Theory-Driven Evaluation:
Finding the 'Invisible' Children in Romanias

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Abstract

This paper presents a case of theory-driven evaluation of a development programme for vulnerable children in Romania. The project targets those children who are in fact 'invisible' for governments and society. Finding them has been based on a community-census conducted by the social workers employed especially for the project's activities. The paper evaluates the project effectiveness and sustainability, making explicit all the theoretical assumptions. The sustainability of human resources and that of preventive practices are shown to be highly problematic.

Keywords: theory-driven evaluation; programme theory; logic model; children; community; social worker

Introduction

This paper is about a case of theory-driven evaluation of a development programme for vulnerable children in Romania. Reforms in the Romanian child protection system have been marked by efforts directed at improving the situation of institutionalized children since the 'starting point' considered in 1997.[3] Although considerable progress has been registered in this area, the number/ rate of

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[3] Although actions have been taken before 1997, a comprehensive commitment to reform the system has been considered to be enacted in 1997. For a presentation of reforms see Jacoby, Lataianu, Lataianu, 2009.

children in residential care remains high.[4] Furthermore, the prevention side of the system is yet underdeveloped (Cojocaru, 2008; Magheru, 2009, 2010). UNICEF Romania has implemented several initiatives aimed at developing the prevention side at community level, in the form of community-based services. From their perspective, 'Community-Based Services are basic educational, social and health-care services, which can be managed at a local level. They involve using local knowledge of communities to identify potential social problems early and take measures to solve them, rather than react to them afterwards once the damage is done'.[5] One of such UNICEF initiatives is the project on 'Helping the Invisible Children'.[6]

This article presents the evaluation approach used with a project aimed at increasing the impact of social protection policies for the poor and socially excluded ('invisible') children and families. The term of 'invisible' children is used for those children who are 'in effect disappearing from view within their families, communities and societies and to governments, donors, civil society, the media and even other children' (UNICEF, 2006, p. 35). There are several factors contributing to this situation: lack of identification papers, cases of abuse and neglect, including human trafficking and child labour; inadequate protection of children without parental care; cases of children into adult roles (early marriage, military conflict, hazardous labour, etc.) or cases of poverty and precarious housing conditions (ibid.).

Background

As these children are 'invisible' to several protection systems, their identification requires a complex approach on child protection systems. At the institutional core of the project approach lie the Public Social Assistance Services from the mayoralties in rural areas, as the main provider of both services and social benefits at local level. The project main activity consists in employing social workers in 96 most vulnerable communities (communes) in an area of eight counties from Moldova region.

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[4] There were 23.8 thousands children in residential care in 2009 (compared to 58.4 thousands in 2000), while the rate of children in residential care is 600.4 (per 100,000 population aged 0-17) compared to 1,165.6 in 2000. Source: TransMONEE 2011 database, UNICEF Regional Office for CEECIS.

[5] http://www.unicef.org/romania/media_17433.html (date of access: December 10, 2011).

[6] Project coordinated by Mihai Magheru, UNICEF , Program Officer, Monitoring and Evaluation.

Table 1. Total population and population of children covered by the project Helping the 'invisible' children by county

	Number of communes	Total population	Children 0-14 years	Adolescents 15-19 years	Total children 0-19 years
Bacău	13	57.531	12.681	4.151	16.832
Botoșani	13	60.529	13.018	3.718	16.736
Buzău	11	52.983	8.722	3.209	11.931
Iași	11	47.627	10.973	3.645	14.618
Neamț	11	49.551	9.941	3.779	13.720
Suceava	11	38.993	9.004	3.107	12.111
Vaslui	13	46.000	10.941	3.119	14.060
Vrancea	13	56.596	10.599	3.623	14.222
Total	**96**	**409.810**	**85.879**	**28.351**	**114.230**

Source: National Institute of Statistics, population data for 2010,Tempo online database, www.insse.ro

The selection of communities has been based on a methodology developed for identifying which are those communities where on the one hand, the project is mostly needed in terms of social vulnerabilities and, on the other hand, the project has increased success opportunities, mainly related to the mayoralty's attitude towards social problems (Stãnculescu and Marin, 2011).

Some of the social workers were recruited from outside the mayoralty ('external') and others within the mayoralty staff ('internal'). There are 67 social workers external to the mayoralty and 29 internal to the mayoralty. Most external social workers had not previous experience in social work. At the outset of the project, the employed social workers have benefited from a two-day training.

Table 2 Social workers employed in the project (number)

County	External to the mayoralty	Internal to the mayoralty	Total
Bacău	12	1	13
Botoșani	13	0	13
Buzău	2	9	11
Iași	7	4	11
Neamț	8	3	11
Suceava	11	0	11
Vaslui	4	9	13
Vrancea	9	4	13
Total	**67**	**29**	**96**

Source: Stănculescu and Marin (2012). Data: Interviews with county supervisors, November 2011. Note: External social workers were recruited outside the mayoralty. Internal social workers were part of the mayoralty staff, but not necessarily in the position of social worker.

Within the project, the job description of social worker comprise a range of activities such as: a community census; cooperation with other local and county stakeholders; contributions to the functioning of the Consultative Commission Structure; analysis of the available information and elaboration of analysis reports;

conducting social assistance activities; promoting the organization of support groups, sessions of parental education, counseling activities; conducting other specific social assistance activities (see also Annex).

Actually, the key activities performed by the social workers have included: field activities (community census - data collection, data entry, data analysis), identification of 'invisible' children, referral systems for 'invisible' children and identification of solutions for 'invisible' children. The community census had referred to applying questionnaires through face-to-face interviews with all community's households. The questionnaires registered demographic, social and economic data on each member of the household. Data were introduced in a standard database (Excel format), which was endowed with a separate sheet producing graphs related to community population (number and structure, infant population, share of persons without ID papers, infant mortality, etc.) or a synthesis on the key child vulnerabilities (adolescent mothers, children out-of-school, number of beneficiaries of guaranteed minimum income, children with disabilities etc.).

Based on the questionnaires applied in each household, the social worker employed in the project was expected to identify cases of 'invisible children'. By definition, this is a case identified in the field and not through people who come to the social assistance service asking for help.

Following identification, the social worker collaborates with the local stakeholders, grouped in the form of Community Consultative Structure (CCS),[7] to find the appropriate solutions to the identified cases of 'invisible children'. The Community Consultative Structures have already been provisioned in the legislative framework, but the current status is that they are more formal than functional (Cojocaru, 2008; Cojocaru, ed., 2009). Specifically for this reason, the social workers employed in the project have had to organize periodic meetings to stimulate these structures to take an active role in discussing and developing local solutions for the cases 'discovered' in the field. In most cases, the social workers have issued new Local Council Decisions for setting up of the CCS and tried to involve as much as possible the relevant local stakeholders.

Each social worker has been assisted in his/her work by a county supervisor, designated by the Director of County Directorate for Social Assistance and Child Protection (DGASPC). The position of Supervisor within DGASPC varies across counties from responsible for emergency services to coordinating the network of maternal assistants, responsible for external projects implementation, or others.

The key stakeholders implied in this project are located at three layers: (1) *national* – UNICEF representatives and consultants (working in the selection of communities, training sessions and evaluation); (2) *county* – DGASPC (Director

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[7] The Community Consultative Structure is usually made up of the mayor, secretary of the mayoralty, social worker(s), school representative, family doctor, policeman, priest, local councilors.

and Supervisor) and Prefecture[8] representatives; (3) *local* – social worker employed in the project, other social worker(s) (part of the mayoralties), and the Consultative Commission Structures. There are no subordination relations between the local communities and Prefecture or between the local communities and DGASPC (part of the County Council).

The interaction between the stakeholders at local level is the key to the success of the project. The stakeholders at the county and national levels are enabling factors for achieving substantial impact at community level. The two county stakeholders have asymmetric knowledge and responsibilities in this project. The key role at county level belongs to the DGASPC Supervisor, coordinating the work of all social workers employed in the project within the county. The Prefecture representatives have a considerable lower degree of involvement in the short period of project implementation.

The project started in April 2011 and it ends in the last trimester of 2012. The evaluation study discussed in this paper covers the period between June and November 2011.[9].

Evaluation framework

Theory-driven evaluation

The theory-driven evaluation has evolved in the last decades as a theory of evaluation practice, claiming to 'shift program evaluation from the black box-oriented or method-oriented evaluation' (Chen, 1989, p. 391) to 'fully understand the nature of the program, the true purpose and context of the evaluation' (Donaldson and Gooler, 2003, p. 355). Although the origins of this approach rest in the 1930s, it has been widely used and debated since the 1990s, following Chen's book on the subject. The theory-driven evaluation should be able to explain how the program works, essential for advancing 'social betterment' (Donaldson, 2007, p. 66). In this sense, it makes explicit the program theory – the theoretical assumptions underlying an intervention in terms of a phased sequence of causes and effects (Weiss, 1995, p. 69). Distinctions are made between program micro-theory and program macro-theory, which is related rather to the conditions at

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[8] The Prefecture representatives have been involved in the project with the aim of enabling communication with the local communities and advice on selecting the communities to be part of the project. The Prefect is the Governmental representative in the territory, whose main task is to ensure fulfillment of the legality of the administrative acts.

[9] The social workers started fieldwork in the beginning of June, with contracts signed with the mayoralties on June 15. In November 2011, the latest updates on community census became available and opinion survey, interviews, focus-groups and case-studies were conducted.

macro-level (Shadish, apud. Cojocaru, 2009). Another distinction (Chen, 1989, p. 391) is between normative theory (used to give theoretical guidance on how to design and implement the program) and causal theory (how the program works, in what conditions, with what kind of consequences or processes). Following six domain theories (treatment, implementation, environment, outcome, impact, inter-vening mechanism and generalization), another distinction marks two general categories of theory-drive evaluation: basic and composite (Chen, 1989, p. 391).

The methodology is built around the theory, to see if the whole sequence follows the assumptions and to examine 'whether the required conditions are in place for the desired outcome. If they are, and if the theory is correct, then there is a good probability of success' (Carvalho and White, 2004, p.143). Consequently, there are several problems that arise: (1) the assumption that the program theory is correct and (2) the assumption that the evaluation correctly tests the program theory, meaning that the research design is adequately addressing program theory hypotheses. Cojocaru's synthetic overview on theory-driven evaluation literature (2009) emphasizes the difference between program failure and program theory failure. However, 'in reality, failure is often a combination of both' (IUCN, 2004).

Some of the critics highlight that the evaluators are actually evaluating the program theory that they developed, which leads to an obvious conflict of interest (Stufflebeam and Shinkfield, 2007, p. 187). Other studies question whether the evaluation tests the program itself or the program's underlying theory, as the questions are rather descriptive. In addition, it is difficult to identify unanticipated outcomes and side effects, as they are not included in the program theory (Coryn et al., 2011, p. 207).

Figure 1 Program theory and project success

Logic model	*Incorrect*	Failure in Logic	Total failure
	Correct	Highly successful project	Failure in implementation
		Successful	*Unsuccessful*
		Implementation	

Source: Ray Rist, *Using Logic Models to Evaluate Programmes*, in IUCN, 2004.

A systematic review of this theory identified five core principles of theory-driven evaluation in practice (Coryin et al., 2011, p. 212):

(1) theory formulation (from existing theory and research, from implicit theory, from observation of the program in operation/ exploratory research);
(2) theory-guided question formulation and prioritization (formulate eva-luation questions around program theory, prioritize evaluation questions);
(3) theory-guided planning, design and execution (design, plan and conduct evaluation around a plausible program theory, considering relevant

contingencies, determine whether evaluation is to be tailored or comprehensive);

(4) theory-guided construct measurement (measure process, outcome or contextual constructs postulated in program theory);

(5) identification of breakdowns and side effects, effectiveness or efficacy, and causal explanation (explain differences in direction and/or strength of relationship between program and outcomes; explain the extent to which one construct accounts for/mediates the relationship between other constructs).

Still, the conclusions are rather pessimistic in regard to putting into practice these principles - 'the number of studies on evaluation theories and their enactment in practice is small and such studies have been the exception rather than the norm' (Coryn et al., 2011, p. 215). The move to practice is difficult, rather limited and, therefore, there is a high need for concrete evaluation examples (Donaldson and Gooler, 2003; Nesman et al., 2007). This paper attempts to contribute to substantiating further the practical experiences with using theory-driven evaluations.

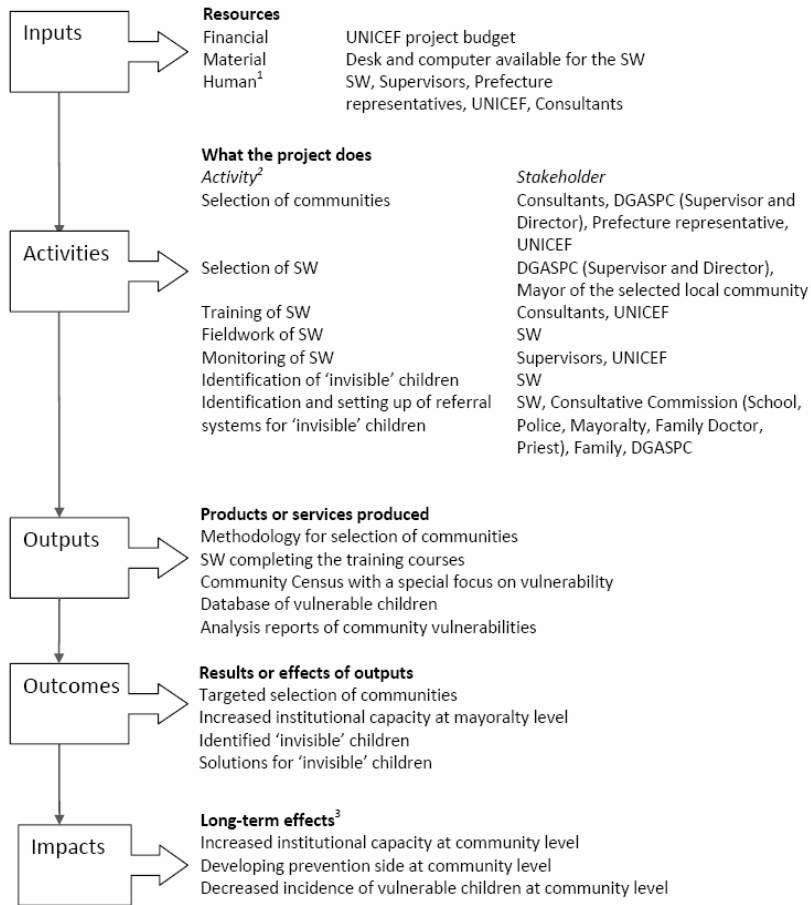### *'Helping the Invisible Children' program theory*

The theory of the project on 'Helping the Invisible Children' is based on three sources. Firstly, the documents provided by UNICEF (Magheru, 2009; ToRs on (1) Community Based Services, selection of communities to be included in the project and (2) evaluation of the project) and the existing literature on theory-driven evaluation. Secondly, interviews with UNICEF project staff have substantiated the logic model. Finally, the evaluators have been part of the process on selecting the communities. Therefore, the evaluators have prior knowledge on project activities.

Figure 2 presents the project results chain. As inherent with any logic model/ project theory/ intervention logic, the figure presents the way the project has been expected to work. Any step forward, from inputs to activities, from activities to outputs, and so on, implies an 'if the conditions hold true, then ….' presupposition.

Three key assumptions were considered as most relevant for achieving project success:

(1) Face-to-face interviews with all households in the community will identify 'invisible' children;

(2) There is community capacity (through the Community Consultative Structure) to identify and implement local solutions for the identified 'invisible' cases;

(3) The project activities implemented so far will be maintained once the funding for the social workers ceases.

Figure 2. Theory of project on 'Helping the invisible children'

Inputs

Resources
Financial — UNICEF project budget
Material — Desk and computer available for the SW
Human[1] — SW, Supervisors, Prefecture representatives, UNICEF, Consultants

Activities

What the project does

Activity[2]	Stakeholder
Selection of communities	Consultants, DGASPC (Supervisor and Director), Prefecture representative, UNICEF
Selection of SW	DGASPC (Supervisor and Director), Mayor of the selected local community
Training of SW	Consultants, UNICEF
Fieldwork of SW	SW
Monitoring of SW	Supervisors, UNICEF
Identification of 'invisible' children	SW
Identification and setting up of referral systems for 'invisible' children	SW, Consultative Commission (School, Police, Mayoralty, Family Doctor, Priest), Family, DGASPC

Outputs

Products or services produced
Methodology for selection of communities
SW completing the training courses
Community Census with a special focus on vulnerability
Database of vulnerable children
Analysis reports of community vulnerabilities

Outcomes

Results or effects of outputs
Targeted selection of communities
Increased institutional capacity at mayoralty level
Identified 'invisible' children
Solutions for 'invisible' children

Impacts

Long-term effects[3]
Increased institutional capacity at community level
Developing prevention side at community level
Decreased incidence of vulnerable children at community level

Source: Stănculescu and Marin (2012). Notes:

1. It also includes the technical expertise offered by the employed staff. It does not include, in this synthetic overview, the staff available in the relevant institutions (for example the members of the Consultative Commission Structure).

2. It shows sequence of activities up to the moment of this evaluation.

3. It is difficult to speak about long-term effects for a project with such a short period of implementation. However, the mentioned impacts are already achieved in some of the communities included in the project.

The purpose of the project 'Helping the invisible children' is to increase the impact of social protection policies for poor and socially excluded ('invisible') children and families. Thus, the project started from the assumption that in the rural communities from Romania there are 'invisible' children who are no longer within the view of communities, governments, donors, civil society etc. These children tend to be located in underdeveloped communities.

Although 'invisible', these children can be identified. Outreaching activities of a social worker represent the most appropriate way to find the 'invisible' children. Nonetheless, in many rural communities there is no social worker, a mayoralty employee with no special training covers the social assistance related tasks or the local SPAS has only one social worker who is overloaded with paperwork related to the cash social benefits. Consequently, for achieving the project objective a local social worker need to be recruited, trained and hired with the SPAS for completing a community census. Through the fieldwork activities, the social worker identifies the cases of 'invisible' children within the community.

However, once identified, the cases of 'invisible' children need to be solved at the local level. In this respect, the institutional capacity and preventive services need to be developed at the community level. This is possible if the social worker employed with the project cooperates with the mayoralty staff in mobilizing the community resources, particularly the 'volunteer spirit' and a sense of collective responsibility,[10] mainly by activating the Community Consultative Structure, in line with previous findings on community-based child protection mechanisms: 'The effective mobilization of these resources often made for rapid, visible improvements in children's well-being. In turn, these rapid gains inspired additional responsibility-taking and action, creating circular feedback that promoted positive change.' (Wessells, 2009, p. 38)

Evaluation profile

The purpose of the evaluation (Stănculescu & Marin, 2012) was to collect evidence related to both project effectiveness and efficiency, contributing to the understanding of its relevance and impact.

Timing of the evaluation was a challenge, as the effective period of evaluation covered only 4.5 months (June-November 2011), which represents a relatively short time for achieving the desired impact for any project, especially in the field of social development. Fortunately, the key activity of the project (census of the community) was finalized in most communities and has provided a strong in-

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[10] Intentionally playing facilitative roles rather than directive roles; by not presenting themselves as the problem-solvers; by stimulating community reflection not only on the problem but on who is responsible for addressing it.

formation basis for the evaluation. It also helped achieving the intermediary outcome indicators, particularly the number of identified 'invisible' children and the number (share) of cases solved or in process of being solved.

The objectives guiding the evaluation were to provide on the one hand, useful information for reshaping the project in the second year and on the other hand, key elements for policy development in the field of prevention services. In this respect, the evaluation was designed based on a matrix format with seven criteria of evaluation by five types of key stakeholders.

Figure 2 Evaluation framework

Criteria of evaluation	Key stakeholders
1. Relevance of project to local needs 2. Effectiveness 3. Efficiency 4. Impact, including positive and negative changes produced by the project activities 5. Sustainability 6. Connectedness 7. Coherence	1. 'Invisible' (poor or socially excluded) children and their families 2. Community representatives, including local decision-makers (mayoralty), community consultative structures and other local professionals (doctor, teachers, police, priest, etc.) 3. Social workers who participate with the project 4. Supervisors and DGASPC 5. Prefecture representatives

The evaluation used all OECD/DAC evaluation criteria related to relevance, effectiveness, efficiency, impact and sustainability and has been in line with OECD's quality standards for development evaluation (OECD, 2010). This paper limits on several findings regarding the project effectiveness and sustainability.

Figure 3 Research design

METHOD	SOURCE/ TARGET GROUP	SAMPLING METHOD	VOLUME
Community censuses	Community censuses carried out by the social workers employed in the project at September 15, 2011	Exhaustive	Over 50,000 cases
	Supervisors' Reports at September 15, 2011	Exhaustive	96 reports
	Synthetic Fiche including updated reports about the social workers' activities until November 1, 2011	Exhaustive	96 fiches
Interviews	DGASPC Supervisors	Exhaustive	8 interviews
	DGASPC Directors	Exhaustive	8 interviews
	Prefecture Representatives	Exhaustive	8 interviews
Focus-groups	Social Workers (SWs)	Geographical and case-diversity criteria	4 FG with 31 SWs, from 8 counties
Case-studies (*including interviews with all community key stakeholders*)	Beneficiaries: 'invisible' children and their families Mayoralty representatives (mayor, vice mayor, secretary, social worker not participating with the project) Social worker working in the project Community Consultative Structure (including teachers, doctors, policemen, priests etc.) Other local professionals	Geographical and case-diversity criteria	2 case studies + 2 community visits (including 18 interviews with community representatives and 12 households with 'invisible' children)
Opinion Survey	Mayoralty representatives (mayor, vice mayor, secretary, social worker not participating with the project) Community Consultative Structure (including teachers, doctors, policemen, priests etc.) Other local professionals	Community development and number of vulnerable children cases	167 persons from 41 communes

The evaluation used a mixed-method approach, combining quantitative and qualitative research tools, in line with previous research design in theory-based evaluations (Nilsen, 2007, p. 504). Some of the information were collected during project implementation (questionnaires completed by the social workers, supervisors' reports), but most information were produced with the special purpose of this evaluation (synthetic fiche, interviews, focus-groups, case-studies and opinion survey). The evaluation covered all key stakeholders, all counties and all communities. It has also reflected extensively the causal chain, as 'measurement all along the causal chain is critical' (Pattanayak, 2009, p. 5). The information that was initially received for evaluation (community census databases and the supervisors' reports) offered a large quantity of unusable and/or irrelevant information. The main problems were caused by: (1) the lack of a common definition and understanding of what is an 'invisible' child; (2) the excel format used for recording the data collected through community censuses, which did not allow for the detection of the cases of 'invisible' children identified during the project, in each community, and did not provide an automatic report showing their profile; (3) errors in the excel format referring to mistakes in formulas used for the automatic report, which created confusion among the social workers and supervisors.

For overcoming the problem of obsolete, inconsistent and incomplete data, the evaluation team elaborated a Synthetic Fiche,[11] which was applied in all 96 communes included in the project, in November 2011. The Synthetic Fiche provided updated reports about the social workers' activities until November 1st, 2011.

Figure 4. Data about the identified 'invisible' children collected based on the Synthetic Fiche

Types of vulnerabilities	Type of actions/solutions
Children in households with many children, in poverty and precarious housing conditions	Identified case for which nothing has been done yet.
Children left behind by migrant parents, living in poverty or other difficult situations	Identified case for which solutions have been initiated (case being resolved).
Children at risk of neglect or abuse	Identified and resolved case (e.g.: child has ID papers, attends school, has disability certificates/ documents for receiving benefits, etc.).
Children with suspicion of severe diseases	
Abandoned or at risk of child abandonment	
Children out-of-school and children at risk of school dropout	Identified case, attempts of solutions have been enacted (even before project implementation), but the local actors consider that 'there is nothing that can be done'.
Teenage mothers who left school and/or are at risk of abandoning the newborn child	
Children without ID papers or documents	Identified case, for which the local actors consider 'there is nothing that can be done'.
Other cases of vulnerable children	

This Fiche includes a nominal list of the identified 'invisible' children per commune. By definition, an identified 'invisible' child is a child that faces one or

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[11] The fiche was created taking into account the first fieldwork results, which were obtained from interviewswith county stakeholders and focus groups with social workers.

more types of vulnerabilities (listed in figure 4) and is reached by the social worker through fieldwork activity (in our case, through the community census). The children who have been already known at the local level as being in a vulnerable situation but about which the field visit offered new insights (such as abuse, neglect, etc.) were included among the newly identified cases, irrespective if their family was receiving some social benefits or services before the project start (e.g. social aid, heating allowance etc.). In the Synthetic Fiche, for each newly identified case, the social workers recorded the specific vulnerability profile as well as the taken actions and identified solutions, according to the categories shown in the figure above.

Other data come from interviews with county stakeholders, focus groups with social workers, community case studies, and an opinion survey with community representatives.[12] The collection of data was based on a participatory approach, all key stakeholders taking part in the evaluation process.

Selected findings

The next section presents several key evaluation findings on only two criteria: effectiveness, the extent to which the project activities attain its objectives, and sustainability, a measure of whether the benefits of an activity are likely to continue after the withdrawal of donor funding. This chapter discusses the evaluation findings grouped around the three key assumptions critical for the project success.

Key assumption 1: Face-to-face interviews with all households in the community will identify 'invisible' children

The implementation followed closely the program theory. The selection of communities was based on the triangulation method (Stãnculescu & Marin, 2011). A theoretical model developed by experts to estimate the child vulnerabilities at community level was empirically tested on a range of socio-economic indicators and triangulated using interviews with county stakeholders, which provided additional information regarding the mayoralty's attitude towards social problems. Finally, the donor selected 96 rural communities, in which the mayoralty agreed

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[12] The survey was conducted in the period of October 28 – November 7, 2011, by the Romanian Centre for Economic Modeling. Data collection method: face-to-face interviews based on questionnaire. Volume: 167 community representatives selected from 41 communes. Sampling: stratified two-stage. Communes were selected in the first stage and community representatives in the second stage. Within each chosen commune, 4 community representatives were selected out of the following eight categories of relevant local stakeholders: (1) mayors; (2) vice-mayors; (3) mayoralty secretaries; (4) teaching staff, school mediators; (5) doctors, nurses, sanitary mediators; (6) priests, business owners, Roma mediators; (7) policemen; (8) social workers not employed in the project. The resulted sample is representative across types of communes and stakeholders.

to participate in the project. The selection of social workers was done at the local level by the mayoralty. The involved DGASPC selected the county supervisors. The social workers were trained and employed with the project, being paid with UNICEF funding. The project social workers carried out the community census, being constantly monitored and assisted by the county supervisors.

Table 3. Framework for Analysis of Project Effectiveness (1)

Theory	Assumptions	Data collection instruments
Face-to-face interviews with all households in the community will identify 'invisible' children.	(1) There are 'invisible' children who disappear from view within their families, communities and societies; (2) The best way to identify them is to conduct a community census through face-to-face interviews; (3) The social workers will be able to cover the whole community, in a relatively short period, and so detect child vulnerabilities in each household.	Synthetic Fiche Focus-groups Opinion survey Interviews
The number of identified 'invisible' children depends on the typology used for the selection of communities.	(1) The methodology used for the selection of communities allows identification of developed and underdeveloped communes; (2) The underdeveloped communes will have more cases of identified 'invisible' children.	Synthetic Fiche Database used for selection of communities

As a result, regarding the intermediary objective of identification of 'invisible' children the project was highly successful. All stakeholders agree on this point.

However, 'counting' how many invisible children have been identified as result of the project activities was not straightforward, because at the project outset the social workers were provided neither a common definition nor a 'counting' tool for 'invisible' children. The problem of internal validity refers 'to the extent to which an outcome (effect) can confidently be attributed to an intervention (cause)' (Shaw et al., 2010: 269) and it is one of the central problem in assessing effectiveness of interventions. Examples of solving the causal attribution problem, within the theory of change, include 'the fact that the project has delivered exactly what stakeholders agreed would be indicative of project success' (Mackenzie and Blamey, 2005: 162). Problems of internal validity occurred in particular in those communities where the project social workers have been part of the mayoralty. Specifically for solving this problem, the Synthetic Fiche has been elaborated, including a definition of the identified 'invisible' child, after discussing with the local and county stakeholders. Thus, the 'invisible' children comprise cases 'kept hidden' by parents' lack of knowledge, indifference or fear of authorities, as well as cases already 'well-known' at the community level but about which the field visit offered new insights: 'I knew them from the social aid file, but there is one thing on the paper and another when you enter their home. I was not realizing that their children were living in such poor conditions' (Social worker, Vrancea).

A total of 3,041 cases of 'invisible' children living in 1,244 households were identified in only 4.5 months of project. This means, that at national level, their number can only be higher. The identified cases include boys and girls, of all ages 0-18 years, Roma and Romanians, particularly poor, but also non-poor in difficult situations.

The children become 'invisible' due for many causes. Some families with children (even poor with many children) are not eligible for any cash benefit or social service provided currently with the protection system. In other cases, the causes relate to parents' poor knowledge and practices. Others refer to the low level of awareness and knowledge on social problems of both population and officials, the generalized tolerant attitudes towards alcohol abuse, violence or school dropout, as well as widespread poverty. Cases associated with alcohol abuse, forms of violence and poverty are considered as 'minor cases' in many rural communities, because 'here everybody is poor, everybody drinks and every man beats from time to time his wife or children.'

> *'Let me tell you this, in most villages everyone knows when a neighbor beats, abuses or neglects the children in a regular manner. However, as poverty is the rule, alcohol consumption is widespread and violence is 'normal' or an acceptable educational method, no one takes action. They say: we with our family, they with theirs. However, if and when they have a quarrel, such as for a broken fence, then they immediately remember that at the mayoralty is a social worker to whom they can file a complaint. Or even better, they use the Child Telephone and report directly to DGASPC the neighbor's 'bad' behavior. So, you see, we need more broken fences for reaching the 'invisible' children' (Supervisor, Buzau).*

Finally, systematic inefficiencies in the social sectors make these children disappearing from view to governments, donors, and civil society. For example, since the financing per pupil has been introduced (and the wages of teaching staff depend on the number of pupils), in many small rural schools, teachers do not longer keep clear school records. The community census revealed many cases of 'hidden' school dropout or substantial absenteeism, which are not officially registered. In the same time, the fieldwork activities brought into the social workers' attention cases of children with physical disabilities who were not diagnosed although they have been officially registered at a family doctor. Particularly in the large communes with remote villages, going to the doctor is difficult (and/or costly) for families with children and the medical staff rarely go in the field.

'Invisible' children were identified in all 8 counties and in 94 communes.[13] However, the number of identified cases is more than three times larger in the

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[13] One commune reported zero cases and another did not respond at the Synthetic Fiche. The number of cases varies greatly between communes, from 0 to 196 cases. More than a third of the identified vulnerable children come from 8 communes (with more than 100 cases each), while other 13 communes have less than 5 cases (0-4) each.

underdeveloped communes compared to the developed ones. Hence, there is evidence confirming the theoretical assumption that the number of identified 'invisible' children depends on the community typology used for the selection of communes included in the project.

Figure 5 Number of 'invisible' children identified with the project
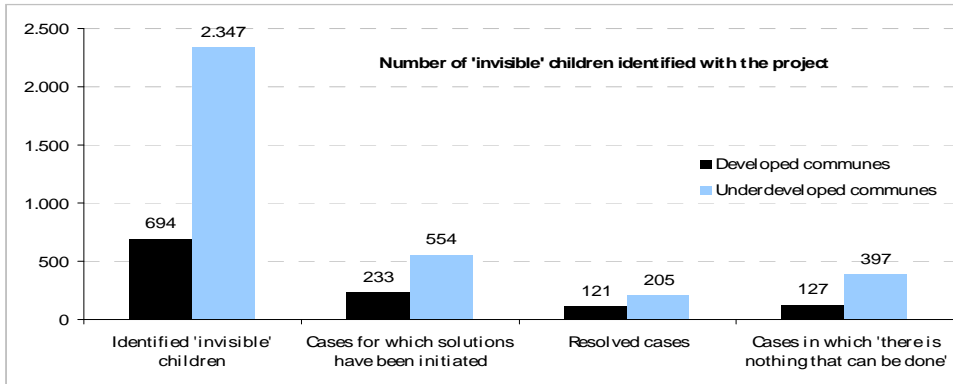
Source: Stănculescu and Marin (2012). Data: Synthetic Fiche, cases identified until November 1, 2011. Notes: Developed/ underdeveloped communes according to the initial selection of communes. Regarding the number of cases identified in the project, one commune did not respond. Five other communes from Iasi, Botosani and Suceava counties did not supply information about how they managed these cases. Overall, regarding solutions for the identified cases, data are only for 2,889 cases (152 cases are missing).

The importance of community census focused on child vulnerabilities for developing the preventive approach in the social protection system has been undoubtedly recognized across stakeholders. The National Census conducted in 2012 by the National Institute of Statistics addresses only partially this problem. The one conducted with this project is the most appropriate for the aim of early identification and developing referral systems for 'invisible' children. Moreover, it is important that this fieldwork activity was carried out by a social worker. These children have remained 'invisible' in the communities with an 'office' social worker, over-loaded with the paperwork for cash benefits, in which the statistical census was conducted by enumerators.

As expected, the social workers were able to complete the community census in a relatively short period, of about three or four months, and detected child vulnerabilities in each household. However, the data collection activity greatly surpassed the share of provisioned time (61% effective time compared to 35% provisioned).

'Data collection took us a lot of time because there are houses with large distances in between, and there is time for applying the questionnaires, then there is the time for explaining to each person, it takes you 10 or 15 minutes and then other 15 minutes until you complete it …. I had a large commune and I couldn't organize those meetings with counseling or support groups and at the same time collect and entry the data. We also had to work on Saturday and Sunday, otherwise we wouldn't finish with data collection and data entry.' (Social worker, Botoşani).

As consequence, other project activities were delayed, particularly those related to the analysis of available information and elaboration of analysis reports (1% effective time compared to 10% provisioned time) and promoting the organization of support groups, sessions of parental education, and counseling activities (3% compared to 10%). The share of provisioned and effective time allocated for social worker's activity is shown in the Annex.

Key assumption 2: There is community capacity to identify and implement local solutions for the identified 'invisible' cases

While the identification of 'invisible' children rely heavily on the fieldwork carried out by the social workers, the 'resolved' cases are dependent on the knowledge and skills of the relevant stakeholders and on the collaboration between them (be it in the form of Community Consultative Structures or not). In the communes in which consultative structures are operational, a vulnerable child has higher chances to be identified and to receive adequate support, particularly if the child accumulates multiple vulnerabilities.

According to the program theory, the social workers employed with the project carried out a series of activities for mobilizing the community resources, in particular for activating the Community Consultative Structures (CCSs). Nonetheless, in the first months of implementation, the time provisioned in the job description was of only 10% of total working time for cooperation with other local and county stakeholders and contributions to the functioning of the CCS. The effective time spent by social workers for these activities was of 15%, which is higher than provisioned but definitely insufficient for achieving a behavioural change.

Table 4. Framework for Analysis of Project Effectiveness (2)

| Theory	Assumptions	Data collection instruments
There is community capacity to identify and implement solutions for 'invisible' children.	(1) The Community Consultative Structures (CCSs) are formally set-up based on the legislative provisions; (2) The CCSs are not yet functional in all communities; (3)The social worker will make functional the CCS; (4) The CCSs will provide the necessary community capacity to identify and implement solutions for the 'invisible' children.	Case-studies Focus-groups Interviews
There is a difference in identifying and implementing solutions depending on the type of vulnerabilities.	(1) Some of the child vulnerabilities require long-term interventions; (2) The project implementation period is short and therefore, the evaluation is affected concerning in particular the long-term interventions.	Focus-groups Synthetic Fiche Case-studies
The project will increase institutional capacity at the local level to address effectively the prevention side of the child protection system.	(1) Training and employing external/internal social workers will develop institutional capacity for child protection. (2) Introducing dedicated extensive field activities for social workers will develop institutional capacity at the local level. (3) The setting-up and functioning of the CCSs will contribute to increased institutional capacity for effectively addressing child protection system.	Focus-groups Interviews Case-studies

At the outset of the project, the CCS existed only on paper in most selected communities. After the project started, the CCSs were reorganized or reactivated so that the setting up process was achieved in 89 communes (or 93% of all) during the evaluated period. As the number of identified 'invisible' children increased, CCSs have become more active and have organized more meetings. Nonetheless, functional CCSs were developed only in some communes, whereas in others the CCSs members were not agreeing to participate in meetings on a voluntary basis.

There is not a standard recipe for making the CCSs functional. The critical factors include: (i) previous collaboration relationship between local actors (mayoralty, social worker, doctor, policeman, didactic staff, etc.); (ii) capacity of the social worker to aggregate relationships within CCS (personnel connections, imaginative solutions, determination, etc.); (iii) community conditions and culture. Moreover, the CCSs functioning is highly dependant on the human resources available at the local level. Lack of knowledge and expertise at the local level adversely affects achievement of objectives, especially in relation to putting into practice the solutions identified for the 'invisible' children. In most communities there is a lack of specialized personnel into schools (e.g. psychologist) and health services (e.g. specialized doctors for rehabilitation of children with disabilities). In addition, most local authorities have poor knowledge about how to tackle the cases of vulnerable children.

Overall, the project has improved community participation and collaboration between local actors, beyond the CCS. Particularly the fieldwork activities related to the community census raised awareness regarding the issue of 'invisible' children among local stakeholders. Raising awareness is a first step in tackling the practices/ behavior of population that are harmful for children. However, given the persistent attitudes tolerant towards alcohol abuse, violence or school dropout of both population and officials, long term interventions are needed. At the institutional level, the social workers employed in the project have mostly coope-rated with didactic, health and police staff. However, as the implementation showed, in most rural communities, the mayor has represented the 'key player' in finding and implementing solutions for the 'invisible' children.

'It is hard to bring together the whole Community Consultative Structure. I have told you, people do not feel motivated. It is better to take the child by the hand and go with her to the mayor than put all that effort in organize a CCS meeting. And because everybody listens to the mayor, the case is resolved. And yes, the mayor is the key player'. (Social worker, Bacău)

Figure 6. Number of 'invisible' children identified in the project by type of vulnerability
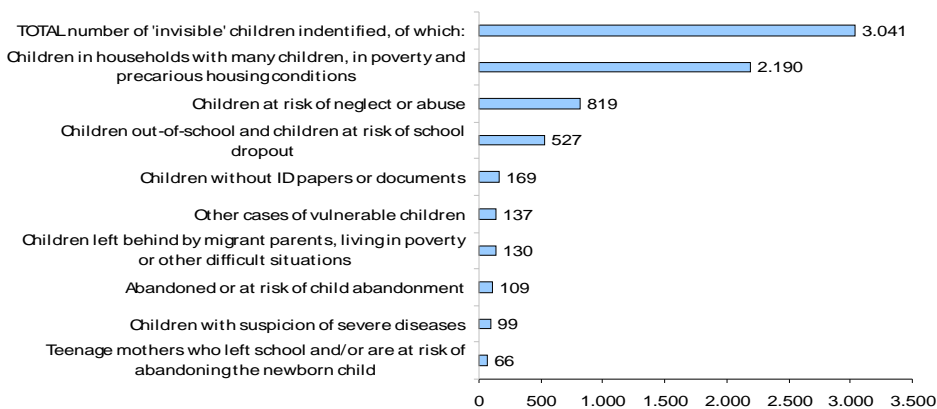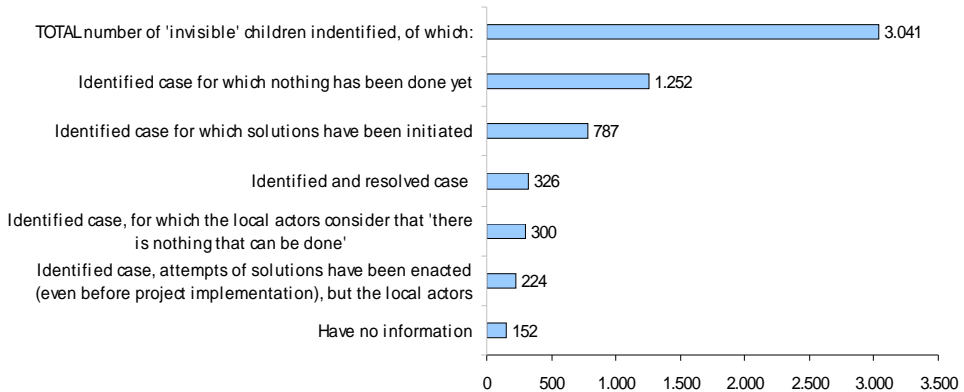

Source: Stănculescu and Marin (2012). Data: Synthetic Fiche, cases identified until November 1, 2011. Notes: A vulnerable child may face more than one type of vulnerability (e.g. poor and out-of-school or poor and neglect). One commune did not respond.

Besides the knowledge, skills and relations between local actors, the identi-fication of solutions for 'invisible' children varies according to the type of vulne-rability. Different vulnerabilities require different solving strategies. Lack of ID papers or certificates for disabilities are much more likely to be solved on short term compared with cases of risk of abuse, neglect or poverty, which need long-term interventions.

The evaluation has highlighted that three types of vulnerabilities predominate by far among the 'invisible' children: (i) large families with many children living in poverty and precarious housing conditions (72% of all identified 'invisible' children); (ii) risk of abuse, neglect and violence, which is highly correlated with alcohol abuse (27%); (iii) not enrolled in school or at risk of school dropout (17%). All these vulnerabilities require long-term interventions. Correspondingly, the minimum package of basic social services should focus on monitoring these families and ensuring for children the basic needs: nutrition, clothing, shelter, and education.

Nonetheless, in the short period of project implementation, 11% of cases were resolved (e.g. child was given ID papers, child attends school, child obtained disability certificate/ documents for receiving benefits, etc.). Thus, the project has made 'a real difference' for 326 of its direct beneficiaries, 'invisible' children and their families, but also for some other people in need. Some actions have been taken also for another 27% of cases (787 children), but in their cases many additional steps are still necessary. Social workers and supervisors agree that there is a need for increasing effectiveness in relation to this objective, which should be the priority of the next phase of project implementation.

Figure 7. Dealing with the vulnerabilities of 'invisible' children identified in the project (number)

Source: Stănculescu & Marin (2012). Data: Synthetic Fiche, cases identified until November 1, 2011. Notes: Regarding the number of cases identified in the project, one commune did not respond. Five other communes from Iasi, Botosani and Suceava counties did not supply information about how they managed these cases.

However, on the one part, the 'resolved cases' are predominantly only partial 'solutions'. For instance, the cases of 'invisible' children with disabilities were diagnosed by a doctor and received an official certificate for social benefits, but

have not been granted either specialized rehabilitation services or constant monitoring. On the other part, the most identified cases have only been registered and acknowledged without further action being taken or solution being developed (43%). Furthermore, for 18% of cases the local actors think that 'there is nothing that can be done'. The vast majority of these cases relate to poverty and/or abuse/ violence, especially linked to alcohol abuse of one or both parents. These cases cannot be 'resolved' in a short time and/or in the absence of local economic development. Actually, as we have already mentioned, the number of 'invisible' children is considerably higher in the underdeveloped communes compared with the developed ones. In the same time, the developed communes have proved significantly higher capacity to solve the cases of vulnerable children.[14]

The project's approach, focused on identifying solutions at community level, facilitated by the Community Consultative Structures, are in line with UNICEF's recommendation that the 'key to building the protective environment is responsibility: All members of society can contribute to ensuring that children do not become invisible' (UNICEF, 2006: 35). The challenge is however to mobilize 'all members of society' and the positive changes made by this project must be multiplied in the rest of the communities included in the project. This can be done mainly through exchange of good practices, dissemination and training activities.

Key assumption 3: The project activities implemented so far will be maintained once the funding ceases

During the evaluated period, UNICEF financed all project activities, including the payment of social workers and county supervisors. After 6 months of implementation, the funding ensured by donor for the social workers is planned to be discontinued, being undertaken by mayoralties. The next project activities will be developed by UNICEF representatives in consultation with the county supervisors and based on the evaluation results.

As part of the funding ceases within the project period of implementation, several dimensions of sustainability need attention. Firstly, the sustainability of human resources: will the mayoralties employ the external social workers who were involved and trained with the project? Secondly, the financial sustainability: will the local budgets ensure funding for the external social workers after the funding ceases? Thirdly, the institutional sustainability: will the internal social workers continue field activities after the project funding ceases?; will the activities related to monitoring of invisible children, meetings of the CCSs, identification and implementation of solutions for invisible children continue?

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[14] The proportion of resolved cases accounts for almost 20% of total identified cases in developed communes, and for only 9% in the underdeveloped ones. In the same time, the share of cases for which solutions were initiated has represented 39% of all identified cases in the developed communes compared with 24% in the underdeveloped ones.

*Table 5. Framework for Analysis of Project Sustainability*

Theory	Assumptions	Data collection instruments
External social workers will be employed by the mayoralty once the UNICEF funding ceases.	(1) The mayoralty has understood the importance of social worker's activity and will employ him/her once the funding ceases; (2) The mayoralty has enough budgetary resources to employ the external social worker.	Focus-groups Opinion Survey
The internal social workers will continue to conduct out-reaching activities after the project ends.	(1) The importance of field activities has been understood by both internal social workers and mayoralty staff; (2) The internal social workers will have enough time, without other additional financial resources to conduct field activities for prevention of the vulnerable cases.	Focus-groups Opinion Survey
The functioning of the CCS will continue once the funding ceases.	The functioning of the CCSs will be maintained after the project funding ceases with the support of the social workers to be employed by the mayoralty.	Focus-groups Opinion Survey
The long-term interventions for 'invisible' children will continue to be addressed once the funding ceases.	The identified solutions for invisible children that require long-term interventions will continue after the funding ceases.	Focus-groups Opinion Survey

The sustainability of human resources depends on the social workers' status as external or internal to the mayoralty. While the internal social workers will continue working after donor's funding ceases, the situation of the external ones varies from one county to another. Taking into consideration only the respondents from communes with external social workers,[15] the highest openness is declared in Iasi, Botosani, Vaslui and Buzau. In Suceava, the negative opinions predominate.

According to the county stakeholders, the likelihood of the newly recruited social workers to be included in the organizational structure of mayoralty is rather small. In their opinion, the macro-conditions are prevailing in front of the 'mayoralty's openness' to continue employing the external social workers. The legislative provision that imposes a blockade of posts in the public sector represents a major barrier, at least for the year 2012. The 'new' social worker can be employed only if there is a vacancy. Where the mayoralty already has one or two social workers, hiring another one is very unlikely.

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[15] Subsample of 115 respondents, which is not representative. The results are only indicative given the relatively small number of cases in some counties.

Figure 8. Following the project, do you think that in your commune ... The social worker employed in the project will remain within the mayoralty with the same responsibilities? (% community representatives)
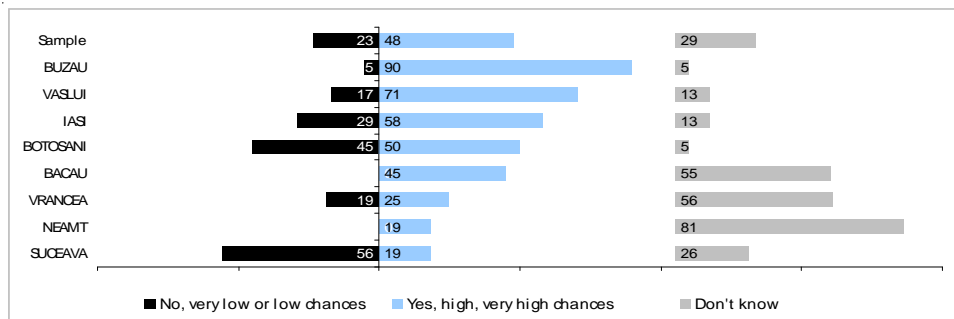
Source: Stănculescu & Marin (2012). Data: Opinion survey, UNICEF, November 2011. N=167.

The financial sustainability does not appear to be a problem neither at the local, nor at the county level. The budgetary resources of most communes involved in the project, although small, seem to be enough for paying an additional staff member. Furthermore, most community representatives (69%) think that the project activities will be assumed and continued at the community level after the project end. This holds for decision-makers as well as for the other local stakeholders, for underdeveloped communes as well as for the developed ones. The potential sustainability is significantly higher for communes with internal social workers (92%) compared to those with external ones (60%).

Figure 9. Following the project, do you think that in your commune ... The project activities will be assumed and continued by the local authorities and/or the Community Consultative Structure after the project end? (% community representatives)
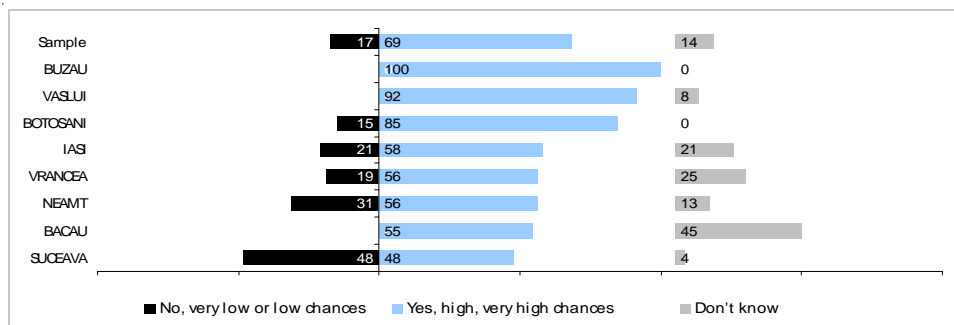
Source: Stănculescu and Marin (2012). Data: Opinion survey, UNICEF, November 2011. N=167.

Sustainability of institutional practices is more complex. It involves not only the activities performed by the social worker, but also those carried out by the CCS and, as a result, the long-term interventions needed for most of the identified 'invisible' children. The evaluation showed that, in many cases, long-term interventions did not even start, therefore are very unlikely to begin or continue, especially if the social worker leaves the mayoralty.

Most Community Consultative Structures (CCS) that participate in the project are still fragile. Their functioning still needs to be enhanced. The likelihood that they will continue to be functional after the project end is highly dependent on the existence of the social worker involved in the project. The experience gained until now shows that retaining the social worker in the mayoralty would considerably increase the chances of survival and development of the CCS. Only time will actually prove if this is the case or not.

> *'If we are leaving the mayoralty, all these meetings of the CCS will not take place any more. Where they have been already functioning before the project, I guess they will still meet. But, for instance in my case, the CCS will meet no longer for sure. Now, we are somehow pushing them. We are telling them let's meet, let's do this and that, let's see how we can do it. But if there is nobody pushing them, nothing is done.' (Social worker, Botoșani)*

Where the CCS is not functional, the mayor is the key person for solving the cases. Sometimes, even the social workers have chosen the 'mayor solution' as it is time effective and, more important, the mayor 'calls the one responsible and solves immediately the problem'. Another solution 'imposed' by the CCS inefficiency, is to meet individually with the local stakeholders. Compared to the time, effort and patience required to gather and to discuss the cases with ten CCS members, such solutions might prove to be more effective on a short-term basis. However, sustainability is at stake, as it does not foster community ownership over the project and it does not build awareness on children vulnerabilities across all stakeholders.

The project promotes a 'new' type of social worker. A social worker who concentrates on outreaching activities and on preventive services dedicated to vulnerable people, irrespective if they are or not administratively eligible for the benefits and services available in the protection system. A social worker preoccupied to find solutions for the 'invisible' children and other vulnerable people by involving the local stakeholders, mainly through the CCS. The project succeeded in almost all communities to 'create' or 'reshape' this type of social worker. For preserving the existence of this type of social worker, it is vital to ensure the survival of the outreaching and preventive activities. The simplest way to do this would be to retain the project social worker in the mayoralty.

However, once hired to SPAS, there are high chances that he/she would be forced to shift to the 'standard' role of social worker focused on administrative work. Once this change takes place, the relation with the potential beneficiaries/ vulnerable people also deteriorates: 'I go now with the questionnaires in the field and I see them, how poor they live, I can see that their children are not well… and then they come to me and I have to tell them sorry, you are not eligible for the social aid. You can imagine that they don't trust me any more' (Social worker, Vrancea).

So, simply hiring the persons involved in the project does not guarantee the development of preventive services at the local level. The most effective way to achieve this objective would be to create a post dedicated to the outreaching and preventing activities within SPAS through a legal provisioning. According to the supervisors and experienced social workers that we interviewed, an organizational structure with two social workers (one 'standard' and one 'field' social worker) is the most suitable to tackle the complex social problems in a commune. In this way, the 'standard' and the 'field' social workers can cooperate and share the responsibilities of 'paperwork' and 'fieldwork'. One can focus on the administrative tasks, while the other can cover the outreaching activities, monitor the vulnerable cases, provide counseling and deliver preventive services to the needy ones.

Current indicators show that sustainability represents the most problematic project dimension. Addressing it requires building on the project's achievements concerning increased institutional capacity both at the mayoralty and community levels.

Conclusions

This paper applies the theory-based evaluation to a development programme targeting 'invisible children' in Romania. It presents the theoretical assumptions related to project effectiveness and sustainability. Issues of internal validity in addressing project's effectiveness are highlighted. The project showed an effective way for finding the children 'disappearing from view of the society': door-to-door census of the community. In the absence of such outreaching activities, the prevention side of the social assistance in Romania will remain underdeveloped.

The research provided an intermediary evaluation on the implementation of the project. The program theory proved to be correct in relation to attaining the objective on identification, as more than 3,000 'invisible' children are now within local governments' view. The part on solving the cases, through mobilizing all community resources are still to be developed in the next phases of the project. The evaluation pointed out enablers for achieving final project success. Now that

the 'easy' part of the project is finished, the responsibility on part of the local stakeholders tends to increase. Sustainability of human resources and that of practices are highly problematic. However, if found successful on the long-term, the project can serve as a best practice model for the complex task of developing preventing social services targeting vulnerable children.

References

Carvalho, S. & White, H. (2004). Theory-Based Evaluation: The Case of Social Funds. *American Journal of Evaluation*, 25(2), 141-160.

Chen, H.T. (1989). The conceptual framework of the theory-driven perspective. *Evaluation and Program Planning*, 12, 391-396.

Chen, H.T. (1990). *Theory-driven evaluation*, Sage Publications, Thousand Oaks.

Cojocaru, S. (2008). Child protection in Romania after the fall of communism: challenges for the development of community social services. *International Journal of Environmental Studies*, 65(4), 515-527.

Cojocaru, S. (2009). Clarifying the theory-based evaluation. *Revista de cercetare și intervenție socială*, 26, 76-86.

Cojocaru, S., Cojocaru, D. & Bunea, O. (2009). Evaluation the services from case management perspective. Services anti-poverty, reducing social exclusion and prevent domestic violence, Department for Social Work and Child Protection Bacau County. *Social Research Reports*, 6, 1-60.

Coryn, C., Noakes, L., Westine, C. & Schröter, D. (2011). A Systematic Review of Theory-Driven Evaluation Practice from 1990 to 2009. *American Journal of Evaluation*, 32, 199-226.

Donaldson, S. & Gooler, L. (2003). Theory-driven evaluation in action: lessons from a $20 million statewide Work and Health Initiative. *Evaluation and Program Planning*, 26, 355-366.

Donaldson, S. (2007). *Program Theory-Driven Evaluation Science, Strategies and Applications*, New York: Lawrence & Erlbaum Associates.

IUCN (2004) The World Conservation Union, Global Monitoring and Evaluation Initiative, *Project Identification and Design: Developing a Logic Model*, http://cmsdata.iucn.org/downloads/module2_developing_logic_model_1_04.pdf.

Jacoby, W., Lataianu, G. & Lataianu, M. (2009). Success in slow motion: The Europeanization of Romanian child protection policy. in *The Review of International Organizations*, 4, 111-133.

Mackenzie, M. & Blamey, A. (2005). The Practice and the Theory: Lessons from the Application of a Theories of Change Approach. *Evaluation*, 11(2), 151-168.

Magheru, M. (2009) *A Blueprint for Policy Development in the Area of Basic Social Services*, Evaluation Report of UNICEF CBS Programme, UNICEF Romania.

Magheru, M. (2010). *Decentralization of social protection system in Romania*, UNICEF Romania.

Nesman, T., Batsche, C. & Hernandez, M. (2007). Theory-based evaluation of a comprehensive Latino education initiative: An interactive evaluation approach. *Evaluation and Program Planning*, 30, 267-281.

Nilsen, P. (2007). The how and why of community-based injury prevention. A conceptual and evaluation model. *Safety Science*, 45, 501-521.

OECD (2010). *Quality Standards for Development Evaluation*, DAC Guidelines and Reference Series, http://www.oecd.org/dataoecd/55/0/44798177.pdf.

OECD, *DAC Criteria for Evaluating Development Assistance*, http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html.

Pattanayak, S. (2009). *Rough Guide to Impact Evaluation of Environmental and Development Programs*, Working Paper, No. 40-09, South Asian Network for Development and Environmental Economics (SANDEE).

Shaw, I., Briar-Lawson, K., Orme, J. & Ruckdeschel, R. (2010). *The SAGE handbook of social work research*, Sage Publications.

Stănculescu, M.S. (ed.), Marin, M. (2012). *Helping the Invisible Children, Evaluation Report*, UNICEF Romania.

Stănculescu, M.S. and Marin, M. (2011). Using Triangulation in Targeting Social Intervention for At-Risk Children. *Revista de Cercetare si Interventie Sociala*, 33, 131-140.

Stufflebeam, D.L. & Skinkfield, A.J. (2007). *Evaluation theory, models and applications*, San Francisco: Jossey-Bass.

UNICEF (2006) *The State of the World's Children 2006, Excluded and Invisible*, www.unicef.org.

UNICEF Regional Office for CEECIS, TransMONEE 2011 database, www.transmonee.org.

Weiss, C.H. (1995). Nothing As Practical As Good Theory: Exploring Theory-Based Evaluation for Comprehensive Community Initiatives for Children and Families. In Connell, J., Kubisch, A., Schorr, L. & Weiss, C. (eds.), *New Approaches to Evaluating Community Initiatives, Concepts, Methods and Contexts*, The Aspen Institute.

Wessels, M. (2009). *What Are We Learning About Protecting Children in the Community? An inter-agency review of the evidence on community-based child protection mechanisms in humanitarian and development settings*, The Save the Children Fund, available at: http://www.forcedmigration.columbia.edu/faculty/documents/WhatWeAreLearningAboutProtectingChildrenintheCommunity_FullReport.pdf.

Annex

Provisioned and effective time allocated by social workers per activity (% working time)
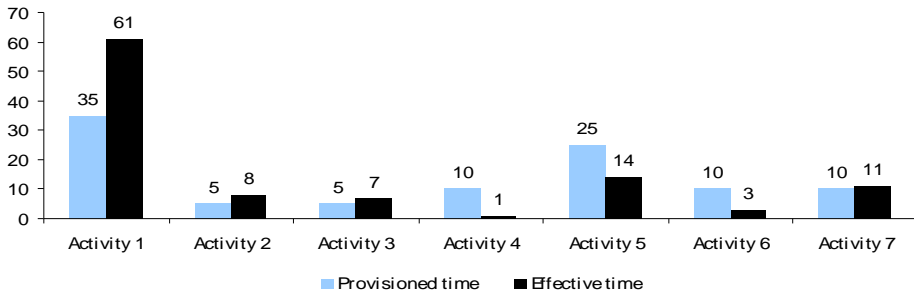
Legend:

Activity 1   Community Census - data collection and data entry
Activity 2   Cooperation with other local and county stakeholders
Activity 3   Contributions to the functioning of the Consultative Commission
Activity 4   Analysis of the available information and elaboration of analysis reports
Activity 5   Conducting social assistance activities (according to art. 106, Law no. 272)
Activity 6   Promoting the organization of support groups, sessions of parental education, counseling activities
Activity 7   Conducting other specific social assistance activities

Source: Stănculescu and Marin (2012). Data: Supervisors' Reports for social workers' activities completed up to September 15, 2011. Data were confirmed within the focus groups with social workers held in November 2011. Notes: Values for provisioned time sum up to 100%. Effective time sum up to more than 100% because supervisors registered the same time to more than one activity, if applicable. For instance, if a social worker went in the fieldwork accompanied by a policeman, the time has been registered both to activity 1 (community census – data collection and data entry) and to activity 2 (cooperation with other local and county stakeholders).