition comprises 30 formal and informal stakeholders (representatives of df Ministry of Labour, Employment and Social Protection, df Ministry of Health, df Ministry of Education, df Ministry of Youth, as well as a number of local charitable organizations and commercial companies) to improve the social integration and improvement of living conditions of people with disabilities in Abkhazia. Since its inception, the Coalition has organized round tables with various actors and conducted a campaign for an inclusive society. The Coalition also launched a social campaign to promote the “inclusive society” concept, participated in discussion of the draft law on social support of vulnerable categories of the population with the df Parliament with the aim of taking into account the interests of people with disabilities, and reached an agreement with the city education department to hold educational sessions for teachers and students on the social integration of children with disabilities.

Main challenges encountered

According to CDC staff and other stakeholders, e.g. SCs, SWs, overcoming parents’ wish to hide their child with a disability remains a challenge despite the progress made, as does the integration of children with a disability into regular schools. There is also resistance from the schools to integrate children with disabilities. Based on different sources, between 15 and 19 children² have been integrated into regular

² Different sources provided different numbers but the maximum quoted was 19.

schools as a result of awareness raising. While the total number potential children that could be reintegrated in the regular school system was not mentioned, various stakeholders gave the clear impression that the number of children accepted in schools is much below expectations. Besides the resistance of schools to integrate these children, according to CDC staff, most schools are not accessible for children with disabilities, e.g. school premises, toilets, canteens.

Change in capacity to address child protection issues

The capacity to address child protection issues was raised through a number of activities including technical training a variety of actors, the development of tools such as vulnerability and resources mapping, improvement of facilities and provision of equipment, as well as funding (social fund) for SCs to assist vulnerable families/children.

As a result of the capacity building activities the SCs, are able identify vulnerable families/children and intervene to a certain degree. In the villages visited, SC members indicated that while they have helped with “social issues”, they primarily helped address material issues related to extreme poverty. SCs focus groups revealed that they feel more comfortable and able to deal with providing material support to families rather than addressing more complex issues, e.g. physical or sexual abuse and prefer referring those cases to social workers. SC members indicated helping families with house repairs, providing household appliances and items such as clothing and food. Based on the FGDs in different locations, one main objective was to help children attend school. For this, they used the “social fund” provided by WV, and local charitable foundations, NGOs and businesses. In Gali, UNHCR also provided support to several families³. The FGDs also highlighted the role of school canteens in helping children living in extreme poverty attend school and the recreation activities as a social integration tool for children and adolescents.

All three Child Development Centres (CDCs), which cater to children with disabilities were strengthened. They were refurbished and equipped with necessary items⁴ to provide a standard range of services, including: (1) life skills training, (2) educational and training support - development of cognitive skills, sensory stimulation, preparation of children for school education, (3) physical development:

³ UNICEF informed that UNHCR has provided 16,500 USD to 600 recipients.

⁴ Cabinets of speech therapist, psychologist, teacher; sensory, massage and physical rehabilitation rooms, an office for storing and developing individual development plans and administrative materials.

physiotherapy including massage, tactile stimulation, etc., (4) development of communication skills (lessons with speech therapist, developing games, communication with peers, development of conversational skills, leisure and recreation), and (5) providing psychosocial support (counselling psychologist for children and parents).

The centres have the necessary equipment to carry out psycho-social support for children and parents, didactic and educational materials for children preparing for integration into the school system, a sensory room where children receive relaxation sessions and consolidate the acquired knowledge, simulators of various levels for development musculoskeletal system, etc. All three centres also have a vehicle (minibus) for transporting the children with various disabilities and their parents to the centre and back, which allows servicing children living in rural and remote areas. The three CDCs operate daily weekdays and have a children's database, which is updated regularly.

The centres received various technical training to work with children with disabilities, including the Portage methodology.⁵ They also received training on management issues, which allowed for the development of strategic plans, which indicated was being implemented. The programme also increased the capacities of the CDCs staff, psychologists, speech therapists, teachers, specialists in physiotherapy, massage therapists on several topics (psycho-social support for children and their parents, alternative communication, art-therapy, sand therapy, confidentiality of information, social work). Such knowledge and skills allow the staff to provide high-quality services to the beneficiaries.

The Rehabilitation Centre for children with disabilities was established and equipped by the df authorities with the financial support of the Russian Federation and managed from its onset by the df MoH. UNICEF and WV supported the centre through capacity building of the professionals working at the centre through technical training on a range of topics including development of cognitive skills, sensory stimulation, physiotherapy including massage, tactile stimulation, speech therapy, among others. The site visits clearly showed that the Rehabilitation Centre is

⁵ The portage programme (or system) is home-based teaching programme for children ages birth to four who have special needs. The children are taught new skills and parents/guardians are shown how to stimulate their child's overall development. The portage programme was originally developed in the mid 1970's in Portage, Wisconsin, USA. The model was originally created in response to the need to provide services in a rural community to young children with disabilities:
<https://www.slideshare.net/diamzdedawkheartchick/the-portage-model-approach>.

functional and has been treating around 30 children per year, some as long-term residents.

Main challenges encountered

Virtually Based the FGDs with social workers, and interviews with CDCs and the Rehabilitation Centre in Sukhumi, a key challenge is the insufficient number of specialists, such as psychologists, psychiatrists and neurologists, based in Abkhazia to diagnose and/or treat children with disabilities or psychological problems. They reported that they have to wait for specialists to come from Armenia or Russia. This lack of local specialists curtails their effectiveness to provide an adequate level of services. The evaluation is not in a position to confirm this and an assessment of the specialists/patient ratio would be needed to determine the degree of inefficiency this creates, sooting that a future phase of the programme could undertake.

The SCs also argued that the available “social funds” from WV (USD 500) and foundations, while essential for their work, were insufficient to meet the demand all the most vulnerable families. The SCs that the evaluation team met also indicated that the village administration had no budget to assist families with dire welfare needs. They said for instance, that due to the limited funds, they could only assist each family vulnerable identified once.

COMPONENT 2 - STRENGTHENING SOCIAL WORK IN ABKHAZIA

As noted above, since May 2017, 13 social workers work in 3 pilot regions of Abkhazia. The intensive training received from two international experts provided the basics to exercise their role as social workers. All stakeholders reported that they have been very active in their respective regions. By their own account, they have been active in the following areas:

1. Awareness raising campaign on Child and Family Social Service in Abkhazia, it's role, criteria and operating principle;
2. Development of inter-agency cooperation on the issues of vulnerable children and their families;
3. Case-management and work with vulnerable children and families; and
4. Mapping of available resources, identification of existing problems in child protection and well-being system and advocacy.

In relation to awareness raising on the roles and operating principles of the SWs, roundtables were organized in the three social work pilot districts and representatives of local structures and agencies were introduced to the social workers and familiarized with the social work model proposed for Abkhazia. This allowed them to establish contact with representatives of the district and city structures of education,

healthcare, law enforcement as well as representatives of different public organizations that work in child related areas.

As a result of awareness raising among local stakeholders, SWs started receiving signals from multiple sources. All the signals on vulnerable children and their families were assessed against the established child protection criteria. The SWs reported that between May and December 2017 they provided support to 116 families and 312 children in the three pilot regions, in the form of counselling, awareness raising on options, available services, rights and duties, as well as follow up monitored. The breakdown of families that have received support from the SWs was: Sukhumi (35); Gudauta District (47); Gali District (34). And for children the breakdown is 77, 145 and 90 across the three pilot districts.

According the SWs (both from interview and through their report), the cases that they managed covered a range of issues, including: lack of birth certificates, passports, pensions and benefits for children or parents; guardianship not formalized; children not receiving basic medical care; children of school age – with or without disabilities – not going to school (never attended school/long abandoned it); neglect (e.g. not receiving adequate food, clothing, lack of hygiene); children in conflict with the law; children or parents with psychological problems or mental disorders not receiving relevant services; parents with addictions (often alcohol abuse); houses in a state of acute disrepair; violence against children and abuse or high risk of abuse (including, psychological, physical and sexual abuse); suicide attempts among children. Individual Assistance Plans were developed for each of the cases and made referrals to relevant organizations and agencies as appropriate.

During this period, WV prepared maps of CP stakeholders and services offered to children from vulnerable families in each district.⁶ They distributed these to the SCCs and SCs, CDC staff as well as other service providers, which has helped facilitate any necessary referrals to relevant organizations, institutions and access additional resources, e.g. from charity foundations.

⁶ The maps of stakeholders contain the contacts of the following organizations: Department of education, Guardianship authorities, Children's room of militia, Public Prosecution Office, district hospital, Department of Social Affairs, charitable foundations and international organizations, social centres and supportive supervision providers

Main challenges encountered

The SWs have encountered a number of challenge during the pilot and which, by all accounts, impedes their effectiveness include:

- Inability to provide medical services and medicine free of charge,
- Limited services to diagnose and treat mental illnesses and substance abuse;
- Lack of non-formal/alternative education opportunities for children who dropped out of school and have significant gaps in education;
- Lack of home care services;
- Documentation issues in Gali district;
- Lack of crisis response mechanisms from the df state, e.g. in cases where people become homeless;
- Unresponsive mechanisms for cases of violence and abuse against children and women. In many cases necessary measures are not taken by relevant df departments and there is no crisis centre to ensure the safety of victims or at high risk individuals until the issue is resolved;
- Limited functioning of district-based guardianship authority which is a key authorized body responsible for child protection, as well as district Commissions dealing with issues of minors (main coordination body on child protection; and
- Reluctance of some stakeholders to intervene in sensitive child protection cases (especially, violence against children) and sometimes shift responsibility to the social workers.

Main challenges encountered

Based the FGDs with social workers, and interviews with CDCs and the Rehabilitation Centre in Sukhumi, a key challenge is the insufficient number of specialists, such as psychologists, psychiatrists and neurologists, based in Abkhazia to diagnose and/or treat children with disabilities or psychological problems. This limits the effectiveness of local institutions to provide an adequate level of services.

The SCs also argued that the available “social funds” from WV (USD 500) and foundations, while essential for their work, were insufficient to meet the demand of all the most vulnerable families. The SCs that the evaluation team met also indicated that the village administration had no budget to assist families with dire welfare needs.

Also, a variety of stakeholders indicated that the current number of social workers is insufficient to meet the needs in the pilot sites and the system established is still very fragile. For instance, the social workers are receiving regular in-service support from the international consultants on more complex cases.

On the technical side, df government stakeholders, programme partners and the SWs themselves agree the SWs still need external support to strengthen their practices and increase their level of confidence and, there are a number of systemic challenges that need addressing, including appropriate legislation and regulatory framework, to create an enabling environment in order for the services offered to more effectively address the needs of vulnerable children.

COMPONENT 3 - EVIDENCE BUILDING AND SOCIAL CHANGE

As for Component 3, UNICEF indicated that df authorities have been reluctant to adopt a monitoring system and maintain a database on child protection issues, including at risk children and vulnerability. However, a foundation has been put in place at the community level. For example, WV completed a vulnerability profile across the target villages: *Vulnerability Mapping of 25 Local Communities in Abkhazia*, completed in June 2016, can serve as a model for a nation-wide system. The CDCs and each SC have maintained databases on at risk children and children receiving support through the programme.

UNICEF indicated that it continues raising awareness among the df authorities on international practices and standards to further develop their understanding of the importance and need of such a system. At the time of the evaluation, it was unclear whether this would be achieved by the end of June 2018, which marks the end of the current programme.

In relation to the good parenting circles, the evaluation found that improvements in attitudes and behaviours was reflected in the FGDs with teachers, parents and youth, as well as in the WV baseline and end line survey, where parents, SC members and youth who participated in the programme and survey reported an improvement in the protective environment provided by families: parents (11.5%), SC members (7.9%) and youth (19.1%). This suggests that the various activities of the programme have had a positive effect, though it is not possible to determine which activities had the greatest impact.

4.1.3 Extent community structures and professional district structures complement each other in an efficient manner

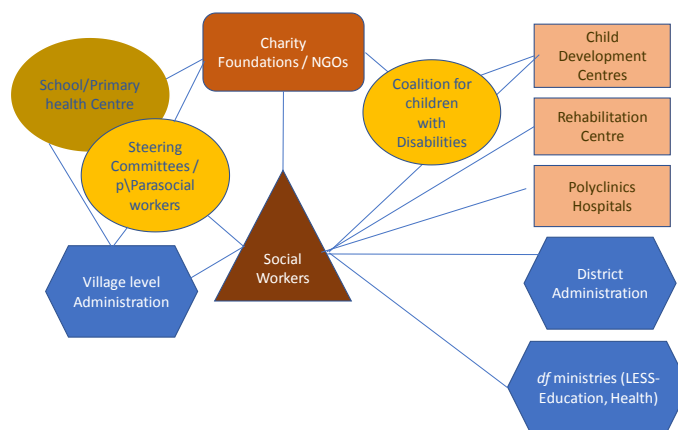
It is clear that the structure put in place in the 25 villages for child protection activities and services and in the districts offer a continuum from community to district level. At the community level, the SCCs and the schools are the hub of community-based activities, ranging from identifying vulnerable children to offering joint activities between children with and children without disabilities. They complement the services offered at district level by the CDCs and the SWs. For

instance, the three CDCs confirmed that they receive referrals from communities via the para social workers/steering committees.

The directors of the CDCs collaborate and coordinate activities through a common platform. The CDCs also work closely with the Sukhumi Rehabilitation centre, nurses of their respective districts, the local foundations and NGOS, district hospitals, df district administrations, and df social welfare departments.

As for the social services, the df MoLESP appointed a programme coordinator to supervise the work of the Child and Family Social Service. Based on the progress reports, including one prepared by the social workers, the SWs have been working on a framework of cooperation with relevant state services and other organizations to improve child well-being and, based on this and the interviews with a variety of stakeholders they have established good working relationships with an impressive number of organizations in the abbreviated time since being deployed in the pilot districts. The evaluation team found that they are at the centre of a web of relationships between communities, NGOs and charity foundations, the df district level structures such as the CDCs, the Rehabilitation Centre for Children with Disabilities, as well as the continuum of public administration organizations from village to df key ministries, such as the df MoLESP, as well as the df ministries of Education, Health, Justice and Interior. Virtually, every interviewee mentioned the central role of SWs played in various situations. Figure 1, developed by the ET, based on these various sources. It provides an overview of the many linkages that the SWs have developed in just a few months.

Figure 2: Relationships between key stakeholders for child protection in Abkhazia



Main challenges encountered

The SWs expressed the need to further develop interdepartmental cooperation at the district and local levels but also to strengthen coordination on the issues of support to vulnerable children and their families at central level, i.e. the df ministries. UNICEF also reported that despite efforts, progress in on some important activities have

remained slow due to the slow responsiveness of Working Group members, their limited experience in cooperating with international development agencies, as well as over-bureaucratic procedures within several df ministries. This issue was also highlighted during the field visit.

Another key challenge is that until the status of the SWs is formalized, the df authorities are under no obligation to address the issues that SWs present to them, especially in the case of the judiciary. They lack the legal authority to make inquiries to law enforcement bodies, submit documents to court or enter a house without the consent of the parents. However, to overcome this situation, social workers can make request to the df MoLESP which forwards them relevant agencies. According to the SWs, the df Ministry recently prepared an official letter that social workers can use to make requests from other agencies.

Furthermore, according to interviews with UNICEF, the SWs and df MoLESP representatives, the df Ministry is preparing a draft law on social work and is to be submitted to the df Parliament in April 2018. This legislation shall include the regulation on social work, inter-ministerial cooperation of CP actors, and according to interviewed stakeholders, will most likely be enacted in 2018, as part of the obligations of the 2014 Agreement between the Russian Federation and the Republic of Abkhazia on Alliance and Strategic Partnership.⁷

4.1.4 Assumptions regarding the programme

UNICEF's assumptions proved mostly correct and helped the programme achieve most of the anticipated results. One key assumption was that stakeholders from the community level, professionals and df authorities would remain engaged in the programme. Based on the different sources of evidence, overall the different stakeholders at the community and institutional level have remained engaged. The good relations between UNICEF/WV and the df authorities was instrumental in this. The interviews with different stakeholders clearly showed that they are pleased with the support and training that the programme provided them. For instance, each village SC members visited during the fieldwork expressed their gratitude for all the support they received from WV, including to improvements made to the village schools, the PHCCs and the SCCs. They all talked, unprompted, how the programme had helped them change their perceptions on CP and the knowledge they had acquired to identify vulnerable children and their families and provide some assistance. and SCs, the

⁷ <http://kremlin.ru/supplement/4783>

CDCs and Rehabilitation Centre by WV, and the active involvement of SWs to help find practical solutions for children in need were also instrumental in this. Last but not least, the social programmes implemented in the targeted communities, e.g. school canteens, nursing station, school repairs and equipment, lavatory construction, also played an important role in maintaining the motivation of the schools and SC members. During the site visits, the SC members proudly showed these improvements to evaluation team.

In general, the international geopolitical situation, including the unresolved status of Abkhazia and the mistrust for international organizations, posed limitations for the programme as expected. First and foremost, due to such unresolved political issues, the programme could only go so far in building a child protection system in Abkhazia. For instance, the df authorities continues to restrict international NGOs to operate in Abkhazia. There is limited ability, including financial resources and capacity to develop needed legislation and of the df authorities to replicate, or expand on their own, the structures, services and activities put in place by the programme.

4.1.5 Unforeseen external factors influencing the programme

The change of df minister of the df MoLESP in 2017 and the slow responsiveness of representatives of the df ministries slowed down certain aspects of the programme and Component 3 in particular, which is discussed earlier in this report. Fortunately, the situation remained stable and calm in Abkhazia since 2015. However, UNICEF informed that the invasion of the brown marmorated stink bug has ravaged most of the crops in Abkhazia in 2017 and could have negative consequences for the economy for the next few years, thereby increasing the level of poverty in the population. As a result, the df government of Abkhazia may pose serious financial challenges, and there is a risk that stated intentions/plans may change as a result.

This sub-section focuses on the analysis of the sustainability of programme benefits and how those benefits can be made more sustainable taken into account the special circumstances present in Abkhazia. The assessment looked on the sustainability of: (1) Child and Family Social Service, (2) Child Development Centres (CDCs), (3) Primary Healthcare Centre (PHCCs), Social Community Centres (SCCs) and Coalition for Equal Opportunities.

4.1.6 Increasing the geographical spread while maintaining the benefits achieved

This sub-section examines whether the community-based services and social services for vulnerable children are scalable. Based of the findings of their effectiveness, the ET consider that they are scalable. As discussed in above, the programme successfully augmented the capacity of 25 village-based organizations, established Child and Family Social Service as a pilot, and equipped and capacitated CDCs in three regions and a Rehabilitation Centre in Sukhumi. As shown previously, the key

benefits of the community-based services at the village level are school retention and social integration.

The SCs/SPWs also play a role in identifying vulnerable children to refer to the SWs or other organizations. However, their role as a source of referral does not appear as crucial as their other functions. For instance, Table 1, which is based on a table prepared by the SWs, shows that signals of children potentially needing protection services originate from a variety of sources. Other sources of signals include schools, village administrations, charity organizations, militia inspectors dealing with minors and medication institutions, as well as neighbours and relatives. Anonymous reports and self-referrals have also been frequent. The table also shows that in regions where there are more para social workers (PSWs) such as in Gali, PSWs have been a leading source of signals. Some stakeholders argue that with the SWs in place, the professional networks that have developed, the multiple sources that they can rely on for signals and referrals, as well as the public resources they can access, there might be less of a need for community-based SCs and PSWs. Some stakeholders also argued that, since the SCs and PSWs are based in schools and made up mostly of teachers or nurses, an alternative strategy to identify vulnerable children may be to use the school and health care system to build capacity. Nevertheless, based on the FGD with the SWs, from their perspective the PSWs play an important role in identifying vulnerable children, particularly in large districts and more remote areas, which the SW cannot cover alone.

Table 1: Key sources of signals by pilot region in 2017

Five highest sources of reports by pilot region based on the number of cases reported to social workers		
Gali	Sukhumi	Gudauta
Para social workers (17)	School (17)	Public charity organizations (16)
Neighbours (13)	Anonymous reports (12)	Village administration (12)
Militia inspectors dealing with minors (12)	Self-referral (9)	Anonymous reports (10)
Anonymous reports (10)	Relatives (5)	Self-referral (8)
School (7)	Medical institutions (4) Militia inspectors dealing with minors (4)	Para-social workers (5)

Source: Child and Family Social Service, Progress Report, May-December 2017

The CDC model has been effective and could be replicated to other parts of Abkhazia. However, additional funding would be required to increase the reach of the CDCs. Many stakeholders expressed the view that there should be CDCs available in other regions of Abkhazia, particularly regions with larger populations, such as Gudauta. However, based on interviews different stakeholders, even at this stage, the three CDCs cannot meet the demand with existing resources. How many more staff

will be required just to meet the current demand is not clear but up to 300 children with various disabilities were identified by CDCs in three districts and they report that on average, they can only assist 55% of them, owing to the limitations in CDC staff and office capacity (e.g. equipment, supplies and space). Furthermore, while the df authorities have started supporting the work of the three existing CDCs, this contribution does not cover repairs or replacement costs for infrastructure or equipment, or staff training.

As for the social services, as discussed above, the 13 trained social workers cover three districts (Gali, Sukhumi and Gudauta) out of seven and, based on the programme document, an estimated child population of 7,000. As for extending the spread of social work services, as shown, there is clearly demand for the services, and many stakeholders interviewed mentioned there should be social workers based in each of the seven districts. However, even at this stage, the general view is that the current number of social workers is insufficient in the pilot districts to meet existing needs. Considering the current reach of the SWs and the overall population of Abkhazia, many more SWs will be needed for a population of more than 242,000 people, with a child population possibly reaching 84,000.⁸

Similarly, the community-based steering committees cover 25 out of more than 120 villages. With regards to the village-based structures (SCC, SCs, PSWs). WV considers that expanding them would be arduous, given the time and resources, human and financial, it took to develop the capacity of the targeted villages.

Interviews with the df MoLESP representatives indicate that there is a willingness take over the costs associated the three pilots and efforts in have been made in that regard, e.g. UNICEF and the df Ministry have discussed the costs of the pilots and the df MoLESP plans to present a budget to the df Parliament. However, the ET learned in the course of the fieldwork that one key challenge for replicating and scaling up the services that the programme developed and supported is the limited resources of the df government (see sustainability section below) and the likelihood of this occurring the short term appears unlikely. Some stakeholders noted that the df government would be reluctant to take over the pilot at this stage and that there is a clear expectation that UNICEF will expand the SW programme and CDCs to the remaining districts before the takeover occurs.

⁸ Based on UNICEF estimates. The % of under 18 years old was not found in the documentation but in Georgia, UNICEF reports that it is 35%. The estimate for Abkhazia is based on that same percentage.

Based on these findings, it is clear that there is a need and that the child protection community-based model is effective and could be scaled-up/replicated and it would be beneficial to spread this model in other districts Abkhazia where there are still unmet needs. However, one key issue is whether the df government will be able/willing to take over the SWs costs. This important factor introduces a risk and it would be prudent not to expand too fast or immediately. The Sustainability section below brings additional elements to the discussion on the expansion of these community-based services, which we will revisit in the Conclusions section.

4.2 SUSTAINABILITY

This section presents the evaluation findings on the sustainability of the community-based model, focusing on the sustainability of Child and Family Social Services, the CDS and Rehabilitation Centre, as well as the primary health centres, the social community centres and the steering committees.

Overall, based on the evidence gathered and analysis, the programme's outcomes can be sustained but prospects are moderate at this stage, particularly in terms of the df government's taking over the social services in three pilots, as discussed below.

4.2.1 Sustainability of Child and Family Social Services

UNICEF has worked in a way to foster sustainability and many of the elements required to ensure sustainability are present. As seen in the Effectiveness section after about a year in operation, the SW pilots have a high degree of ownership from the part of the SWs and interest from the part of the df MoLESP. The 13 SWs have the basic qualifications qualified to provide child and family services and they are being supported by international experts. As was made evident from the various sources of data that the social workers already communicate with the df authorities and made referrals to relevant organizations and df government agencies when needed. Collaboration with the various stakeholders has been established and is functioning (though it could be improved). The programme also built the capacity of professionals of relevant df district and central level structures/institutions working with children to facilitate the referral process.

The selected social workers have shown significant commitment and engagement and there is a very high retention rate of social workers in each pilot area, i.e. all trained social workers, except one in Gali district are in place. The level of awareness about the existence of the SWs pilots is high among relevant df state authorities and citizens both in pilot and non-pilot districts and already the demand exceeds the capacity to respond.

UNICEF also collaborates with Abkhaz State University to develop a social work course to promote the development of social work in Abkhazia as a profession. The initial 17 graduates of the training course will receive certificates from UNICEF, and social work will be included as the elective subject in their diploma; however, in the future, if the University introduces the training program on social work as an additional education program, stakeholders estimate that will take at least an additional year for institutionalization.

Overall, based on interviews with the df Ministry's representatives and UNICEF, the understanding of CP issues has been enhanced by the programme within the last three years⁹ and they now value the results and importance of the programme, despite their initial scepticism on the need to implement a social work service system, as evidenced by the expressed willingness of the df Minister of df MoLESP and df President to take over the social service activities supported by the Sida-funded programme, and the df MoLESP plans to submit the proposal to the df Parliament for allocation of the state budget for covering running costs of the three pilots on social services and place them on their balance from 2019 onwards. However, obstacles remain as there is nothing in writing so far.

As for the costs involved for the df government, based on the interviews conducted and an analysis of the expenses incurred to set up and operate the Child and Family Social Service in the pilot districts, the cost of the pilot sites could be covered by the df state, either with the Child and Family Social Service being a semi-autonomous entity or by directly integrating it in the df MoLESP structures. All necessary infrastructure for the proper functioning of SWs in the three pilot districts were implemented, offices equipped with furniture and equipment, or refurbished, and vehicles were purchased for each pilot to allow SWs to respond quickly to signals received from various parts of the districts. However, additional resources to hire and retain additional social workers will be necessary in the future in order to meet the needs in the pilot districts, particularly Gudauta and Gali, which only have three social workers each and a large population, the former with a general lack of services and the latter with many problems accessing services related to the lack of proper documentation as citizens of Abkhazia.

⁹ Conceptual framework for social work practice in Abkhazia was developed by UNICEF in cooperation with representatives of relevant central and district structures responsible for child well-being in Abkhazia. MoLESP staff participated in pre-service and in-service training courses for social workers, and a series of round tables on Child Protection issues organized by the programme

So far, all the setting up and operating costs of the pilots have been covered by UNICEF. The operating costs range from 12,459 SEK (90,295 RUB) to 21,848 SEK (158,341 RUB) per month per pilot depending on the number of SWs in the pilot district (see Table 2 for more details) and how much the df state is prepared to pay in terms of salaries. As Table 2 shows, other one-time costs to set up an office, based on the pilots, can range from approximately 53,000 SEK (384,000 RUB) to 81,000 SEK (587,000 RUB).¹⁰ Office equipment and renovations for the three pilot offices together costs 109,709 SEK (795,103 RUB). The analysis of costs structure shows that the biggest portion of operational costs are the staff salaries and transport costs (fuel and maintenance of the vehicle), while the biggest one-time investments is the purchase of a vehicle. Equipment and Renovations could vary depending on the condition of the building. These costs represent approximately what the df state would have to cover to ensure the sustainability of the three pilots and any expansion of the social work services.

Table 2: Costs of Child and Family Social Service pilots covered by UNICEF

Type of costs		Gal district 3 Social Workers and 1 driver	Gudauta district 3 Social Workers and 1 driver	Sukhumi city 7 Social Workers
Per month (in SEK)	Staff salaries including taxes	9,088.80	9,088.80	18,631.60
	Office rent	828	414	0
	Office supplies	718	718	718
	Fuel for vehicle	(350 liters) 1,932	(350 liters) 1,690	(400 liters) 1,932
	Vehicle maintenance	552	552	552
	Communication costs	1,946		
	Security for offices of social workers	0	0	455
Total monthly expenses per social center		13,119	12,463	21,834
Other costs	Purchase of office equipment	29,252		
	Purchase of vehicle	40,015	68,990	35,875
	Refurbishment of offices	80,457		
Total sum costs per social center		53,134 SEK	81,453 SEK	57,709 SEK

To encourage prospects for the sustainable development of the service following the pilot phase, UNICEF is engaged in dialogue with the df Ministry to assist in the identification of possible future modalities for social services, the definition of social workers' own roles and responsibilities and between the social workers and other

¹⁰ These numbers have been rounded up.

specialists working with children. It has also provided information on running costs to the df MoLESP in advance of budget planning for 2019.

However, it was highlighted during interviews that the ability to cover the costs of social services from the state budget in 2019 will only be known in late 2018. In addition, given the substantial budget deficit in Abkhazia, it is not yet known what the df state budget will prioritize. And, assuming that the df Parliament votes a budget for social work, it is unclear at this stage whether the df Ministry would be able to afford them, or be willing to pay a higher salary to SWs, as the salary of SWs paid by the programme is 50% higher than the average salary of the employee within the df Ministry.¹¹ Furthermore, stakeholders specified that the df MoLESP does not receive a lot of funding compared to other df ministries, namely the df Ministry of Education or df Ministry of Health. Finally, if the df presidential elections in Abkhazia in 2019 elect a new df President, there is a risk that the budget will not include the SWs. The above shows that the sustainability of social services in Abkhazia is not ensured and that more support and advocacy work will be needed in the future. As for the level of autonomy of the social work service, in many countries, they are semi-autonomous or parastatal organizations.

4.2.2 Sustainability of Child Development Centres (CDCs) and the Rehabilitation Centre in Sukhumi

The level of sustainability of the CDC in Gali, Tkvarchali and Ochamchira is high, as they are fully functional to a high degree of ownership and the df MoLESP covers a sizable part of their costs since October 2017. Each CDC has a fixed budget allocated by the df state amounting to 138,000 RUB/18,473 SEK per month (see Table 3 for more details). However, at the time of the evaluation, the CDCs had some difficulty covering all their ongoing operating costs such as fuel, maintenance and supplies, as well as training for new employees, which jeopardize the sustainability of the three CDCs.

¹¹ While the salaries for social workers were set up by UNICEF in consultation with the df MoLESP so that the df government could potentially pay them, the average salary of df MoLESP staff is 100 USD per month and district authorities 50 USD per month, while the monthly salary of a social worker under pilot is 250 USD.

Table 3: CDCs' Monthly Expenses covered by the df MoLESP since October 2017

Description			
1	Staff costs	Number	Costs in SEK
1.1	Director of the centre	1	1,794
1.2	Teachers	2	2,484
1.3	Massage therapist	1	1,104
1.4	Psychologist	1	1,656
1.5	Speech therapist	1	1,380
1.6	Physical therapy specialist	1	897
1.8	Driver	1	2,208
1.9	Cleaning person	1	552
	Total staff costs		12,075
2	Administrative costs		
2.1	Fuel for the car	1	3,477
2.2	Utilities costs	1	552
2.3	Refreshments for children	1	869
2.4	Other expenses (payroll tax and other payments)	1	2,070
	Total administrative costs		6,968
	Total per month		19,043 SEK

As the table shows, 63% of the monthly expense budget goes for staff costs and 37% for administrative costs. At the time of the evaluation, the df state only covered the staff salaries. The interviews conducted with the CDCs revealed difficulties in covering the full costs of fuel (the df state budget covers only half) by CDCs after their transfer to the df state budget; insufficient funds allocated for vehicles maintenance; and, no funds allocated for purchase of office supplies and materials for the proper work of specialists (i.e. massage oil, art supplies, etc.). Furthermore, fluctuations of CDC employees exacerbate the need for specialized staff training, which is not covered by the current arrangement. These factors jeopardize not only the effectiveness of the centres but also their sustainability if not addressed.

As for the Rehabilitation Centre, the df authorities (MoH) is has been covering its operational costs, such as salaries and administration since its creation. It is sustainable but its ability to purchase new equipment is very limited and has required the support of UNICEF and WV with local partners (e.g. purchase of a hearing diagnostics cabinet for hearing impaired children).

4.2.3 Sustainability of the Primary Healthcare Centre (PHCCs), Social Community Centres (SCCs) and Coalition for Equal Opportunities.

Based on the evaluation finding, the evaluation team concludes that the Primary Health Care Centres, the Social Community Centres and the Coalition for Equal Opportunities have achieved a certain degree of sustainability but still need support to become fully sustainable.

Based on the different sources of evidence, at the end of the current programme, the primary health care centres have a degree of sustainability as the df state is now covering the salary of nurses. In the previous Sida-funded programme, 46 PHCCs were renovated and in the current phase 25 of the schools' nurses received sufficient training and have the necessary skills to continue providing primary health care to children and on the early detection of vulnerable children for referral to the SC or SWs. They also appear motivated to continue providing these services, based on the interviews conducted during the site visits and with WV staff. As for salaries, all PHCC nurses, except for the Gali PHCC, were included into the state health system and their salaries are covered from the state budget. Medicine and supplies are provided by the programme. To become fully sustainable, the df authorities will need to find ways to cover the cost of the PHCCs in Gali, as well as the medicine and supplies of all 48 PHCCs. Other ongoing costs that the df authorities will need to take on include maintenance and eventually repair costs, as the PHCCs are still in good condition, as could be observed during the fieldwork.

The pool of para-social workers in 25 target communities also received sufficient training on identification of vulnerable children to carry on with their role. They receive USD 60/500 SEK on a monthly basis from the programme as compensation. This group of PSWs is trained and could be part of the continuum of social services in the future. However, their compensation would have to be worked out with one of the df ministries (possibly df MoE) as it appears that most, if not all of the PSWs are school teachers.

SCCs were also equipped by the previous phase of the programme and in this phase were supported to develop events for youth, capacity building of the SCs members, provision of social support through the Social Fund, and preparation of the database on vulnerable children. However, the continuation of their work depends on the availability of financial resources from the df authorities, which according to stakeholders do have budgets to cover on going costs of SCCs, such as maintenance and repairs, which are currently covered solely by development actors. Without, a recurrent maintenance budget, they will eventually fall into disrepair.

The sustainability of the newly formed Coalition for Equal Opportunities is still limited. Although the program assisted with management training and the development of the strategic plan for the coalition and formation of its structure,

without supplementary financial resources, the Coalition's ability to undertake effective advocacy and awareness raising on the issues pertaining to the social integration and improvement of living conditions of people with disabilities will remain limited as it does not appear to be able to mobilize sufficient financial resources to undertake projects on its own.

4.3 MAINSTREAMING

This sub-section focuses on the assessment of the extent to which the programme been designed and implemented in a sufficiently conflict sensitive manner, with respect of human rights, had any positive or negative direct or indirect effects on gender equality, as well as how gender mainstreaming can be improved in planning, implementation or follow up.

The evaluation assessed the level of conflict sensitivity through the lens of existence of conflict analysis and risk management plans, the use of do no harm approach and whether the programme design and implementation respected the underlying principles of a human rights-based approach, i.e. non-discrimination, participation, transparency and accountability.

Based on the assessment criteria, the ET found that the programme has been designed and implemented in conflict sensitive manner and that it was mindful of human rights in its overall approach in its design and implementation. However, the ET found that the programme did not follow through with monitoring and reporting. And, while efforts to mainstream gender were made, it failed to base the strategy on a gender analysis of the situation in Abkhazia at the design stage. As a result, the programme result framework lacked specific gender outcomes and indicators and the action plan that was developed was poorly implemented. The details of the findings on conflict sensitivity, human rights and gender equality are provided below.

4.3.1 Conflict Sensitivity

As evident from document review and interviews, the programme has integrated conflict sensitivity in design and implementation of the programme. The programme document contains a sub-section entitled 'Conflict Sensitivity and People-to-People Dialogue', which shows that the project implementation aims to make a contribution to peacebuilding through confidence building and conflict prevention and will be based on the "do no harm" principle. The programme document also contains a section on 'Risks Analysis and Mitigation Strategies' which provides an overview of the anticipated key risk to the programme linked to the context, their likelihood to occur during the project period, as well as the key prevention and mitigation strategies.

As explained in the programme document, the situation in Abkhazia is volatile because of the international geopolitical situation, the unresolved status of Abkhazia

and the high level of politicization of the work of international organizations in the region pose limitations to the programme implementation, in particular inability of any development actors to work directly on system strengthening, policy development and legislation in this region and only a limited number of international organizations can work in the region. In addition, as discussed earlier prior to this programme child protection was a neglected issue in Abkhazia, data on child protection issues was virtually inexistent and child protection issues were considered taboo.

Therefore, taking a careful approach was important to avoid resistance. Firstly, it was done through implementing the programme in line with established procedures with Tbilisi and Sukhumi authorities based on the principle of “agreement by non-objection” and on a regular information exchange with State Minister of Reconciliation and Civic Equality of Georgia as well as the ministry of foreign affairs and presidential administration in Abkhazia. The ET found that the programme has been diligent in respecting one of the key elements of this agreement, which prohibits development actors to work directly with the authorities. The community-based approach implemented by the programme shows that it respected those principles. UNICEF and WV also took pains to be inclusive in the selection process of communities to ensure ethnic and geographic balance.

Secondly, UNICEF and WV adopted a non-confrontational approach to the issue of child protection to break through the taboos, the programme built on the trust generated at the community level from the previous project, which increased services and infrastructure for the benefit of children at the village level (e.g. PHCCs, SCCs, school canteens, etc.). This strategy on taking concrete actions to improve conditions of children and providing the tools for SCs to take concrete steps to help vulnerable children, focusing on the most vulnerable, clearly helped gently break the taboo of not talking about what happens to children outside the family. As seen in the effectiveness section, this was evidenced by the 25 villages’ ability to provide support for the most vulnerable in their community and the acceptance of families to receive support. The various SCs in the villages visited during the fieldwork were clearly pleased with this approach and how previously this would not have been possible. Thirdly, while peacebuilding was not¹² the focus of the programme, it included joint inter-community activities (e.g. joint training of PSWs, sport events for youth from different ethnic groups) to foster dialogue between people from various ethnic

¹² Due to budget and time constraints and the number of stakeholders in the programme, the ET could only include one FGD with children and parents.

communities in the 25 SCCs located in 5 districts of Abkhazia (Gali, Ochamchira, Tkvarchali, Gulripshi and Gudauta). The districts all have people from varied ethnic origin. While modest in scale, the ET found that through FGDs with youth and parents, these activities, which focused on children and youth (e.g. sport events for youth from different ethnic groups), contributed to reduction of fears and stereotypes and building mutual trust and confidence between the various ethnic communities in Abkhazia. While the overall impact of these activities was not measured, children youth from Gulripshi shared with the ET their desired for more opportunities to meet youth from other communities. UNICEF also asserted that the joint training and other meeting helped the participants develop personal relations, mutual understanding and trust as well as respect for diversity.

At the same time, it is important to point out that integration of conflict sensitivity into the monitoring of the programme was weak. For example, the CDCs databases on children with disabilities, community-based vulnerability mapping, databases, and studies on Social Integration of Children with Disabilities and the Gender Assessment of Protective Needs of Boys and Girls do not include the ethnic minorities angle, and neither the annual workplans or progress reports provides an update on the people-to-people dialogue activities planned or conducted on a yearly basis (e.g. type and number of activities, number of girls and boys who participated, etc.).

4.3.2 Non-discrimination and participation

The programme approach, as shown in the programme document and its implementation, was grounded on the Convention on the Rights of the Child (CRC) and was designed to address human rights of children who were neglected, including children with disabilities. As is clear from the effectiveness section, the programme paid specific attention on disability mainstreaming through capacity building and raising awareness of the CDCs staff, Sukhumi Rehabilitation Center, the PSW and SW. In particular, as evident from the effectiveness section, the programme made specific efforts to promote social integration and inclusive education for children with disabilities in Abkhazia.

As amply evident throughout this report, the programme increased overall access to community-based quality services for vulnerable children, including children with disabilities, to allow them to participate in society (e.g. go to school, participate in social activities, earn a living). In doing so it contributed considerably to removing a great mental barrier that children with disability are not worthy of getting education or participating in social life of their community although as we have seen challenges remain. Also, the programme (SWs) helped children with a non-resolved status in Abkhazia, particularly in Gali, so that they can access services and financial support to which they are entitled to. And, as mentioned above, the programme ensured the participation of communities from various ethnic backgrounds though its selection process and geographic coverage.

4.3.3 Transparency and Accountability

As discussed throughout the report, the programme partners took care to be inclusive in the activities they implemented and communicate and share their approach, strategies, products and achievements with the various stakeholders at the community and institutional level, including the df authorities at all levels. The most salient example of transparency is the piloting social work which has been implemented in close collaboration between UNICEF the social workers and the df MoLESP (Minister, Deputy Minister, specialists coordinating the project). The reports of the SWs are regularly submitted to the df Minister and df Deputy Minister for their review and comments and afterwards shared with wider group of stakeholders, i.e. other relevant df state authorities.

The programme also displayed a high level of accountability to all stakeholders, starting with children. As amply evident, the whole programme hinged upon helping develop a child protection system from the ground up to address the needs of the most vulnerable children in Abkhazia. Accountability was also by collaborating with the df ministries responsible for children in order to ensure that the approach to child protection is adapted to particular context of Abkhazia and is replicable/scalable, i.e. affordable. and particular strengthening of social work in Abkhazia as the basis for a more systematic approach to child protection.

4.3.4 Gender equality

The review of documents (e.g. programme document, results framework, studies and progress reports), as well as other sources of evidence show that gender equality has not been at the forefront of the programme. The results found in terms of advancing gender equality are weak and the evaluation did not find evidence that the programme had any positive or negative direct or indirect effects on gender equality. The reasons for this are outlined below.

The programme document describing the approach and implementation strategy did not have a gender mainstreaming strategy. The programme document explains that there is a lack of information on the gender situation in Abkhazia, due to the fact that the Abkhaz society is still very closed and that no systematic research and data collection has been done so far. There is thus no comprehensive and gender disaggregated data available to make well-founded assessments on the overall gender situation in Abkhazia, or gender equality in various social sectors. The special needs and interests of women and men, and girls and boys in Abkhazia have thus still to be established.

In line with the Gender Equality Policy of Sida, it should have been done at the beginning before developing a gender mainstreaming strategy in order to identify the specific protection needs of girls and boys, the protective role of families (mothers

and fathers) towards their sons and daughters, define which gender stereotypes prevail among boys and girls/men and women and develop responses that are better suited to remedy gender-based inequalities and meet the needs of different population groups. In contrast with the situational analysis for children which was conducted at the design stage, the gender analysis/assessment was undertaken only in the last year of programme implementation.

Despite the lack of a proper gender analysis at the design stage, UNICEF and WV jointly elaborated a gender action plan for the programme at the end of the first year of programme implementation, putting the cart before the horse so to speak. However, in developing its gender action plan, the programme did take into consideration the political context of Abkhazia and the inability to directly support legal and policy reform to address violence against girls and boys.

The action plan identified three main ways to address gender issues, namely through: (1) the collection of information and data enabling the analysis of the specific experiences and situation of both girls and boys (women and men); (2) the incorporation of gender related topics in all capacity building activities; and (3) awareness raising of the members of target communities on the importance of gender equality. As a result, gender mainstreaming became a cross-cutting theme and specific gender related activities were determined under each project component. However, the gender action plan lacks concrete gender equality outcomes, outputs and targets and as a consequence, the gender dimensions in the programme's results framework are quite generic and the selected indicators to measure progress on gender issues focus on providing disaggregated data at the activity level. For example:

- Number/Percentage of vulnerable children (disaggregated by sex) registered in the database (incl. children with disabilities) receiving community based social services through established CP mechanism under Output 1.1
- Number of vulnerable children databases (disaggregated by sex) created under Output 1.1
- Number of children with disabilities (disaggregated by sex) participated in the events under Output 1.1
- Number of children receiving services from CDCs, SCCs, PHCCs and psychologists (target: 41% are girls) under Output 1.2

However, there are no gender-based performance indicators for capacity building or awareness raising in the results framework, not even sex disaggregated data. For example:

- Number of community members sensitized under Output 1.1

- Number of PHCC/CDC/SCC/teachers and psychologists trained under Output 1.2
- Number of round table/training participants under Output 1.3
- Number of training modules for (para) social workers developed under Output 2.1
- Number of cases identified/documented under Output 2.2
- Number of social workers operating at central and district level under Output 2.2
- Number of (para) social workers operating in targeted communities under Output 2.2
- Percent of parents/caregivers reporting decreased discriminatory attitudes, beliefs and harmful practices towards children with special needs under Output 3.2

In addition, progress reports show mixed approach to reporting gender disaggregated data, whereby some gender disaggregated data is present, mainly with regards to vulnerable children assisted through established CP mechanism, surveys/researches providing analysis on gender differences, project stakeholders capacitated on gender related topics, meetings and events including gender related topics, community members sensitized on gender issues, etc. However, there is no specific discussion on any possible gender issues raised during the implementation of the programme.

At the same time, there is evidence from the review of documents that a gender perspective was taken into account. The following are examples of the programme addressed gender into programme design and implementation:

- Gender was mainstreamed in the vulnerability mapping, i.e. it examined whether significant differences between boys and girls and the gender assessment conducted in 2017;
- Stakeholders were sensitized on gender equality and gender-based violence issues, e.g. through the joint activities organized by the Youth Clubs and CDC;
- A gender equality perspective was included in defining procedures and regulations for the use of the community-based child well-being fund;
- The regional conceptual framework for social work practice includes the provision of working equally with representatives of different age and gender groups;
- The training of (para) social workers and service providers on community level (PHCCs, SCCs, CDCs) included a sub-module on gender equality, the rights and empowerment of women and children, the specific protection needs of girls and boys, gender-based violence and other relevant gender related issues;

- Some of the surveys and studies on child protection issues collected and reported sex-disaggregated data.

However, some of the activities implemented did not fully incorporate the gender issues as per the Gender Plan, in particular the pre-service and in-service training courses on social work include only a module on gender-based violence. The rights and empowerment of women and children, the specific protection needs of girls and boys were not part of the curriculum. While social workers have addressed cases of gender-based violence, it is not clear how well equipped they are to address this issue. The curriculum to be taught by the university of Sukhumi does not contain any module on gender equality.

Additionally, the good parenting education programme did not include topics on gender (despite the fact that almost all participants have been women) and no evidence has been found on how the programme addressed issues such as gender stereotypes, raising awareness on the rights of women and girls, and the special needs of girls and boys during their upbringing, among others.

Moreover, the evaluation interviews with project stakeholders, co-implementing partners and beneficiaries indicate that an understanding of the need to take into consideration different/special needs when dealing with vulnerable boys and girls are still to be built among MoLESP staff, SWs, CDC staff, (para) social workers, SC members, communities, parents, and children.

The authorities dealing with the issues of CP do not collect gender disaggregated data and do not see the need for it, as interviews with these stakeholders revealed, with some stakeholders stating that as per the Constitution of Abkhazia men and women are equal. Interviews also revealed that the CDCs do not have gender focus in their work and collected gender-disaggregated data not analyzed and used. Overall, evaluation interviews with stakeholders, co-implementing partners and beneficiaries indicate that the word 'gender' is quite sensitive and not accepted in the society and the topic best avoided. As one interviewee pointed out 'Abkhazians are absolutely a non-gender sensitive nation'.

The Gender Analysis carried out by WV in 25 target rural communities in 2017 revealed gender-based inequalities in the treatment of boys and girls in the target communities and prevailing gender-based stereotypes on social roles for women and men. It showed that CP actors have very limited understanding of magnitude of gender inequality and inequity to ensure social justice and human security in communities. It highlights, for example, the lack of community data/statistics disaggregated by gender on a number of issues such as drop-out rates; type and frequency of referrals to community based social services from single parent households.

It highlights that parents' involvement in the life of their sons and daughters is not quite equal, that parents, as well as girls and boys prioritize education an involvement in school more for daughters than for sons, that girls encounter more restrictions from their caregivers than boys, that boys and girls are involved in different types of household activities on a regular base (boys are doing mostly productive type of household activity, while girls are mostly engaged in reproductive household work). It also highlights that both boys and girls exposed to psychological abuse at home and experiencing physical abuse, though the type of abuse that each gender is exposed to is not discussed.

The gender analysis noted that talking about gender in Abkhazia is not easy and that there is a lot of work to be done. It showed that there is a perception in the target communities that boys are smarter than girls; children have a very low level of understanding about tradition, culture, family life; there is a prevalent lack of awareness on existing legislation on gender equality among both adults and children, including the right of girls to inherit property from parents. The gender analysis also highlights that early marriages are still occurring, including of girls as young as 12-13 years old¹³, according to some stakeholders, and that there is a large number of selective abortion of female fetuses. Interviews for this evaluation further demonstrated there is no tradition to talk with both boys and girls about reproductive health issues.

All of the above points to the need for a stronger investment and focus on gender equality issues in subsequent programme(s) to ensure that the gender equality, gender-based violence, specific protection needs of girls, gender dimension of social exclusion and other gender-related issues are understood and tackled by CP actors at the central, district and community levels.

The process of changing perceptions and attitudes towards gender issues among target groups in Abkhazia requires a systematic approach and allocation of sufficient time and resources. The programme can build upon what has been done so far. The vulnerability mapping and gender analysis provide a base for moving forward. However, it must be remembered that gender equality issues become more apparent later in the life cycle (adolescents and adults) and there could be a need to further analyse gender issues at that level in order to design effective awareness-raising materials for parents and children.

¹³ The Gender Analysis Report (Annual Report 2017, Annex VII) stated that marriages before the age of 18 years is rare.

It goes without saying that a future phase of the programme needs to do better in mainstreaming gender in the situation analysis, project goals, outcomes and outputs, as well as indicators at the design stage, and follow through with implementation and monitoring progress. As the gender analysis recommends, the programme needs to adopt an outcome-based gender-sensitive strategy, including the development of gender transformative approaches, which would seek to change gender norms, stereotypes, and practices which are harmful towards boys and girls, including the boys and girls with disabilities. As for tackling CP issues, the programme has to find not threatening ways to achieve this.

5 Conclusions

5.1 CONCLUSIONS ON EFFECTIVENESS

Based on the findings, the ET concludes that the programme was largely effective, particularly with regards to Component 1 and 2. It succeeded in building capacity on child protection issues both at the community and institutional level, creating/strengthening community-based services for children in need, including children with disabilities, in various locations in Abkhazia. The programme succeeded in raising the awareness of a large number of people on child protection issues across a wide range of stakeholders.

The outcomes achieved by the programme include 25 functional SCCs/SCs and PSWs, with the capacity to identify vulnerable children and provide a certain degree of assistance for the most vulnerable families/children in their community through local/district level resources, and to provide signals/referrals to social workers and the CDCs. Three CDCs were strengthened and a rehabilitation centre was created and capacitated to provide specialised services. As a result, over 300 children with disabilities have been able to receive quality services in targeted communities. The programme training and deployment of 13 social workers in three pilot districts provides a foundation for a social service system in Abkhazia. On the technical side, the SWs still need external support to strengthen their practices and increase their level of confidence and, there are a number of systemic challenges that need addressing, including appropriate legislation, to create an enabling environment in order for the services offered to more effectively address the needs of vulnerable children.

In terms of expanding the model, the evidence gathered through this evaluation and the conclusions point to the need to be prudent. In a potential continuation of the programme, the ET recommends to take a phased approach to expand the child protection community model to other sites in Abkhazia. As part of the first phase, the programme would iron out the challenges regarding the status of the SWs and to solidify the processes and tools they use (e.g. case management). As part of that phase, the programme could assist with the integration of the newly formed SWs to increase the number of SWs, particularly in Gali and Gudauta.

In terms of expansion to other districts, in a second phase, the ET recommends to conduct a poverty and vulnerability assessment a needs assessment and expand first to areas/districts where the needs are greatest. At the same time, it would be useful to

take into consideration areas where WV has worked before as some communities already have some infrastructure, mechanisms and services in place (e.g. school canteens, ramps for children with disabilities social community centres, parenting circles, etc.). In terms of expanding the SCs/PSWs to other sites, and depending on funding available, expanding to the villages where the previous project has intervened would be a less costly and a logical way to expand.

As for the CDCs, while there are still needs in the established CDCs, which a new project could help address, the priority would be to set up CDCs in areas which are totally unserved with a large population, such as Gudauta, for example. This should be undertaken with the understanding that the df government will assume the costs at some point once the service is established.

5.2 CONCLUSIONS ON SUSTAINABILITY

The ET concludes that some of the outcomes achieved are sustainable, including the increased awareness of child protection issues across a wide range of stakeholder and the knowledge and skills acquired, PHCCs, SCs and PSWs, the SWs, the CDCs, the Rehabilitation centre, various professionals working with children and the Coalition for Equal opportunities.

The sustainability of the services offered by these various stakeholders is less certain once the current funding from Sida ends in June 2018. The most sustainable services are those provided by the of the CDS and the Rehabilitation Centre, as a significant portion of their operational costs have been absorbed by the df state (excluding infrastructure/equipment repairs/replacement or staff training). As for the SWs, there is a willingness in principle from the df MoLESP to assume the costs of social work services but a lot of uncertainty remains concerning the ability of the df government to provide funding in light of current and future fiscal constraints, as well as possible changes in priorities as a result of the 2019 elections.

At the village level, the improvements made PHCCs and SCCs are sustainable in the short and medium term but will need to be maintained over time. The salary of nurses is covered by the df state making the health care they provide sustainable. The future of the PSWs is less certain but given that most of school teachers, the df MoE could conceivably cover the additional costs, or they could also accept to continue as volunteers like other members of the SCs. Ways of mobilizing local funding to compensate them should be explored.

In this regard, the “social fund” amount should be increased and may be sufficient as an incentive to motivate local communities to support families in distress in their midst, given that the increased level of awareness of the programme benefits achieved to date. An awareness campaign to further raise awareness in less targeted areas could serve that purpose. The social fund could also be used as a matching grant from

philanthropic organisations or businesses, or as counterpart fund to encourage districts to set aside some funds to help families in distress, though based on interviews the latter may be difficult without some legislative changes to allow this. In a future programme/project UNICEF and WV would need to explore alternative ways to help support families living in extreme poverty. It was suggested, for instance, that a future programme could help develop philanthropy in Abkhazia.

The ET considers that the CDCs and the Rehabilitation Centre have good prospects of sustainability if the df authorities further support with continuous capacity building of staff as well as maintenance (e.g. repairs/replacement costs, etc.). The sustainability of the social service pilots and the institutionalization of the university social work programme will need more time.

5.3 CONCLUSIONS ON MAINSTREAMING

The ET concludes that a human rights-based approach (HRBA) has been at the core of the programme, with a particular emphasis on non-discrimination, participation and accountability principles. Through the application of HRBA, the programme has been helping targeted communities and the authorities at all levels address the needs of vulnerable children and families in a conflict sensitive manner.

The overall conclusion of the evaluation on gender equality is that the programme was not designed and implemented to deliver concrete results. The programme would have been more effective if it had undertaken the gender analysis at the programme design stage, rather than the last year of implementation, and develop the action plan based on that analysis. The action plan to mainstream gender that was developed was poorly implemented and only provided sex disaggregated data at the activity level. Should the programme be renewed, the programme partners should put more efforts into ensuring that the gender strategy is grounded in the analysis that was conducted and ensure that the programme includes, implements and tracks gender equality outcomes.

6 Recommendations

Based on our findings and conclusions, the evaluation recommends that Sida fund a continuation of the programme, with the following sub-recommendations:

1. UNICEF should continue to strengthen existing child and family social services through continued technical support to the current social workers and the Sukhumi University to offer a quality social work programme;
2. Review and strengthen the gender equality mainstreaming strategy in light of the gender analysis conducted during the current programme and implement in a more consistent and sustained fashion, ensuring that the results framework and performance management contain specific gender equality outcomes and indicators;
3. Carry out the dialogue and advocacy with the df ministries for legislation to regulate social work in Abkhazia, including granting official/legal status to social workers to enable them to fully fulfil their role and responsibilities and respond to the needs of children more effectively;
4. Continue the dialogue and advocacy with the df government to allocate funding to cover the costs of social work/child protection services in Abkhazia and explore how an expansion of the social service and services for children with disabilities system could be funded by the df state;
5. Explore strategies with the df Ministry of Health to attract and retain specialists such as psychologists, psychiatrists and neurologists to work with children with special needs, including children with disabilities;
6. Continue to encourage df ministries to implement a system to identify children at risk, the services offered to them and their families, and monitor progress towards finding lasting positive outcomes for the children/families who receive services;
7. Explore alternative strategies to provide funding to assist families in distress, including exploring whether the df districts or MoLESP can allocate such funds for communities. In the meantime, increase the amount allocated for social fund per community, and explore providing matching funds for charities/business that offer and/or assisting further development of philanthropy in Abkhazia.
8. Strengthen the capacity of the Coalition for Equal Opportunities to fundraise and develop projects that can be funded by international development agencies, NGOs or the private sector to enable it to play a more effective advocacy role to accessibility and inclusiveness for children with disabilities.

9. Use a phased approach to expand the community-based child protection services to other communities and districts, based on the sustainability of the current services, and based on a poverty and vulnerability assessment.

Annex 1 – Terms of Reference



Terms of Reference for the Evaluation of the support to UNICEF to strengthen Child Protection in Abkhazia 2015 - 2018

Date: 2018-01-09

1. Evaluation object and scope

The programme to be evaluated is "Strengthening and developing sustainable basic social services for children in Abkhazia" (Child Protection in Abkhazia) which is funded by Sweden through the Embassy of Sweden in Georgia. UNICEF is responsible for the implementation and coordination of the programme, according to the agreement but the implementation of the programme is shared between UNICEF and WorldVision. The activity period of the programme is set from 1 July 2015 to 30 June 2018 (originally 31 December 2017) and the Swedish support amounts to a total of 27 000 000 SEK. The implementation of the programme is also supported by WorldVision Germany and WorldVision Australia with a total of approximately 287,000 EUR.

Sweden's cooperation with Georgia is governed by the Regional Results Strategy for Reform Cooperation with Eastern Europe, the Western Balkans and Turkey 2014-2020. This programme contributes mainly to the goal "To bring partner countries closer to meeting international and national commitments to human rights, gender equality (including the EU strategy for gender equality), and non-discrimination". To a smaller extent the programme also contribute to the strategy result "Increased trust between the parties in prolonged conflicts".

Background

The overall objective of the programme is to address child protection in Abkhazia on both community and institutional levels and to strengthen and develop sustainable services for vulnerable children in Abkhazia.

Abkhazia constitutes a so called breakaway territory and is currently not controlled by the Georgian government but by the so called de facto authorities in Abkhazia. The situation in Abkhazia is heavily affected by the consequences of the 1992-93 war and the protracted conflict thereafter, including the years of international isolation. Whilst the rest of Georgia and neighboring states have moved ahead during the post-Soviet era, conditions in practically all spheres in Abkhazia deteriorated and have, in spite of significant financial help from Russia since 2008, yet to recover. At the same time, the mostly Georgian returnees to Abkhazia (estimated at some 50,000 people in the Gali, Ochamchira and Tkvarchali districts) continue to face a number of specific problems related to their human rights, security and livelihoods.

The programme Child Protection in Abkhazia, is conducted in line with established procedures with Tbilisi and Sukhumi de facto authorities based on the principle of “agreement by non-objection” and on a regular information exchange with State Minister of Reconciliation and Civic Equality of Georgia as well as the de facto ministry of foreign affairs and de facto presidential administration in Abkhazia. Due to the disputed status of Abkhazia, the programme cannot work directly on system strengthening, policy development and legislation in this region.

Child protection remains neglected in Abkhazia and data on child protection issues are lacking meanwhile many problems are either unaddressed or dealt with informally. On both institutional and community level in Abkhazia, knowledge and understanding of the concepts of children’s rights and child protection is limited. Child protection issues are unfortunately still considered taboo and therefore a careful approach is important to avoid resistance.

The strategy of the programme is to further strengthen existing community-based services for vulnerable children and families developed through the earlier Unicef and WorldVision programme activities, to strengthen existing but weak services of relevant de facto authorities at Sukhumi and district level and to combine community and institutional level services into an integrated system of services for vulnerable children and families in Abkhazia. The programme also aims at building evidence on child protection issues and supporting positive social change. Sweden previously supported the an earlier programme implemented by Unicef and WorldVision, “Community Support to Children and Youth in Abkhazia”. This programme was initiated in 2011 and evaluated in May 2013 by Indevlop AB.

For further information, the programme document is attached as Annex D.

2. Evaluation rationale

Rationale

The programme is coming to an end in June 2018 and the Embassy is currently considering whether to continue the Swedish support to the programme. The evaluation will be carried out during March and April 2018 and the findings and recommendations will give input in the discussions on how to design a possible continuation of the programme.

Scope

The evaluation will cover the full programme period and all the municipalities covered by the programme.

3. Evaluation purpose: Intended use and intended users

The purpose of the evaluation is summative to map and analyse the results achieved of the programme so far and to answer to what extent the programme has been effective in achieving change in the situation of children in Abkhazia. As part of this the evaluators should carry out a quantitative survey of achieved results against the set target values of the agreed indicators (see Annex E), compared to the baseline values. Furthermore the purpose is formative as the evaluation will also be asked to answer to what extent this change can be made sustainable taken into consideration the special circumstances and restrictions of the development cooperation in Abkhazia. The findings will be used as an input in the discussion between the Swedish Embassy and Unicef and WorldVision as to how to, in the best way, continue to improve the situation of vulnerable children in Abkhazia.

The primary intended users of the evaluation are the Embassy of Sweden, Unicef and WorldVision and co-funders WorldVision Germany and WorldVision Australia

The evaluation is to be designed, conducted and reported to meet the needs of the intended users and tenderers shall elaborate in the tender how this will be ensured during the evaluation process.

During the inception phase, the evaluator and the users will agree on who will be responsible for keeping the various stakeholders informed about the evaluation.

4. Evaluation criteria and questions

The objective of this evaluation is to: evaluate the effectiveness and sustainability of the programme and formulate recommendations as an input to upcoming discussions concerning the design of a possible new phase of the programme.

The evaluation questions are:

Effectiveness

- To what extent has the programme managed to increase the protection of vulnerable children in the covered communities in Abkhazia?
- To what extent have the programme goals and outcomes been achieved? (setting status of programme's indicators against set targets)
- How and which unforeseen external factors influenced the programme
- How did the assumptions affect the programme?
- Do the community structures and professional district structures complement each other in an efficient manner?
- Can the geographical spread of the programme be increased while maintaining the benefits achieved?

Sustainability

- Is it likely that the benefits of the programme are sustainable?
- How can the benefits be made more sustainable taken into account the special circumstances present in Abkhazia?

Mainstreaming

- To what extent has the programme been designed and implemented in a sufficiently conflict sensitive manner?
- Has the programme had any positive or negative direct or indirect effects on gender equality? Could gender mainstreaming have been improved in planning, implementation or follow up?

The questions above, together with any additionally suggested questions, are expected to be developed in the tender by the tenderer and further developed during the inception phase of the evaluation.

5. Evaluation approach and methods for data collection and analysis

It is expected that the evaluator describes and justifies an appropriate evaluation approach/methodology and methods for data collection in the tender. The evaluation design, methodology and methods for data collection and analysis are expected to be fully presented in the inception report.

Sida's approach to evaluation is utilization-focused which means the evaluator should facilitate the entire evaluation process with careful consideration of how everything that is done will affect the use of the evaluation. It is therefore expected that the evaluators, in their tender, present i) how intended users are to participate in and contribute to the evaluation process and ii) methodology and methods for data collection that create space for reflection, discussion and learning between the intended users of the evaluation.

Evaluators should take into consideration appropriate measures for collecting data in cases where sensitive or confidential issues are addressed, and avoid presenting information that may be harmful to some stakeholder groups.

WorldVision conducted a baseline study for the goals and outcome level indicators for the community mobilization component and the evaluation should include a follow up survey to establish whether the programme led to set targets for the mentioned goal and outcome level indicators. In relation to the survey the evaluators should apply the same methodology used when establishing the baseline.

The survey must target:

- School children of ninth-, tenth- and eleventh-grades of 25 secondary schools located in the target communities.
- Parents of the same children of ninth-, tenth- and eleventh-grades of 25 secondary schools located in the target communities.
- Steering Committee members who participated in baseline survey.¹⁴

¹⁴ The interviewers to carry out the survey will be hired by the evaluation team but WorldVision will support the team in contacting interviewers in Abkhazia.

This evaluation is commissioned by the Embassy of Sweden in Georgia. The intended user is/are the development team of the Embassy, Unicef and WoldVision. As the evaluation will serve as an input to the decision on whether the programme shall receive continued funding or not, the intended user is the commissioner. The programme implementers Unicef and WorldVision have contributed to the ToR and will be provided with opportunity to comment on the inception report as well as the final report, but will not be involved in the management of the evaluation. Hence the commissioner will evaluate tenders, approve the inception report and the final report of the evaluation.

7. Evaluation quality

The evaluation shall conform to OECD/DAC's Quality Standards for Development Evaluation¹⁵ and use the OEDC/DAC Evaluating Peacebuilding Activities in Settings of Conflict and Fragility: Improving Learning for Results¹⁶. The evaluators shall use the Sida OECD/DAC Glossary of Key Terms in Evaluation¹⁷. The evaluators shall specify how quality assurance will be handled by them during the evaluation process.

8. Time schedule and deliverables

It is expected that a time and work plan is presented in the tender and further detailed in the inception report. The evaluation shall be carried out between February 15 and May 15 and include approximately 5-10 days of work in the field. The timing of the field visits, surveys and interviews need to be settled by the evaluator in dialogue with the main stakeholders during the inception phase.

The table below lists key deliverables for the evaluation process. Deadlines for final inception report and final report must be kept in the tender, but alternative deadlines for other deliverables may be suggested by the consultant and negotiated during the inception phase. It is of importance for the Embassy to be able to take the findings of the evaluation as soon as possible. If earlier deadlines than those indicated below can be met then this is a plus.

Deliverables	Participants	Deadlines
1. Start-up meeting via video link with the Embassy	The evaluators team and the Embassy	19 February
2. Draft inception report,		Tentative 1 March
3. Inception meeting	The evaluators team, UNICEF, WorldVision and	Tentative 5 March

¹⁵ DAC Quality Standards for development Evaluation, OECD 2010.

¹⁶ Evaluating Peacebuilding Activities in Settings of Conflict and Fragility: Improving Learning for Results, OECD, 2012.

¹⁷ Glossary of Key Terms in Evaluation and Results Based Management, Sida in cooperation with OECD/DAC, 2014.

	the Embassy	
4. Comments from intended users to evaluators		Tentative 9 March
5. Final inception report		16 March
6. Debriefing workshops	The evaluators team, UNICEF, WorldVision and the Embassy	No later then 28 March
7. Draft evaluation report		10 April
8. Comments from intended users to evaluators		Tentative 16 April
9. Final evaluation report		23 April
10. Seminar via videolink ib the presentation of the report	The evaluators team, Unicef, WorldVision and the Embassy	Tentative date April 15

The inception report will form the basis for the continued evaluation process and shall be approved by Sida before the evaluation proceeds to implementation. The inception report should be written in English and cover evaluability issues and interpretations of evaluation questions, present the evaluation approach/methodology, methods for data collection and analysis as well as the full evaluation design including information on the tools to be used during the qualitative survey and the hiring of interviewers for the survey. A clear distinction between the evaluation approach/methodology and methods for data collection shall be made. A specific time and work plan, including number of hours/working days for each team member, for the remainder of the evaluation should be presented. The time plan shall allow space for reflection and learning between the intended users of the evaluation.

The final report shall be written in English and be professionally proof read. The final report should have clear structure and follow the report format in the Sida Decentralised Evaluation Report Template for decentralised evaluations (see Annex C). The executive summary should be maximum 3 pages. The evaluation approach/methodology and methods for data collection used shall be clearly described and explained in detail and a clear distinction between the two shall be made. All limitations to the methodology and methods shall be made explicit and the consequences of these limitations discussed. Findings shall flow logically from the data, showing a clear line of evidence to support the conclusions. Conclusions should be substantiated by findings and analysis. Recommendations and lessons learned should flow logically from conclusions. Recommendations should be specific, directed to relevant stakeholders and categorised as a short-term, medium-term and long-term. The final report shall include a section in which the comparative analysis of base-and endline survey of WorldVision's component is

presented. The report should be no more than 25 pages excluding annexes (including Terms of Reference and Inception Report). The evaluator shall adhere to the Sida OECD/DAC Glossary of Key Terms in Evaluation¹⁸.

The evaluator shall, upon approval of the final report, insert the report into the Sida Decentralised Evaluation Report for decentralised evaluations and submit it to Citrus (in pdf-format) for publication and release in the Sida publication data base. The order is placed by sending the approved report to sida@citrus.com, always with a copy to the Sida Programme Officer as well as Sida's Chief Evaluator's Team (evaluation@sida.se). Write "Sida decentralised evaluations" in the email subject field and include the name of the consulting company as well as the full evaluation title in the email. For invoicing purposes, the evaluator needs to include the invoice reference "ZZ610601S," type of allocation "sakanslag" and type of order "digital publicering/publikationsdatabas.

9. Evaluation Team Qualification

In addition to the qualifications already stated in the framework agreement for evaluation services, the evaluation team shall include the following competencies

- Knowledge and experience of working in Georgia
- Knowledge and experience of working in territories of similar frozen conflicts
- Knowledge and experience of social services and human rights
- Fluency in Russian
- Knowledge and experience in evaluating the implementation of gender mainstreaming in development programmes.

It is desirable that the evaluation team includes the following competencies

- Knowledge and experience of working with or evaluating/reviewing programme on child protection or child rights.
- Knowledge and experience of work with community mobilization

A CV shall be included in the call-off response for each team member and contain full description of the evaluators' qualifications and professional work experience.

It is important that the competencies of the individual team members are complimentary. It is highly recommended that local consultants are included in the team if appropriate.

The evaluators must be independent from the evaluation object and evaluated activities, and have no stake in the outcome of the evaluation.

¹⁸ Glossary of Key Terms in Evaluation and Results Based Management, Sida in cooperation with OECD/DAC, 2014

10. Resources

The contact person at Swedish Embassy is Program Officer Helena Sancho. The contact person should be consulted if any problems arise during the evaluation process. The contact person will provide the evaluators with the relevant programme information and contact information to the cooperation partners, other donors and stakeholders.

The evaluator will be required to arrange the logistics of the evaluation including the field trip to Abkhazia, including any necessary security arrangements.

11. Annexes

Annex A: List of key documentation

Agreement on non-thematic support to strengthening and developing sustainable basic social services for children in Abkhazia between Sweden and Unicef, including amendments.

Programme document

Programme Progress report dated 15 Feb 2016

Programme Progress report dated 15 March 2017

Programme Gender Plan

Vulnerability Mapping Abkhazia Final Report June 2016

Analysis Of Child Wellbeing And Child Protection In Abkhazia dated May 2015

Conceptual Framework for Social Work Practice in Abkhazia

Annex B: Data sheet on the evaluation object

Information on the evaluation object (i.e. programme or programme)	
Title of the evaluation object	Strengthening and developing sustainable basic social services for children in Abkhazia
ID no. in PLANIt	55110007
Dox no./Archive case no.	4.4.2.56
Activity period (if applicable)	1 July 2015 – 30 June 2018
Agreed budget (if applicable)	27 000 000 SEK

Main sector ¹⁹	Human Rights
Name and type of implementing organisation ²⁰	Unicef and WorldVision
Aid type ²¹	grant
Swedish strategy	Resultstrategy for reform cooperation in Eastern Europe, the Balkans and Turkey 2014 - 2020

Information on the evaluation assignment	
Commissioning unit/Swedish Embassy	Embassy of Sweden in Georgia
Contact person at unit/Swedish Embassy	Program Officer Helena Sancho
Timing of evaluation (mid-term, end-of-programme, ex-post or other)	End-of-programme
ID no. in PLANIt (if other than above).	12059

Annex C: Decentralised evaluation report template

Annex D: Programme document

Annex E: WorldVision Baseline Study

Indicators	Definition	Base-line data	Targets
Community children/youth integrated/reintegrated to the social life of their communities	To be integrated/reintegrated to the social life = children participate fully (to participate in any available informal education program, events, entertainment programs and etc.) in the life of their community and country.	25%	50%
Parents and caregivers able to provide well to	Provide well to the children = parents/caregivers are able to	35%	60%

¹⁹ Choose from Sida's twelve main sectors: education; research; democracy, human rights and gender equality; health; conflict, peace and security; humanitarian aid; sustainable infrastructure and services; market development; environment; agriculture and forestry; budget support; or other (e.g. multi-sector).

²⁰ Choose from the five OECD/DAC-categories: public sector institutions; NGO or civil society; public-private partnerships and networks; multilateral organisations; and other (e.g. universities, consultancy firms).

²¹ Choose from the eight OECD/DAC-categories: budget/sector support; core contributions/pooled funds; programme type; experts/technical assistance; scholarships/student costs in donor countries; debt relief; admin costs not included elsewhere; and other in-donor expenditures.

their children	provide the children with the basic things.		
Community members, particularly children and youth, feel higher social protection within their communities	Feel higher social protection = are able to use social services available within their communities.	12%	50%
Community and family behaviour creates a protective environment for children and youth	To create a protective environment = Community members, including children/youth, report changes in attitudes or behaviour of family members and the community in general which have favoured the protection of children from abuse or exploitation.	23.5% of children; 15.1% of parents; 28.4% of Steering Committee members	50% of children report that they have protective environment; 40% of parents and 70% of SC members who report that they are able to create protective environment for their children
% of parents/caregivers reporting decreased discriminatory attitudes, beliefs and harmful practices towards children with special needs	Parents/caregivers' perception of the concept of inclusive education and inclusive society.	34%	50% of parents report having decreased discriminatory attitudes, beliefs and harmful practices towards children with special needs.
Programme Stakeholders demonstrate improved scores on knowledge of CP protection issues in Abkhazia survey – measure to include assessment of discriminatory attitudes, beliefs and harmful practices towards children with special needs	Level of knowledge of Programme Stakeholders on Child Rights, Child Abuse and Child Exploitation; Level of knowledge of stakeholders on existing Child Protection Structures and resources; CP Stakeholders' knowledge on physical violence, verbal violence, CP stakeholders' knowledge on child discrimination mainly of children with special needs	21.6% of parents 12.6% of Steering Committee members	40% of parents and 70% of SC members

Annex 2 – Evaluation matrix for Support to UNICEF to strengthen Child Protection in Abkhazia 2015-2018

Evaluation criteria	Evaluation questions	Indicators	Data collection Method	Sources of information	Data analysis
Effectiveness	1. To what extent has the programme contributed to increasing the protection of vulnerable children in the covered communities in Abkhazia?	1.1 Change in awareness and capacity to provide child protection by families, communities, service providers and <i>de facto</i> authorities at district and ministry level.	Survey results analysis Key informant interviews Focus group Discussion Literature/Document Review Site observation	- families - steering committees - community-based service providers - <i>de facto</i> authorities at district and ministry level - NGOs - UNICEF - WV - University of Sukhumi - Parents - Children Progress reports and grey literature (e.g. community newsletters and media reports) Facilities, equipment, visual information	Survey Comparison of baseline and endline survey results to examine extent of change. Targets will be used as anticipated outcomes. Content analysis of qualitative data from various methods and sources to draw out actual outcomes versus anticipated, as well as any anticipated outcomes.

Evaluation criteria	Evaluation questions	Indicators	Data collection Method	Sources of information	Data analysis
				such as signs, documentation for users	
	2. To what extent have the programme goals and outcomes been achieved?	2.1 Level of achievement against targets, as outlined in programme log frame.	Survey results analysis Key informant interviews Focus group Discussion Document Review Site observation	- families - steering committees - community-based service providers - <i>de facto</i> authorities at district and ministry level - NGOs - UNICEF - WV - University of Sukhumi - Parents - Children Progress reports and grey literature (e.g. community newsletters and media reports) Facilities, equipment, visual information such as signs, documentation for users	Survey Comparison of baseline and endline survey results to examine extent of change. Targets will be used as anticipated outcomes. Content analysis of qualitative data from various methods and sources to draw out actual outcomes versus anticipated, as well as any anticipated outcomes.
	3. How and which unforeseen external factors influenced	3.1 Evidence that contextual enabling factors and constraints affecting the programme were considered and addressed to maximise	Literature/Document Review	Literature and programme documents (progress	Content analysis

ANNEX 2 – EVALUATION MATRIX FOR SUPPORT TO UNICEF TO STRENGTHEN CHILD PROTECTION IN ABKHAZIA 2015-2018

Evaluation criteria	Evaluation questions	Indicators	Data collection Method	Sources of information	Data analysis
	the programme?	outputs and outcomes	Key informant interviews	reports) - UNICEF - WV - de facto authorities - NGOs - PHCC, SCC, CDC staff - Steering Committee members	of qualitative data from document review and KII and various sources
	4. How did the assumptions affect the programme?	4.1 Evidence of adaptations or changes to the programme strategy due to the internal or external (political, cultural, economic) context. Consequences of these adaptations and changes.	Document Review Key informant interviews	Programme documents (progress reports) Annex 1. - UNICEF - WV - de facto authorities - NGOs - PHCC, SCC, CDC staff - Steering Committee members	Content analysis of qualitative data from document review and KII and various sources
	5. Do the community structures and professional district structures complement each other in an efficient manner?	5.1 Degree of clarity in roles and responsibilities among stakeholders 5.2 Existence and effectiveness of coordination mechanisms between community and professional district structures. Level of cooperation and mutual strengthening.	Document Review Key informant interviews	Programme documents (progress reports) - UNICEF - WV - de facto authorities - PHCC, SCC, CDC staff	Content analysis of qualitative data from document review and KII and various sources

ANNEX 2 – EVALUATION MATRIX FOR SUPPORT TO UNICEF TO STRENGTHEN CHILD PROTECTION IN ABKHAZIA 2015-2018

Evaluation criteria	Evaluation questions	Indicators	Data collection Method	Sources of information	Data analysis
				- Steering Committee members	
	6. Can the geographical spread of the programme be increased while maintaining the benefits achieved?	6.1 Documentation and analysis of stakeholder opinions on the extent to which the geographical spread of the programme can be increased (how and where)	Document Review Key informant interviews	Programme documents (progress reports) - UNICEF - WV - de facto authorities - PHCC, SCC, CDC staff - Steering Committee members	Content analysis of qualitative data from document review and KII and various sources
Sustainability	7. Is it likely that the benefits of the programme are sustainable? Annex 2.	7.1 Availability/commitment of recurrent and adequate level of resources (human and financial) from communities and de facto authorities to continue activities after the programme ends.	Document Review Key informant interviews	Programme documents (progress reports) - UNICEF - WV - de facto authorities - PHCC, SCC, CDC staff - Steering Committee members	Content analysis of qualitative data from document review and KII and various sources
	8. How can the benefits be made more sustainable taken into account the special circumstances present in Abkhazia?	8.1 Perception of stakeholders on how capacity can be strengthened further			
Mainstreaming	9. To what extent has the programme been designed and implemented in a	9.1 Evidence of a conflict analysis, do no harm and risk management plans, implementation and monitoring 9.2 Perceptions of stakeholders	Document Review	Programme documents (progress reports)	Content analysis

ANNEX 2 – EVALUATION MATRIX FOR SUPPORT TO UNICEF TO STRENGTHEN CHILD PROTECTION IN ABKHAZIA 2015-2018

Evaluation criteria	Evaluation questions	Indicators	Data collection Method	Sources of information	Data analysis
	sufficiently conflict sensitive manner with respect of human rights?	9.3 Quality of the conflict sensitive implementation of the programme	Key informant interviews Focus group discussions	- UNICEF - WV - de facto authorities - PHCC, SCC, CDC staff - Steering Committee members - Other UN agencies - NGOs - Parents - Children	of qualitative data from document review and KII and various sources
	10. Has the programme had any positive or negative direct or indirect effects on gender equality? Could gender mainstreaming have been improved in planning, implementation or follow up?	10.1 Extent to which the stakeholders have incorporated an understanding of the need to take into consideration different/special needs when dealing with vulnerable boy and girls 10.2 Degree to which gender mainstreaming was planned for, implemented and followed-up	Document Review Key informant interviews	Programme documents (progress reports) - UNICEF - WV - de facto authorities - PHCC, SCC, CDC staff - Steering Committee members - Other UN agencies - NGOs	Content analysis of qualitative data from document review and KII and various sources
Recommendations	11. What recommendations in the areas of effectiveness, sustainability and mainstreaming could be formulated to make an input for	11.1 Answers to this question will derive from the evaluation's findings.	Based on multiple data collection methods	Findings	Not applicable

Evaluation criteria	Evaluation questions	Indicators	Data collection Method	Sources of information	Data analysis
	a discussion concerning the design of a possible new phase of the programme?				

Annex 3 – Data collection instruments

Interview Guide Programme implementers: UNICEF and World Vision

As you know Sida is conducting an evaluation of “Strengthening and developing sustainable basic social services for children in Abkhazia” (Child Protection in Abkhazia), which is funded by Sweden through the Embassy of Sweden. The evaluation focuses on the effectiveness, sustainability of the programme as well as the mainstreaming of gender. We are conducting interviews with a variety of stakeholders. Your participation is entirely voluntary and the information provided will be treated as confidential. No individual will be identified in the report and the information will be aggregated.

Do you have questions about the evaluation? Do you consent to participate in this interview?

Please indicate your role and responsibilities in relation to the programme and the length of time you have been in this position.

1. What are the key factors that affect the provision of services for vulnerable children in Abkhazia?
2. In your view, has the programme led to a change in awareness among target groups in terms of protecting vulnerable children, including children with disabilities?
3. In your view, has the programme led to a change in capacity among target groups in terms of addressing the needs of vulnerable children?
4. Can you explain if and how the programme has contributed to?
 - a) Modelling community-based approaches to the provision of quality services for children in Abkhazia in SCCs, CDCs, schools, primary healthcare centres, as well as community level child protection committees.
 - b) Strengthened social work practices in Abkhazia on community and institutional levels as a basis for child protection initiatives.
 - c) Strengthening the evidence on child protection issues in Abkhazia, as well as knowledge and data collection and protective role of families and communities.
5. What have been the key external factors (positive and/or negative) that have affected the achievement of programme outcomes?
6. Were they anticipated and how did they affect the programme? What actions did the programme address or take advantage of these issues?
7. Do community and professional structures complement each other effectively, e.g. clarity in role and responsibilities, coordination mechanism, timeliness of approval

processes, availability of resources (human and financial)? If so please explain. If not, why not?

8. Will the results achieved by the programme likely continue after it ends? For instance, are available/budgeted financial resource and human resources for this?
9. Have the de facto authorities (ministerial or district level) committed human and financial resources to continue the programme activities once it ends in June 2018? Are the resources needed available? Why/ why not?
10. What else could have been done or done differently to improve the sustainability of programme benefits achieved, if possible?
11. Did the programme conduct a conflict analysis? If so, was it implemented? What have been the results?
12. To what extent was the gender mainstreaming plan was implemented and progress monitored?
13. What have been the benefits or the results of mainstreaming gender in programme activities?
14. What else could have been done or done differently to improve programme results in relation to gender?
15. Do you have other information to share that could be useful for the evaluation?

Thank you very much for your participation

Interview Guide for other stakeholders: de facto authorities, SCCs, schools, CDCs and PHCCs, child protection committee members, NGOs

(Note: the questionnaires to each Ministry and district structure depending on the focus of their involvement in various components of the programme will be adapted upon the consultants' arrival to the field and after the initial discussions with UNICEF and WV)

We are conducting an evaluation of the programme that UNICEF and World Vision are implementing to improve child protection in Abkhazia. The evaluation focuses on the results achieved by the programme and whether the benefits achieved are likely to continue when the current programme ends. We are conducting interviews with a variety of stakeholders. Your participation is entirely voluntary and the information provided will be treated as confidential. No individual will be identified in the report and the information will be aggregated.

Do you have questions about the evaluation? Do you consent to participate in this interview?

Please indicate your role and responsibilities in relation to the programme and the length of time you have been in this position.

1. What are the key factors that affect the provision of services or support for vulnerable children in Abkhazia?
2. Have the activities implemented by [name of organization] helped identify children who need protection from abuse or have special needs, such as children with disabilities? Please explain how.
3. Have the activities implemented by [name of organization] helped the change perceptions on the role of the community to address the needs of children who are at risk of abuse, or have a disability? Please explain how.
4. Have the activities implemented by [name of organization] helped improve the capacity of [type of stakeholders] to address the needs of children who are at risk of abuse, or have a disability? If so, how?
5. In your view, what are the key factors that have contributed to improving this?
6. What are the key factors that have prevented improving the capacity to address the needs of children who are at risk of abuse, or have a disability?
7. Are there sufficient human and financial resources to continue the activities once the programme ends/without the support of [name of organization]? Please explain.
8. Is there coordination between professional and community structures? What works well? What could be improved?
9. Have the activities implemented by [name of organization] helped change perceptions on the role of men and women and boys and girls in society? If so, please provide examples.
10. In your view, what could/should be done to continue making progress to address the needs of vulnerable children in the future (who and how)?

11. In your view, what could/should be done to continue making progress to address the needs of vulnerable children in the future (who and how)?

Thank you very much for your participation

Interview Guide: social workers

Date	
Time	
Place	
No of Participants:	

1. What are the background of social workers?
2. What are the key factors that affect the provision of services or support for vulnerable children in Abkhazia?
3. How the mechanism of the work of social workers was created?
4. Which signals you started to receive? What type of cases you are dealing with? Geographical scope of services?
5. How did you start to work on them? What type of services you are offering for vulnerable children and their families?
6. What are the main challenges faced? (Probe: What are the key factors that have prevented improving the capacity to address the needs of children who are at risk of abuse, or have a disability?)
7. Have the capacity building activities (pre-service and in-service trainings) and awareness raising campaign on Child and Social Service in Abkhazia implemented by UNICEF helped to:
 - a) improve the capacity of social workers to address the needs of children who are at risk of abuse, or have a disability? If so, how?
 - b) identify children who need protection from abuse or have special needs, such as children with disabilities? Please explain how.
 - c) change perceptions on the role of the community to address the needs of children who are at risk of abuse, or have a disability? Please explain how.

What else is needed?

8. How is inter-agency cooperation organized? What works well? What could be improved?
9. Are there sufficient human and financial resources to continue the activities once the programme ends/without the support of UNICEF? Please explain.
10. Have the activities implemented by UNICEF/WV helped change perceptions on the role of men and women and boys and girls in society? If so, please provide examples.
11. In your view, what could/should be done to continue making progress to address the needs of vulnerable children in the future (who and how)? (Probe: Can the

geographical spread of the programme be increased while maintaining the benefits achieved? (how and where)

Thank you very much for your participation

Focus Group Discussion Protocol and Questions Teachers, Parents and Youth

Date	
Time	
Place	
No of Participants:	

Duration: 1 hour to one hour and a half.

Protocol:

- Welcome and explanation of the purpose of the evaluation and the focus group.
- Explanation of how focus group discussion allows to dig deeper into some topics.
- Explanation of how privacy and confidentiality will be maintained (role of evaluation team and their own role)
- Mention that it is a discussion. No need to all agree but respect each other and do not interrupt.

Questions

(Please note that the questions may need to be rephrased to be better adapted to the cultural context language used by local stakeholders)

Parents:

- What have you learned that you find useful in relation to caring for children in the family and in the community, including those are more vulnerable? (probe for the role of men and women in caring for children)
- Is there a system in place to identify vulnerable children and how to address their needs? How does it work? Are you satisfied? Please explain.
- What is needed to ensure that the system in place will continue in the future?
- Are you more aware of factors that impact the wellbeing of children? Do you make conscious use of the protection services now available at community and institutional levels? Please elaborate.

Children and Youth:

- What sort of problems do children/youth in your school or community experience, e.g. conflict with other children, in the family, etc.?
(One possibility is to ask them to play act it out some examples in groups of two or three, present if and then have them explain what they acted and have a conversation).
- Is there a safe place or someone to talk to in your school or community that children/youth can go to if they have these problems?

Thank them for their participation and remind them about confidentiality of what was said in the focus group.

On site Observation (PHCCs, SCCs, CDCs)

Element	Yes / No		Comments
Is the location easily accessible for people/children with physical disabilities (e.g. ramps)?			
Is the waiting area adequate and welcoming?			
Are there private rooms to receive people to talk in private			
Is there written documentation on display or signs on the wall with message geared to the protection of children (boys and/or girls) e.g. abuse prevention (physical, mental or sexual) or where to get help?			
Same as above but related to violence against women?			
Are there staff around if during the day (not lunch hours)?			

Annex 4 – Documents reviewed

Author	Title	Publication Date
Akilova, M., Zemlianykh, M.	Annex IV; Training on Social Work in Abkhazia: Training report	2017
(Akilova, M., Carlson, C., Kandoba, E., & Marti, Y.M.)	Annex V; Social Work Curriculum: For Child Welfare and Protection in Abkhazia, Georgia	2016
Child and Family Service	Annex V; Progress Report for the period of May 2nd – December 31st 2017	2017
Embassy of Sweden in Georgia	Review of the Swedish Development Cooperation within the Breakaway Region of Abkhazia, Georgia, 2011-2013	2013
UNICEF	Annex I; Budget of the Action (EURO) (SEK) – Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia	2017
UNICEF	Annual Review Meeting	2017
UNICEF	Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia: Progress Report; To the Swedish International Development Co-operation Agency	2017
UNICEF	Annex VII; Request for No Cost Extension [Correspondence]	2017
UNICEF (social workers)	Mapping for CP Stakeholders and Services Offered to Children from Vulnerable Families in Gudauta District	2017
UNICEF (social workers)	Mapping for CP Stakeholders and Services Offered to Children from Vulnerable Families in Gali District	2017
UNICEF (social workers)	Mapping for CP Stakeholders and Services Offered to Children from Vulnerable Families in Ochamchira District	2017
UNICEF	Annex I; Progress against Outputs and Indicators	2017
UNICEF	Annex I; Budget of the Action (EURO) (SEK) – Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia	2016
UNICEF	Annex II; 2016 Financial report – Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia	2016
UNICEF	Annex I-III(b). Budget of the Action (EURO) (SEK) - Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia	2016
UNICEF	Annex II; Financial report – Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia	2016
UNICEF	Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia: Progress Report; To the Swedish International Development Co-operation Agency	2016
UNICEF	Breakdown of Project Expenditure – Final Financial Report	2016
UNICEF	Annex I; Progress Against Output Indicators	2015
UNICEF	Annex D - Project Description	2015
UNICEF	Community Support to Children and Youth in Abkhazia: Final Report to the Swedish International Development Co-Operation Agency	2015

ANNEX 4 – DOCUMENTS REVIEWED

UNICEF/World Vision (Akilova, M., Carlson, C., Kandoba, E., & Marti, Y.M.)	Annex IV; Conceptual Framework for Social Work Practice in Abkhazia	2016
UNICEF/World Vision	Analysis of Child Wellbeing and Child Protection in Abkhazia	2015
UNICEF/World Vision	Project Logic Framework Timeline Activities: Final	2015
UNICEF/ World Vision, Donor: SIDA	Annex VIII; Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia: Annual Work Plan 2017/2018	2018
UNICEF/ World Vision, Donor: SIDA	Annex II; Strengthening and Developing Sustainable Basic Social Services for Children in Abkhazia: Annual Work Plan 2016	2016
UNICEF/World Vision	Gender Mainstreaming Plan	2015
World Vision	Abkhazia Vulnerability Intake Survey Database	2018
World Vision	Annex VII; Gender Analysis; For informed gender mainstreaming within Child Protection Program	2017
World Vision (Dr. Terrence Jantzi)	Annex III; Vulnerability Mapping of 25 Local Communities in Abkhazia: Final Report	2016
World Vision	Learning through Evaluation with Accountability & Planning (LEAP) Project Indicator Tracking Table	2016

Annex 5 – List of interviewees and focus group discussions participants

Name	Position	Organisation	Date of interview
Irma Isoria Nana Chemisova Shorena Tsulaya Teana Shamuchiya Anastasiya Abshylova Maka Chkadua Nana Gvadzabiya Inga Lezhava Mana Kvekveskiring	CDC's Coordinator Doctor-phthisiologist Psychologist Art-therapist Logopaedist Massage therapist LFK Teacher Accountant	Gal CDC (Association of People with Disabilities of Gali "Samurzakan")	March 16
Khamida Lakoya Alina Enik Natiya Boboniya Ottariy Sirchinava Elvira Gachava Olga Moroz Alekszandra Chamagua Maya Bedoeva Orbella Aristava Saida Agumova Alina Kholba Sharizan Shynnuta	Social worker, Gudauta city Social worker, Gudauta city Social worker, Gali city Social worker, Gali city Social worker, Gali city Lead specialist, MOLESP Social worker, Sukhumi city Social worker, Sukhumi city Social worker, Sukhumi city Social worker, Sukhumi city Social worker, Sukhumi city Social worker, Sukhumi city Social worker, Sukhumi city	Gali District Guaduda District Sukhumi District	March 17
Kristina Kogoniya Alina Khutaba Imida Islambaeva Alina Musepimi Polina Edigarova	Parents of good parenting study circles, spring 2017 Parents of good parenting study circles, autumn 2017	Parents of good parenting study circles, Sukhumi city	March 17
Anna Abidova Marina Akirtava Elena Khobakhiya Anzhelika Ladariya Khatuna Logua	Psychologist Psychologist Director Psychologist Psychologist	Sukhumi Youth House, Sukhumi city	March 17
Elena Gogia	Supervisor and University Lecturer	University of Sukhumi	March 18
Indira Basarriya	Director	NGO "Aduney", Sukhumi city	March 18
Rita Shorena Gvintsiashvili Nino Archvadze Khanifa Jonua Antonina Smurkhba Khatuna Dzandzeshaliev	Manager of Tkvarchal CDC CDC Psychologist Teacher Logopaedist Physio-therapist Massage therapist	Tkvarchali CDC ("Tkvarchali Youth Initiative"), Tkvarchali city	March 19
Nona Gogia Manana Tvizhba Larisa Darzhaniya	Parents of children with disabilities served by Tkvarchal CDC	Tkvarchali CDC, Tkvarchali city	March 19

ANNEX 5 – LIST OF INTERVIEWEES AND FOCUS GROUP DISCUSSIONS PARTICIPANTS

Viktoriya Avdzyan Asmik Kondachyan Vladimir Amulyan Vardeks Kordakchyar Arutyuk Kordakchyar David Kesyan Artyom Zopunyan Mykoyal Makasyan Zhenya Parkesyan Milena Saretsyan Anna Saretsyan Alina Selvanyan Milena Paganyan Ariana Zanukyan Veronika Etumyan	Pupil of 11 form Pupil of 9 form Pupil of 9 form Pupil of 9 form Pupil of 10 form Pupil of 9 form Pupil of 10 form Pupil of 9 form Pupil of 11 form Pupil of 9 form Pupil of 9 form Pupil of 10 form Pupil of 11 form Pupil of 9 form Pupil of 11 form	Merheul school, Gulripsh district	March 19
Ruzanna Abgaryan Tigran Akopyan Manuk Danelyan Anna Kansudzyan Elena Kansuzdyan Eva Keyan Shamik Khodzhykanyan Karina Khodziyan Viktoriya Kirokosyan Roza Kodzhabashyan Gayana Manukyan	Teacher Teacher Teacher Teacher Nurse Teacher Teacher Teacher Facilitator Teacher	Child Protection Steering Committee Members of Social Community Centre (SCC), Merheul Village, Gulripsh District	March 19
Mashura Zemlyanykh	Child Psychiatrist and Lecturer, International Consultant, Trainer of Social Workers	Department of Clinical Psychology, Columbia University	March 20
Karina Parshyna Olga Moroz Naana Lakoba	df Deputy Minister Lead df Specialist/ coordinator of pilots on social service df Head of legal department/coordinator of CDCs	De facto Ministry of Labour Employment and Social Security (MoLESP)	March 20
Irma Abukhova	Rehabilitation Specialist, Sukhumi Rehabilitation Center	de facto Ministry of Health	March 20
Koba Sichinova Anri Papova Lika Akubardiya Eka Gogokhiya Tea Bassimaya Magdana Akubardiya Khatiya Khanava	Director/facilitator of Steering Committee Teacher of history Teacher of Russian language and literature Teacher of history Teacher of mathematics Teacher of Russian language and literature	Pichora School, Pichora Village, Gali District	March 21
Nino Sichanova Mariam Painridze Nata Cheminova Temur Kvartskava Tekle Chezhiya Giongi Akubandyan Tamaz Kutemy	Youth/Pupils of 11 form	Pichora School, Pichora Village, Gali District	March 21
Natiya Bokuchova Nana Kantariya Tsyra Shubnadze	Programme Coordinator Director of school Trainer	NGO "Avanguard", Gali city	March 21
William Jr Hanlon Amina Zantaria Nala Argun	Chief of Sukhumi Field Office National Child Protection Officer Child Well-Being Assistant	UNICEF	March 21

ANNEX 5 – LIST OF INTERVIEWEES AND FOCUS GROUP DISCUSSIONS PARTICIPANTS

Etery Dzkua Svetlana Gamisonia Ronik Shamba	Medical Sister (nurse) Teacher and Para-Social Worker Head of Abgarkhuk Village	Abgarkhuk Village, Gudauta District	March 21
Angelina Otyrba	Deputy Chief	Children's Polyclinic Guaduta District	March 21
Selma Zantaria	Manager	Ochamchira Youth House and Children Deelopment Centre	March 21
Dato Jejeia	Protection Officer	UNHCR, Gali city	March 22
Marina Akilova	Psychotherapist, International Consultant, Trainer of Social Workers		March 22
Eldine Cholokua Oksana Lasuria Gayane Chakharyan Rita Masceria	Programme Coordinator Program Manager Program Effective Manager Social Program Coordinator	World Vision	March 22
Dina Gunba Tunda Aiaba Leila Achuchba Karine Khzardzhyan Astinda Zarandiya Tatyana Zadorozhnaya Olga Lakhtiks	Parasocial worker, Teacher Teacher Teacher Teacher Teacher Teacher	Members of the Steering Committee Eshera, Sukhumi District	March 22
Alkhas Tkhasgusher Aclita Shakaya Bella Kapaliany	Coordinator of Invalids Association of Abkhazia Ministry of Health Member at large	Coalition for Equal Opportunities	March 23
Julia Kuzmina Bolotashili Nazi Adgur Tarba	Para-Social Worker Medical Sister (school nurse) Local Representative, District Administration	Mokra 1 Village, Ochamchira	March 23



Evaluation of the support to UNICEF to strengthen Child Protection in Abkhazia 2015–2018

This report presents the findings, conclusions and recommendations from the Evaluation of the programme “Support to UNICEF to strengthen child protection in Abkhazia 2015–2018”. The evaluation sought to provide input in the discussions on how to design a possible continuation of the programme to continue to improve the situation of vulnerable children in Abkhazia.

The evaluation found that the programme was largely effective, in building capacity on child protection issues both at the community and institutional level, and in creating/strengthening community-based services for children in need, including children with disabilities, in various locations in Abkhazia. The programme also succeeded in raising the awareness of a large number of people on child protection issues across a wide range of stakeholders.

Based on the findings and conclusions, the evaluation recommended that Sida fund a continuation of the programme, as well as provided specific sub-recommendations for improvement.