End of Project Evaluation

FAMILY REINTEGRATION AND PREVENTION OF SEPARATION

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Acknowledgements

The views expressed in this report are those of the consultant and may not necessarily reflect the views of Retrak, Tigers Club, Child Restoration Outreach or Comic Relief.

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Acronyms

CDO	Community Development Officer
CFPU	Child and Family Protection Unit
CPC	Child Protection Committee
CRO	Children's Restoration Outreach
CSI	Child Status Index
DAC	Development Assistance Committee of the Economic Cooperation and Development
DCDO	District Community Development Officer
FGD	Focus group discussion
FRAPS	Family reintegration and prevention of separation project
GI	Group interview
HVAT	Household Vulnerability Assessment Tool
IST	Integration Status Tool
KCCA	Kampala Capital City Authority
KII	Key informant interview
LC	Local Council
LOP	Life of project
MEL	Monitoring, evaluation and learning
MSC	Most significant change story
NAP	National Action Plan for Child Wellbeing 2016-2021
OVC	Orphans and vulnerable children
PSWO	Probation and Social Welfare Officer
SHG	Self-help group
SOP	Standard operating procedure
TC	Tigers Club
Y1 - 4	Project year 1 (2016), year 2 (2017), year 3 (2018) or year 4 (2019)

Executive summary

Family Reintegration and Prevention of Separation (FRAPS) is a four-year (2016-2019) Comic Relief-supported project, implemented in partnership with Tigers Club (TC) and Child Restoration Outreach (CRO) in selected sub-counties of Wakiso and Mbale districts of Uganda. The project's aim is to provide care and protection of highly vulnerable children, young people and families in communities who are at risk of coming to the streets, via four main objectives:

1. Children and young people on the streets have improved access to services to protect them from violence, exploitation and abuse and to help them move towards family reintegration**.**
2. Children and young people (re)integrate into safer and more socially and economically stronger families or family-based care.
3. Children, adults and community leaders (child protection committee members, local council members, religious and traditional leaders) gain child protection knowledge and act to make their communities safer.
4. Stakeholders (government officials and local organisation staff) in Wakiso & Mbale District are better connected, generate learning and agree on an approach to increase family safety to reduce family separation.

Overall, the FRAPS project aimed to benefit:

- 2,230 street-connected children via outreach, 700 children via centres, and supporting approximately 612 to move into family-based care with adequate follow up and support.
- 2,400 caregivers via self-help groups (SHGs), benefitting 10,200 children in their care.
- 2,600 community members and 2,200 children in the same communities, via participation in child protection awareness raising activities in schools and community forums.
- District officials and other key stakeholders to promote learning and to strengthen approaches to child protection and preventing family separation.

The end of project evaluation aimed to synthesise the wealth of data and learnings captured over the life of the project to determine if project objectives were met, to complement existing data with primary data collection related to final project outcomes, and to provide a final product that can be used to appreciate the project achievements, challenges and learnings and to guide future programming.

Thirty-eight project documents were reviewed, and primary data was collected (via key informant interviews, group interviews, and focus group discussions) from 233 project stakeholders, including 91 adult beneficiaries, 103 child beneficiaries, 8 government stakeholders and 31 FRAPS project staff. Information from all sources was triangulated for analysis of the relevance, effectiveness, sustainability, economy and efficiency of the project.

Findings from the evaluation should be interpreted in light of the following evaluation limitations: some missing project documentation including datasets, potential selection bias of respondents during primary data collection, geographically distant reintegration families excluded from primary data collection, data collectors did not verify beneficiary registers against hard copy case files.

Findings revealed that the project was relevant at all levels, that progress was made across the project's four objectives and that several positive unintended outcomes were also achieved. Findings included:

- The provision of street and centre-based services effectively improved children's access to services to protect them from violence, exploitation and abuse, and prepared them to move

toward family reintegration. A higher percentage of girls met on the street progressed to reunification, compared to boys.

- There were improved vulnerability scores for most reintegrating households over time, with household economic strengthening a critical service for families receiving children.
- Caseloads for reintegration social workers were high, which may have contributed to low pre-visit and follow-up visits, child-, rather than family-level follow-up and very few reintegration cases recorded as closed by the end of the project.
- 80% of households involved in Self-Help Groups (SHGs) improved their overall level of vulnerability after 2-years of enrolment in the group, and 100% of children in households retained within their families demonstrating the SHGs were an effective model for social and economic empowerment of caregivers and created safer home environments for children. SHGs were effective between urban and rural settings, and between male and female groups and appeared to have a strong likelihood of sustainability.
- Community child protection groups were effective in increasing community knowledge of child rights, risks to children, mitigation measures and reporting mechanisms. The cost of group mobilization and support compared to level of activity, numbers of community members reached, and outcomes achieved makes the groups a cost effective prevention intervention, however, sustainability may be a challenge. Additionally, only 22% of community members reached through community awareness raising activities over the life of project (LOP) were male.
- A range of approaches to reduce child-family separation were agreed to by stakeholders. The appropriateness and relevance of these approaches indicated that stakeholders improved their understanding of effective strategies to prevent child-family separation over the duration of the project.

Recommendations included:

- Efforts should be made to develop strategies to improve boys' active participation in outreach and centre-based services.
- A digitalised case management system could help inform and streamline social workers' day-to-day practice, automate data capture for more efficient MEL processes and more accurate reporting, increase accountability, enhance social workers' caseload management efficiency, and improve staff wellbeing.
- Increased pre-visits could be valuable in building children's connection to their communities earlier, as well as transitioning their relationships with staff, to facilitate more effective social community integration.
- An audit of reintegration cases should be conducted to ascertain the number of cases open, and to assess their readiness for closure. Partners should mobilise resources for follow-up for those households who are not yet prepared for closure, to ensure children continue to be monitored, and that cases are eventually able to be closed safely.
- To help mitigate the risks associated with reintegration cases remaining open at the end of the project, implementing partners should consider frontloading placement targets for future projects, to minimize placements in the final year, allowing adequate follow-up time and resources.
- Implementing partners should consider developing a business case for more manageable caseloads for reintegration work, ensuring that sufficient human and financial resources are allocated to allow adequate time to be allocated to each household and for household-level interventions of all kinds.

- Where male SHGs continue to be established, application of a gender lens will be critical in monitoring these groups, and efforts must be made to balance strategies for female empowerment.
- Partners should explore further targeted mobilisation of SHGs in hotspot areas for child-family separation, and/or to target areas with clusters of reintegrating families (likely more feasible for CRO than TC).
- Community child protection groups should be monitored and supported (preferably by local district government stakeholders) to ensure sustainability. Committees should regularly inform their respective Community Development Officers and Probation and Social Welfare Officers of the cases they have received and actioned.
- For future community prevention work, strategies should be developed to engage males more actively in awareness raising. Engaging males is critical to shift the perception of child protection as "women's issues" toward understanding that everyone has a role.
- Recognising that district-level agreed upon approaches to reduce child-family separation are ultimately only as useful as the outcomes they generate for children, follow-up on the implementation of agreed upon approaches will be critical.

Learning among project stakeholders could be further strengthened, and national advocacy for targeted prevention of child-family separation strategies and safe reintegration practices conducted via future exchange visits among the Wakiso and Mbale local district governments, and officers from Ministry of Gender Labour and Social Development Kampala Capital City Authority.

1. Introduction

i.   Country overview

Uganda has one of the youngest populations in the world with 56% (or 17.1 million) of Uganda's citizens below 18 years of age. [1] Of the child population, 11.3% are orphans, 8% are critically vulnerable and 43% are moderately vulnerable. [2] In a context where children experience multiple vulnerabilities, combined with minimal government spending on child protection, keeping children safe remains challenging. [3] Despite significant poverty reduction and progress in improving the lives of children, the Ministry of Gender, Labour and Social Development reported that 55% of children under the age of five are deprived of two or more of their rights.[4] The UN Population fund reports that 60% of adolescents aged 10-19 years have experienced physical violence, 42% emotional violence and 10% sexual violence.[5] Additionally, only 60% of children aged 0–4 years have birth registration papers; 10% of 6-12 year olds have never been to school; and nearly half (49%) of women aged 20–49 years were married before the age of 18 years and 15% by the age of 15 years.[6]

A 2017 enumeration study found almost 10,000 children connected to the street, a 70% increase since 1993, with approximately 16 new children coming to Kampala's streets every day across Kampala and Mbale.[7] This demographic is at increased risk of violence and exploitation and struggles to have their basic needs met, often lacking access to basic human rights.

ii.   Project description

Family Reintegration and Prevention of Separation (FRAPS) is a four-year (2016-2019) Comic Relief-supported project, implemented in partnership between Retrak, Tigers Club (TC) and Child Restoration Outreach (CRO) in selected sub-counties of Wakiso and Mbale. The project's aim is to provide care and protection of highly vulnerable children, young people and families in communities who are at risk of coming to the streets.

Retrak is one of the leading agencies in East Africa working to protect street-connected children and support them to reintegrate back to family and community. Retrak has operated in Uganda since 1994 and has additionally supported children and families either directly or via partnerships across Ethiopia, Malawi, Zimbabwe, Uganda, Democratic Republic of Congo, Kenya, Tanzania and Brazil. Retrak adopts a holistic approach with children and their families, aiming to improve their overall physical, emotional, economic and social wellbeing, to ensure children are safe and having their needs met and rights upheld. In 2018, Retrak became part of anti-slavery charity, Hope for Justice. Hope for Justice and Retrak share a common approach to safeguarding highly vulnerable children and adults in its frontline programme work. Retrak staff have been identifying more evidence of

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[1] UNICEF (2015). *Situational Analysis of Children in Uganda,* accessed at <https://www.unicef.org/uganda/media/1791/file/Situation%20analysis%20of%20children%20in%20Uganda%20.pdf>.
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] UNFPA (2018). *Uganda's Youthful Population: Quick Facts,* accessed at <https://uganda.unfpa.org/sites/default/files/pub-pdf/YoungPeople_FactSheet%20%2811%29_0.pdf>
[6] UNICEF (2015). *Situational Analysis of Children in Uganda,* accessed at <https://www.unicef.org/uganda/media/1791/file/Situation%20analysis%20of%20children%20in%20Uganda%20.pdf>.
[7] Retrak (2017). *Enumeration of Children on the Streets in Four Locations in Uganda* [draft], availed by Retrak.

trafficking in their work with children and more instances of modern slavery. Helping children on the streets and getting them to safe, caring families reduces their vulnerability to predatory traffickers. As part of Hope for Justice, Retrak continues its world-class outreach and aftercare work with individuals, and to work for structural reform. Legally, both organisations will merge in 2020.

TC began its operations in Kampala in 1994 and provided opportunities for play for children connected to the street. TC was formally registered as a non-government organisation in 1997 and expanded its operations to include transitional care, reintegration and family-based alternative care. TC now works with over 1,000 children on the streets of Kampala each year providing a holistic package of support services including food, temporary shelter, catch-up education, medical care, vocational training, counselling, family tracing, family strengthening, reintegration, foster care and supported independent living. TC implemented prevention of separation activities under the FRAPS project within Wakiso district, and reunified children across Uganda and occasionally to neighbouring countries.

CRO was founded in Mbale in 1992 with a goal "to contribute towards the prevention, rehabilitation, education and resettlement of street children and empowerment of their families in order for them to become productive and self-reliant". CRO operates 4 drop-in centres in Mbale, Masaka, Jinja and Lira (the FRAPS project was implemented by CRO in Mbale only) to support over 7,000 children with rehabilitation and education through a community-based approach in close collaboration with varied local stakeholders.

The FRAPS project comprised four main objectives (outcomes), listed below, and also featured in blue in Figure 1, representing the FRAPS project's theory of change:
1. Children and young people on the streets have improved access to services to protect them from violence, exploitation and abuse and to help them move towards family reintegration.
2. Children and young people (re)integrate into safer and more socially and economically stronger families or family-based care.
3. Children, adults and community leaders (child protection committee members, local council members, religious and traditional leaders) gain child protection knowledge and act to make their communities safer
4. Stakeholders (government officials and local organisation staff) in Wakiso & Mbale District are better connected, generate learning and agree on an approach to increase family safety to reduce family separation.

Figure 1 FRAPS project theory of change

Overall, the FRAPS project aimed to benefit:

- 2,230 street-connected children via outreach, 700 children via centres, and approximately 612 children to move into family-based care with adequate follow up and support.
- 2,400 caregivers via self-help groups (SHGs), benefitting 10,200 children in their care.
- 2,600 community members and 2,200 children in the same communities, via participation in child protection awareness raising activities in schools and community forums.
- District officials and other key stakeholders to promote learning and to strengthen approaches to child protection and preventing family separation.

The complete Results Framework for the FRAPS project is included in Annex A of this report.

iii.   Aim of evaluation

The end of project evaluation aims to:

1. Synthesise the wealth of output and outcome monitoring data and learnings captured throughout the 4-year lifespan of the project, to determine if project objectives were met.
2. Complement existing data with primary data collection related to final project outcomes.

Provide a final product that can be used by FRAPS key project stakeholders to appreciate the project's achievements, challenges and learnings, and to guide future programming.

iv.   Evaluation questions

The end of project evaluation will address the below questions:

1. How **relevant** was the project to the needs of beneficiaries, to Uganda's national development priorities related to the care and protection of children, and to implementing partners' organisational priorities?

2. How **effective** was the FRAPS project in meeting its targeted outputs and outcomes? Were there any unintended outcomes?

3. To what degree are the achieved outcomes **sustainable**? How likely is it that the benefits of the project will continue after the project has closed?

4. What were the project outcomes as compared to the inputs i.e. **economy** and **efficiency?**

In addition, the project's three key learning questions will be explored:

a. How effective are street outreach activities in enabling children to move forward into safer environments?
b. How can follow-up support be best delivered to ensure families are safe for children and to aid children to remain at home after reintegration (with a focus on education and community support?)
c. How well does the SHG approach work in Wakiso and Mbale districts a) given their proximity to large cities and b) in order to build family safety and reduce separation?

2. Methodology

Thirty-nine project-related documents were reviewed during the inception phase of the evaluation; full lists of documents reviewed and documents excluded from the evaluation are attached in Annex. B and C respectively. Documents and data were reviewed and analysed against DAC evaluation criteria of Relevance, Effectiveness, Efficiency and Economy and Sustainability.

Output datasets were reviewed and verified against beneficiary and activity registers. Data was then triangulated with information collected via focus group discussion notes, most significant change stories, district stakeholder meeting minutes, and household surveys conducted over the LOP, as well as mid-year and annual donor narrative reports, annual donor financial reports, annual learning meeting reports, and primary data collected via semi-structured key informant interviews (KII), group interviews (GI) and focus group discussions (FGDs) by a qualitative research specialist in the final quarter of the project.

Project staff, beneficiaries, and government stakeholders were all targeted for interviews, with efforts made toward gender balance and including beneficiaries in rural, peri-urban and urban areas of the project target districts. In total, the study sampled 233 project stakeholders: 91 adult beneficiaries, 103 child beneficiaries, 8 government stakeholders who had provided leadership to, and collaborated with, the project and 31 staff from CRO and TC. A detailed sampling matrix can be found in Annex D.

Guides for KIIs, GIs and FGDs with project beneficiaries, stakeholders and staff are attached in Annex E. These included child-friendly guided drawing activities for use with child participants to help build rapport before asking questions around the outcomes of their participation in the project. Efforts were made to ensure children participating in FGDs were within 2-3 years of one another, to help minimise the influence of peer pressure, or the tendency for older children to influence or dominate

the ideas of younger children.[8] Relatedly, efforts were made to limit FGDs to 45 minutes for children under the age of 10. [9]

Data collection scheduling was developed in a respondent-centred manner, at times and locations identified by respondents as most convenient to them within a given one-week window in the final quarter of the project. Given child participants are likely to feel empowered if they can decide some of the conditions of data collection[10], child participants were, whenever possible, given a choice of location of their participation. Consent was sought from all adult respondents, and assent was sought from children aged 12 years and above.

Interviews and focus group discussions were conducted by a qualitative research specialist in Luganda (in Wakiso and Kampala), and in Lumasaba and Lugishu (in Mbale), assisted by data collection assistants fluent in the respective local languages. All interviews and focus groups were audio-recorded. All audio recordings were then simultaneously translated and transcribed into English for analysis.

Qualitative analysis was conducted in Dedoose.[11] Transcripts were first coded by descriptors of effectiveness, efficiency, relevance, sustainability, unintended outcomes and gender differences. Codes were then extracted (disaggregated by outcome) into excel and themes analysed within each code per outcome.

3. Limitations

There were several limitations encountered during the consultancy which may have affected the evaluation.

Firstly, during the inception phase of the evaluation, there were challenges in accessing documentation requested by the consultant, due to changes in the project management and MEL staff over the LOP. This challenge resulted in delays in availing documentation to the consultant and, ultimately, some information was unable to be accessed within the period of evaluation and was therefore omitted from the desk review and final report. A complete list of documentation that was unable to be considered in the final evaluation is listed in Annex C and footnoted throughout the report where findings/analyses should be considered in light of missing information.

Next, limited time for primary data collection meant that:

   a) Data was collected from small sample sizes of different cohorts of project beneficiaries, relative to the total populations reached. This somewhat restricted the robustness of conclusions drawn from primary data collected, though these findings were triangulated with a range of other data sources to ensure reliability.
   b) Mobilisation of respondents relied on project staff, therefore selection bias could have occurred.

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[8] Gibson, J. E. (2012). *Interviews and focus groups with children: Methods that match children's developing competencies.* Journal of Family Theory and Review, 4, 148–159.

[9] *Ibid.*

[10] Greene, S. & Hill, M. (2005). *Researching Children's Experience: Methods and Methodological Issues.* Retrieved from < https://www.researchgate.net/publication/237723450_Researching_Children's_Experience_Methods_and_Methodological_Issues> .

[11] A cross-platform app for analysing qualitative and mixed methods research.

   c) Only reintegration households within Mbale and Wakiso were selected to minimise travel duration. While 85% of children reunified by CRO were within Mbale, meaning households interviewed under the evaluation could be considered relatively reflective of the population, only 13% of children reunified by TC were within Wakiso/Kampala; TC reunified children countrywide, and even repatriated children to Congo, Rwanda, Kenya and Tanzania.

   d) Data collectors did not have sufficient time to verify hard copy case files against beneficiary excel databases, which fed into the aggregated output datasets which were utilised in the evaluation of Effectiveness. Notably, a new global MEL Manager was recruited in Y3 of the project and had spent much of Y4 verifying FRAPS LOP data; this may mitigate this limitation somewhat.

4. Findings[12]

This section presents the main findings of the project evaluation process; the key outcome achievements, challenges and gaps, and key lessons learned. The analysis and findings are guided by the Evaluation Questions listed earlier in this report and relate to relevance, effectiveness, unintended outcomes, efficiency, economy and sustainability. Conclusions and recommendations based on the findings are outlined in section 5.

Relevance

Relevance relates to the extent to which the objectives of the project are consistent with the needs of street-connected children and their families, and families at risk of separation, aligned with the country's priorities, and matching implementing partner's priorities, policies and practices. Overall, findings revealed that the project was aligned and contributes to national priorities, was targeted and reflexive to children and families' needs, and fulfilled target areas for learning and capacity strengthening of the implementing partners.

i. Beneficiaries' needs

To inform the design of the project, implementing partners conducted FGDs with over 60 children as well as caregivers and community members. The findings guided key areas of intervention, including the need for safety and care, good parenting, education, increased incomes for families and gender inclusion that would contribute towards reducing risk for children and creating safer family environments for them. Additionally, Retrak commissioned an external evaluation of a previous project in Uganda, which highlighted the importance of continuing services for street-connected children in a follow-on project, the need to address prevention of separation at family and community level, the need to target specific locations, and the importance of advocacy. Finally, consultations with key stakeholders including MGLSD, the police and the Alternative Care Implementation Unit, were conducted to confirm the findings and further explore national priorities. The project design was ultimately informed by FGDs with children, caregivers and communities, external evaluations, consultations with key government stakeholders, and the collective 40+ years of experience of Retrak, TC and CRO in working with vulnerable children and families.

To ensure the project was reflexive to the changing needs of its beneficiaries and stakeholders of the LOP, from its inception the project followed an impressively rigorous MEL framework. A wide variety of quantitative and qualitative tools were developed and implemented (child-level exit interviews,

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[12] All quantitative findings relate to data captured from inception to Y4, Q3 of the project; Y4 Q4 is not included, as the data was unavailable at the time of the final evaluation.

FGDs, MSCs, IST, HVAT, etc.) to frequently capture the voices of children, families, community members and government stakeholders: overall the MEL approach yielded a strong focus to child participation and highlighting children's voices. Similarly, resources were invested into bringing implementing partner staff together, to reflect on progress both within and between their organisations, to deepen staff understanding of the needs of project beneficiaries and government stakeholders, to understand key factors that contributed to project achievements and how these could be further leveraged, and to problem solve challenges faced. The information collected during annual learning meetings resulted in several adjustments to the project approaches (including more accurate targeting of households vulnerable to separation and refining of monitoring indicators) to ensure that activities remained relevant over the LOP.

During FGDs and KIIs conducted as part of the evaluation, beneficiaries expressed a high level of value placed on the services they accessed, indicating the services' relevance to their needs. This was particularly prevalent for outreach and centre services (where children expressed how useful the food, education and counselling services were), and SHGs (where members expressed their strong appreciation for the social connection the groups catalyse, their improved economic status, and their improved confidence and social status within their respective communities). Similarly, members of school child protection clubs noted that they had input into the selection of topics for discussion, and for community sensitisation, meaning these were reflexive to urgent needs and emerging trends identified by children within their communities, helping to keep the groups' activities relevant over the LOP.

ii.   National priorities

At its foundation, the FRAPS project operated on the recognition of safe and secure families as the optimal environment for the growth and development of children. This aligns with the Government of Uganda's National Action Plan for Child Wellbeing 2016-2021 (NAP), Children Act (Amendment) 2015, Constitution (1995), and Alternative Care Framework (2012), as well as the African Charter on the Rights and Welfare of the Child (ratified by Uganda in 1994), and the UN Convention on the Rights of the Child (ratified by Uganda in 1990).

The Government of Uganda's NAP comprises 5 strategic goals:

1. Prevent child mortality and promote children's health
2. Strengthen children's healthy emotional and cognitive development
3. Reduce risks of abuse, exploitation, violence and neglect
4. Increase children's participation
5. Promote evidence-based programs and monitoring

Within Goal 3 of the NAP, one of four key objectives is that of strengthened family care for children, with a measurable action of "*preventing family separation and reintegrating children living in institutions and children connected to the streets to family-based care*": the FRAPS project goal of providing care and protection to highly vulnerable children, young people and families in communities who are at risk of coming to the streets is well aligned to this key objective of the NAP, and the results of the FRAPS project undoubtedly contribute to this goal.

In support of Goal 3 of the NAP, in May 2019 Kampala Capital City Authority (KCCA) proposed a law banning the provision of money or goods to children connected to the streets, stating the law targets parents and agents who were exploiting children for begging purposes and intended to curb the commercial and sexual exploitation of children. Offenders face up to six months in prison or approximately £9 in fines. Similarly, in early 2019 the Ministry of Gender, Labour and Social

Development and KCCA announced a UGX 3.4 billion supplementary budget to support the 'rescue, removal, and resettlement' of children connected to the streets of Kampala, with a goal of clearing all children from the streets of Kampala by the end of 2019. This initiative has seen large scale 'street sweeps' across 2019.[13] These developments reflect the government's commitment to exploring approaches to reduce child-family separation, and to reintegrate street connected children. The FRAPS project well aligns with the government's commitment in this area, and valuably models more child-centred and family-focused approaches and practices which can be learned from.

Under Goal 5 of the NAP, there is a key objective of improved collaboration, learning and adapting in implementation, with a measurable action of *"facilitating district, regional and national exchanges to support cross-country learning and sharing of best practices on child well-being":* outcome 4 of the FRAPS project (Stakeholders are better connected, generate learning and agree on an approach to increase family safety to reduce family separation) is well aligned with this key objective of the NAP. While intra-district networking and coordination was frequent over the LOP, project staff did identify a missed opportunity of exchange visits for the Wakiso and Mbale local district government to learn and further enhance their learning of approaches to reintegration and prevention of family separation.

Notably, at district-level, Wakiso government stakeholders noted (during Y4 coordination meetings) that the FRAPS project complements their work plans over the duration of the project, and that it had supplemented them to reach areas that were previously inaccessible to them.

iii.   Organisational priorities

The FRAPS project was overall well aligned with all implementing partners' organisational objectives of supporting children connected to the street and their families and the promotion of family-based care to best meet the needs of these children. Both implementing partners had targeted interest in attaining learnings in three key areas, which were also addressed via the FRAPS project.

TC had an additional objective to learn and expand their community-based activities to support families who may be vulnerable to child-family separation; this objective was realised through the FRAPS project design and achievements.

Finally, during interviews conducted as part of the evaluation, CRO staff expressed that the organisation previously had not had a strong focus on measuring the outcomes of their work, and that they felt CRO's MEL capacity had been strengthened immensely through the FRAPS project. CRO staff noted that FRAPS was a "learning project" which strengthened their MEL capacity through the introduction of various new monitoring tools, learning reflection meetings, ongoing MEL technical support (including trainings and refresher trainings), and a MEL budgetary allocation.

Effectiveness: Outcome 1

Outcome 1 relates to children and young people on the street having improved access to services to protect them from violence, exploitation and abuse, and to help them move towards family reintegration. Street visits were conducted to build trusting relationships with children and encourage them to access services including food, shelter (for TC only; CRO operates on a non-residential model), healthcare, catch-up education, business skills, apprenticeships, vocational

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[13] Human Rights Watch (2019). S*treet Children Rounded up in Kampala: Authorities Should Stop Police Abuses,* accessed at < https://www.hrw.org/news/2019/08/05/street-children-rounded-kampala>.

training and counselling. Child rights were taught in life-skills sessions. These activities intend to help children move away from the streets, build trust and strong attachments with adults, and prepare them for reintegration to places of safety.

i.   Output indicators results

Overall, the project partners met and substantially exceeded the output targets for outcome 1 over the LOP.

Table 1 Outcome 1 output LOP targets and results[14]

Output indicator	LOP target	Results achieved			
		M	F	Total	% of target
1a Children reached in outreach	2,232	4,938	831	5,769	258%
1b Children participated in services at the drop-in centre	600	2,669	572	3,241	540%
1c Children participating in catch-up education	600	1,390	431	1,821	304%

During annual learning reflection meetings, project staff identified several factors which may have contributed to the overachievement of numbers of children reached via outreach, including: the closure of another organisation providing services for children connected to the street; an (anecdotally reported) increase in sexual abuse on the streets that led to children fleeing for safety; a drought which lowered crop yields and income and exacerbated poverty and hunger (especially in Eastern Uganda where CRO is located); and an enumeration exercise (led by Retrak in 2017) which increased visibility of available project services for children and highlighted new hotspots to be targeted by the project.

Additionally, it is possible the original targets were an underestimation, given the volatility of outreach activities (i.e. they are highly dependent on the behaviours of children who are connected to the street and their willingness to engage) or that double counting could have inflated the numbers (given that it is common practice for some children on the street to keep changing their names when coming into contact with staff on multiple occasions for their own security); this is unavoidable when working with large numbers of beneficiaries on the streets.

In light of the consistent annual exceeding of outreach targets, project staff (including management) conducted continual reflection on the effectiveness of outreach services, to ensure quality of services was maintained despite extending resources to higher than anticipated numbers of children. Over the LOP, the overachievement against targets did not appear to be detrimental to the quality of outreach services, with children speaking strongly to the usefulness of outreach services and the positive impact services had had on them during biannual FGDs with children at centres, exit interviews, and end-of-evaluation FGDs.

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[14] Includes data to Q3 of Y4; Q4 data was not available at the time of evaluation.

ii.   Outcome indicator results

Indicator 1.1: Percentage of children met on the streets who are at risk of violence, exploitation and abuse, who receive protection through actively participating in education, sports and psychosocial sessions at TC/CRO

Targets were met each year related to the percentage of children met via street outreach who then actively participated in education, sport and psychosocial services at CRO and TC centres, with the exception of Y1. The LOP target of 30% was met. Results achieved annually were 12% in Y1, 33% in Y2, 35% in Y3 and 41% in Y4. In Y1, percentages were calculated against total children met via outreach, however for subsequent years, percentages were calculated against total children who attended a centre (noting that this indicator relates to how engaged children who attended centres were in centre-based services); this accounts for the lower result in Y1. The percentages of children who actively participated in education, sports and psychosocial services varied over the LOP between boys and girls.
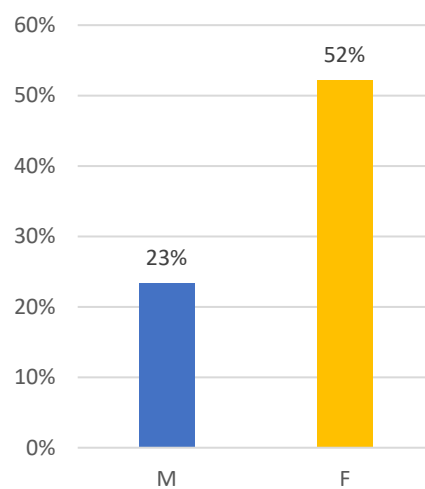
Figure 2 Percentage of boys and girls met via street outreach who subsequently actively participated in education, sport, PSS

The results revealed that girls met via outreach more commonly actively participated in education, sport and psychosocial services at CRO and TC centres, as compared to boys; over LOP, 52% of girls met via street outreach subsequently actively participated in centre services, compared to 23% of boys. These results are slightly below the original gender targets for this indicator, where 200 females (62.5% of 320 total outreach target) and 500 males (26% of 1,912 total outreach target) were targeted. This can be partly attributed to a much higher percentage of girls met on the street taking the step to attend a centre (giving them the opportunity to actively participate in centre-based services), compared to boys. Additionally, staff noted during interviews as part of the evaluation that girls subsequently positively attached to staff more quickly than boys and sought more frequent contact with staff.

Indicator 1.2: Percentage of children in centres regularly attending non-formal education to ease return to formal education after placement in family care

Annual targets were met for the percentage of children in centres who regularly attended non-formal education to ease reintegration to formal education upon returning to their families for all

project years with the exception of Y3. The LOP target of 70% was overall achieved. Results achieved each year were 95% in Y1, 94% in Y2, 54% in Y3[15] and 96% in Y4, for an overall LOP result of 85%.

Staff identified throughout the LOP that children greatly enjoyed participating in education at the centres. This was echoed in children's most significant change stories over the LOP and also during FGDs with children during the end of project evaluation, where many children expressed that education was the service they valued most at the centres:

> *"What I like most is we learn a lot from this place. Some have learnt how to read and write and some of us didn't know when we came here."*
> - TC beneficiary

> *"My significant change is going to school; when I go to school and learn. I want to become a nurse; I will feel good. I always see nurse in our village and admire her. I want to be like her because people respect her. I want to work hard at school, I will always wake up early. I will always pay attention and I will consult bright friends. I gained positive attitude towards education when I was at Retrak because of catch-up education, life skills and counselling"*.
> - TC centre beneficiary MSC story from Y1 of FRAPS

TC recorded overall higher percentages of children who regularly attended non-formal education as compared to CRO, across LOP. This can be attributed in part to TC's service provision approach – TC centre includes a residential facility (where children follow a structured daily schedule, inclusive of non-formal education classes) whereas CRO operates purely on a drop-in basis. Secondly, FGDs with CRO staff revealed that catch up education specifically targeted children who were selected for placement. This was limited to 50 children per year, aligned with CRO's annual placement target (and associated allocated budget).

Indicator 1.3: Percentage of children with positive protection wellbeing

Annual targets for the percentage of children with positive protection wellbeing scores were met for all years other than Y1; the LOP target of 81% was overall met. The results achieved annually were 42% in Y1, 87% in Y2, 95% in Y3, and 100% in Y4, for an overall LOP result of 81%.

The lower than anticipated results for outcome 1.3 in Y1 was attributed to the calculation of the indicator. The definition of this indicator originally required that a percentage be calculated of total children scoring positively (i.e. a score 3 or 4, on a scale of 1 to 4) on both the abuse/exploitation and legal protection domains of wellbeing assessments completed at Child Care Review, as compared to the total number of children in centres.[16] However, data was not recorded in beneficiary registers for a significant number of childcare reviews over the LOP. Where children were reunified within 1 month of attending the centre, it was not always possible to do a child wellbeing assessment (staff noted reunifications within 1 month of attendance was a relatively common occurrence). Additionally, it is possible that data related to protective wellbeing was not

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[15] In July-September 2018 childcare institutions were required by Ministry of Gender, Labour and Social Development to close and re-register, effecting numbers of children reached by TC in Y3 of the project. Following this process, TC transformed from a drop-in centre model to a residential care model, which subsequently restricted the numbers of children able to be reached.

[16] The indicator was subsequently changed to reflect children scoring positively on both the abuse/exploitation and legal protection domains of wellbeing assessments against the total of children who had attended the centre for 4 weeks or more.

systematically extracted from hard copy child wellbeing assessment forms into the beneficiary database, or that child wellbeing assessments did not take place in the centres according to protocols outlined in SOPs.

Table 2 No. of child wellbeing assessments recorded in beneficiary databases during baseline, 1st and 2nd childcare reviews, and percentage of children scoring positively on abuse/exploitation and legal protection domains

	TC	CRO	Total
No. of baselines child wellbeing LOP	554	0[17]	554
% with positive scores on abuse/exploitation and legal protection domains	44%	0	44%
No. of 1st child wellbeing assessments LOP	306	166	472
% with positive scores on abuse/exploitation and legal protection domains	99%	84%	92%
No. of 2nd child wellbeing assessments LOP	79	36	115
% with positive scores on abuse/exploitation and legal protection domains	100%	94%	97%

As reflected in the table above, of the child wellbeing assessments which were completed over the LOP, the data revealed a gradual increase in percentage of children who scored positively on both the abuse and exploitation and legal protection domains, from 44% at baseline, to 92% at first childcare review and 97% at second childcare review.

Indicator 1.4: Extent to which children feel safe and think positively about the future

Findings collated throughout the project via biannual FGDs with children at centres and exit interviews for children reunifying to family, as well as FGDs conducted during the evaluation demonstrated that services provided at centres and approaches taken by staff contributed strongly to children feeling safe and thinking positively about their futures.

Children primarily identified that having their basic needs met strongly contributed to feeling safe, for example food, clothing, medication, hygiene, and in the case of TC centre beneficiaries, shelter.[18] Additionally, children identified they felt cared for and protected by project staff who they noted were respectful, responsive to children's needs, encouraged children to speak freely and valued their opinions. Girls identified that freedom from sexual harassment frequently experienced on the street also helped them to feel safe.

In terms of thinking positively about the future, children frequently recognised during biannual FGDs at the centres and during exit interviews that they had learned a lot from the services they accessed which contributed to preparing them to achieve a positive future, for example they had developed listening skills, learned to forgive, learned to respect, help and share with others, learned a positive attitude toward work, learned how to build positive relationships with others, learned about cleanliness and hygiene, improved their value for themselves, self-esteem and confidence, and realised their potential. Children recognised positive changes in their own behaviour as a result of all they had learned that enhanced their likelihood of a positive future. Additionally, children frequently identified their desire to reconcile with family, return to live with their family, return to school, and not return to the streets; children recognised the importance of living with family in having a positive future. Finally children identified that the non-formal education and skills training

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[17] CRO noted that baseline data may have been misplaced during staff turnover.
[18] CRO does not provide residential shelter for children.

they participated in would contribute to a better future in the longer-term (older boys in particular who had spent significant time on the streets recognised the importance of skills training in acquiring income which allowed them to be independent should they not wish or be able to return to their community).

When asked to envision and draw their futures during FGDs conducted during the evaluation, all child participants drew positive futures in community-based settings. This is outlined in more detail in the section related to Learning Question 1 below, and drawings are included in Annex F.

Indicator 1.5: Quality of relationships between staff and children on the streets and in centres (quality of relationships includes bringing issues to staff, opening up about past experience, accepting advice etc.)

Findings throughout the LOP demonstrated that positive rapport was built between children on the streets/in centres and TC/CRO staff. Staff reflected that in most cases they were able to relatively quickly establish a rapport with the children on the street and gain their trust, and that, once at centres, children were able to talk openly about their past experiences, accepted advice, were generally respectful toward staff and centre rules, and seemed to value spending time with staff:

> *"They attach so much... Sometimes they come to you not necessarily because they want to talk but to just be around, sit on you or check even what you are doing."*
> - TC centre staff

Staff noted that counselling was a tool which helped strengthen children's trust over time, with child interviewees during the evaluation also echoing this:

> *"I learned to love to be counselled. They used to counsel me, and I would just get angry but now I no longer get angry over counselling."*
> - TC centre beneficiary

During FGDs with children over the LOP, children highlighted many factors indicative of positive relationships with staff, for example, being able to easily open up, never feeling judged by staff, accepting staff advice, and trusting staff because they are responsive to children's needs. Beneficiaries expressed during evaluation FGDs that positive relationships with staff were a key reason they enjoyed their time at centres:

> *"TC centre beneficiary 1: The reason why I like this place is that there is friendship.*
> *TC centre beneficiary 2: Children relate with staff so a child can tell any staff member her problem."*
> - TC centre beneficiaries

Additionally, it is noteworthy that reunified children interviewed as part of the evaluation expressed they appreciated when TC/CRO staff followed-up with them after placement, as it showed staff "had not forgotten" them; this reflects well on the quality of rapport built between children and staff.

While findings were indicative of overwhelmingly positive relationships between outreach and centre staff and children, project staff were able to reflect on the challenges this could create related to reintegration, with several incidences highlighted by staff of children returning to the centre post-placement if there were changes to the home situation. Similarly, when questioned regarding adults they would seek help from if they faced a problem at home, most reunified children interviewed as

part of the evaluation could only identify project staff, and failed to identify supportive adults in their communities:

> *"Interviewer: If you had a problem at home, are there people outside your family you could talk to?*
> *Child: Yes... I would talk to [CRO program manager], my friends, [CRO teacher] and the white man who pays my school fees."*
> - Reunified child, Mbale

iii.   Key learning area 1: How effective are street outreach activities in enabling children to move forward into safer environments?

The effectiveness of outreach in enabling children to move forward into safer environments was a key area that implementing partners hoped to learn more about during the FRAPS project. In total, the number of children placed to family care over the LOP represents 11% of children met via outreach over the LOP.
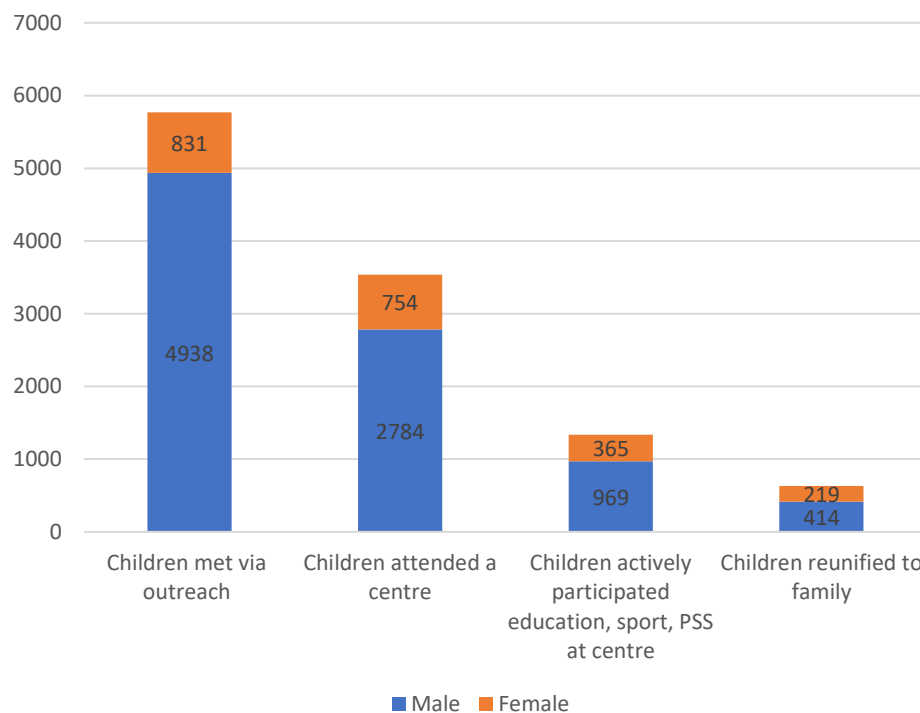
Figure 3 Children met via outreach, who attended centres, who actively participated in centre services, and who were reunified to family care over LOP

The above results are reflective of implementing partners' approach to outreach: children are not coerced to progress to centres or reunification, but rather supported to choose to do so. Further, the above figures should be interpreted in light of the unexpectedly high numbers of children reached via street outreach as well as organisational factors which constrained the progress of children from accessing services on the street to family reunification and reintegration. These included the physical capacity of centres (especially for TC which was required by government to transition from offering centre services on a drop-in basis to a residential basis in mid-project) and limiting the number of children reunified based upon available reintegration budget (meaning placement totals therefore do not necessarily represent the total numbers of children who could have been reunified if there were greater resources available). If the aforementioned organisational restraints had not been

present, it is likely that numbers of children progressing from street-based outreach through to placement may have been higher.

The data revealed that girls met via outreach were more likely to be reunified to family care than boys met via outreach, with 27% of girls met via outreach ultimately reunified to family care, as compared to just 8% of boys. Project staff recognised that boys, particularly older boys and those who had spent more time on the street often preferred moving to independent living over reunification with family.

Project staff had a key interest in learning children's views regarding the role outreach plays in helping them to make decisions related to their futures. As mentioned under outcome indicator 1.4, children identified during biannual FGDs and exit interviews that they learned a lot from the services they accessed which contributed to preparing them to achieve a positive future, for example they had developed listening skills, learned to forgive, learned to respect, help and share with others, learned a positive attitude toward work, learned how to build positive relationships with others, learned about cleanliness and hygiene, improved their value for themselves, self-esteem and confidence, and realised their potential. Children recognised positive changes in their own behaviour as a result of all they had learned that enhanced their likelihood of a positive future. Children who participated in FGDs conducted during the evaluation recognised the importance of the guidance they received during counselling in achieving positive outcomes in both their short and long-term futures:

> *"Child 1: A child may be brought here when she lost hope but [TC staff] counsels and encourages her after which she regains hope and can never go back to the old status as she sees a bright future ahead of her.*
> *Child 2: [TC staff] counsel us and this can help us in future as when we move out of this place and we face difficulties then we can always remember advice and guidance that they gave us.*
> *Child 3: Counselling has been of help to us because in some of our homes they cannot counsel us and if they do, the kind of counselling they do sometimes does not help us, but here they will tell you what helps us and even help in your future."*
> - TC centre beneficiaries

When asked to envision and draw their futures during FGDs conducted during the evaluation, all child participants drew positive ideas for their futures[19]. Key themes included living with their families, attending school, playing with friends, helping with chores at home, and for those thinking further into the future, having a job/several jobs, and having their families and community members be proud of them. Below are quotes from child respondents describing their drawings of their envisioned futures; children's permission was sought to share their drawings and photos are attached in Annex F.

> *"Child 2: I have drawn myself driving a car, after that, I'm piloting a plane going to outside countries.*
> *Child 3: I have drawn myself teaching children in a classroom, in a secondary school.*
> *Child 4: I have drawn myself in my home, with my two children.*
> *Child 5: I have drawn myself driving my car from Kampala to my village; I arrived and parked in the village carrying a sack of money to my mother. This money I made from a bakery working with my friends.*

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[19] Child participants were aged 10 to 16 years.

Child 6: I drew myself playing football at San-Siro [Football] Stadium. I came from my home to play football, but also, I am a doctor.
Child 7: I drew myself seated on as stool washing plates with my mum. I live with my mom, dad, and sister.
Child 8: I drew myself at my home near a hill, with my two children, in a nice compound.
Child 9: I drew myself going to school, am the headteacher of a school with many children that I can't even count them. I own a car.
Child 10: I have drawn myself as a doctor carrying a flower going to a hospital to see the sick in the main hospital of Mbale."
- CRO outreach beneficiaries

"Child: Am home with my sisters, brother and parents. In the morning I woke up, prepared and then left for school. After school I go to my saloon.
Interviewer: You study and also have a saloon?!
Child: Yes, after that I go to my two friends who I spend some time with. After that I drive one of the two cars I own then visit my family.
Interviewer: You're studying and having two cars?!
Child: Auntie, people study and own such things and even there are some at the university when they are married. So, I leave my parents' home then pick my children and go back at my home."
- TC outreach beneficiary

"I sleep and wake up in the morning prepare and take tea then I go to school. From there I have a car; my mother is standing beside the road and wondering whose car this is because she didn't know that I have a car."
- TC outreach beneficiary

"Child: When I go back home, I will study and after graduation I will get a job that I would have specialised in.
Interviewer: What is the job?
Child: Engineering, I survey people's land and I will have my other life skill job that if one job is not being productive enough, I concentrate on the other.
Interviewer: Which other job?
Child: Tailoring, I will have my own home with some rentals so after work I go out to have some fun then after I go back home and rest."
- TC outreach beneficiary

"Here I was told 'there is some case that we wanted to hand over to you so that you are our lawyer in court'. So, I went, and they explained to me all the details as you can see. After I called my driver to bring a car, before leaving I told my assistant to bring me the file so that I work on it while seated in my office. Here I am in office trying to inquire how I will start my tomorrow."
- TC outreach beneficiary

In addition to children in centres being hopeful for their futures and seeing the positives to returning to their families and stay away from life of the street, several reunified children who were interviewed as part of the evaluation confirmed how outreach services had prepared them to make positive decisions now that they were living back at home:

"Interviewer: How did the TC prepare you when bringing you home?
Child: They used to teach us many things.
Interviewer: Like which things were they teaching you?

Child: They could teach us about life skills, drug abuse and many other things I can't remember now.
Interviewer: So, you say you were taught about life skills. Which life skills, for example were you taught when at the centre?
Child: Staying away from drugs. They also taught us to behave well when at home, respecting adults and not undermining them and making sure you do good things at home."
- Reunified child, Wakiso

Several caregivers of reunified children interviewed during the evaluation echoed that they felt children had learned skills which prepared them for life at home and within the community. Most caregivers interviewed made reference to children's positive behaviours (including helping with chores, informing caregivers when they were leaving the home, being respectful, informing caregivers of their needs and being patient if required to wait for the need to be fulfilled).:

> *"The child has no problem and does everything well. She does housework very well and when they are holding meetings at school, she is among those children they talk about as well-behaved students. She is clean and does everything well so she is one person that one can be proud of."*
> - Caregiver of reunified child, Wakiso

Project staff confirmed the above during the Y4 learning meeting that caregivers of reunified children seemed attached to and proud of their children due to their improved behaviour since accessing holistic rehabilitation services via outreach and at the centres. However, two caregivers interviewed during the evaluation expressed challenges in managing the behaviours of their adolescent son and adolescent grandson who were placed with them, and referenced "traits from the street", for example, returning home late and threatening the caregiver with a knife when being punished (when restricting the boy's freedom of movement by locking him in a room). It is understandable that children take time to adjust to the expectations, rules and structure related to life at home, and that caregivers may not be accustomed to parenting behaviours developed during life on the street. More rehabilitation and preparation prior to reunification may have been needed in these cases.

Effectiveness: Outcome 2

Outcome 2 relates to re/integrating children into safer and socially and economically stronger families. In order to ensure that children were safe within their families, caregivers were provided with parenting skills, economic strengthening support and knowledge on child protection. Highly vulnerable communities were targeted to focus on families that were at risk of separation. Women were encouraged to join SHGs where they participated in trainings on parenting skills, knowledge on child protection, and learned to save and have access to income within the groups. Activities within this outcome aimed to empower caregivers to better care for and protect their children.

Quantitative findings in this section are largely extracted from an end of Y3 household survey (N = 342), conducted by an independent consultant contracted by the FRAPS project, using the Household Vulnerability Assessment Tool (HVAT). The report considered a Y1 baseline cohort of surveys, and subsequent annual baseline and follow up surveys in Y2 and Y3. A Y4 follow-up was underway at the time of writing this report.

i.   Output indicator results

Over the LOP, the project met and exceeded a majority of output targets related to Outcome 2.

Table 3 Outcome 2 output LOP targets and results

Output indicator	LOP target	Results achieved			
		M	F	Total	% of target
1a Children placed in family reintegration (both from centre and direct from street)	612	414	219	633	103%
2b Caregivers followed-up and supported in family reintegration	843	871	1,243	2,114	251%
2c Children benefitted from caregivers being followed up and supported in reintegration or foster care	1,224	1,952	2,001	3,953	323%
2d Children placed in apprenticeship training	60	43	43	86	143%
2e Self Help Groups (SHG) established	120	123		123	103%
2f Community members joined SHG	2,600	63	2,415	2,487	95%
2g Children benefitted from care-givers participation in SHG	10,600	4,702	4,619	9,321	88%
2h SHG members received training in child protection, positive parenting and business skills (all 3 areas)	2,600	0	1,614	1,614	62%
2i Cluster Level Associations (CLA) established	9	14		14	156%

All targets related to reintegration and apprenticeship training (2a to 2d) were met. Slightly fewer SHG members were mobilised than targeted (95%; indicator 2f), meaning slightly fewer children benefited from caregivers' participation in SHGs than targeted (88%; indicator 2g[20]), and fewer members than targeted received training in child protection, positive parenting and business skills (62%; indicator 2h). Challenges pertaining to beneficiary mobility compared to the duration of trainings (i.e. for TC, the training package comprised 40 hours of training) and inability to offer 'catch-up' trainings on an individual basis where members missed group-level training sessions were highlighted by project staff as contributors to the lower than anticipated results against indicator 2h.

ii.   Outcome indicator results

Indicator 2.1 - Percentage of reunified children remaining in family care one year after placement

The HVAT survey conducted at the end of Y3[21] revealed that 95% of children who were reunified remained living with their families after one year of placement; four children were missing at the time of HVAT survey, all male[22]. TC conducted a FGD with six children they were able to mobilise, who had been reunified, and then left their families o move back to the streets. Of those interviewed, all children stated their homes were dry and clean, 4 of 6 agreed they had food security

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[20] Additionally, in Y1, TC enrolled women into SHGs based exclusively on a 'poorest of the poor' criteria, as outlined in the SHG Guidebook; this unintentionally included women who did not have children. The criteria was subsequently adapted to ensure only women with children were enrolled.
[21] Y4 HVAT underway at time of writing this report.
[22] Further context as to the circumstances of these cases was not provided for in the HVAT report.

(2 mentioned sometimes going without food) and all were enrolled in school, but dropped out due to their families' inability to pay school fees. The challenges they noted facing at home included excessive housework/gardening/animal rearing and no time for play, one child noted physical violence from a step-parent, older boys expressed frustration at lack of income and inability to find a job, and stigma from communities (for example, constantly being accused of theft given they had stolen in the past).

Indicator 2.2 – Percentage of children in targeted vulnerable families remaining in family care one year after enrolment in project

The HVAT survey conducted at the end of Y3 revealed that 100% of children in families targeted for prevention services remained in family care one year after enrolment into the project.

Indicator 2.3 – Percentage of targeted families that improve their overall vulnerability score at one year and two years after enrolment in project (including access to education, economic strength and psychosocial wellbeing)

The HVAT survey conducted at the end of Y3 revealed that 65% of families enrolled in the project improved their overall vulnerability score after one year, and 78% had improved after two years in the project.

Slight differences were revealed between prevention and reintegration households at one and two year after project enrolment, reflected below:
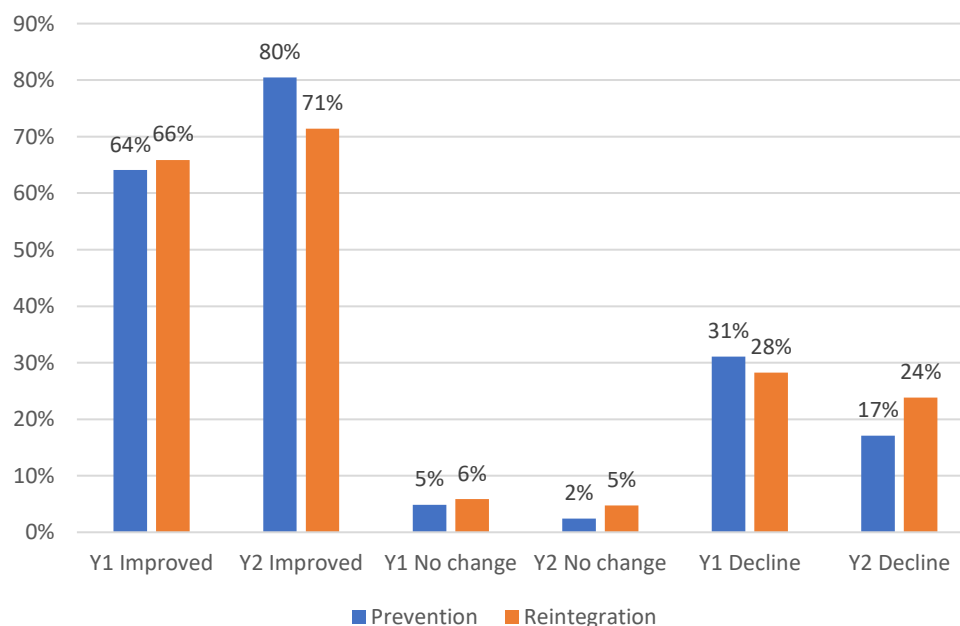
Figure 4 Changes to HVAT scores for prevention and reintegration households one and two years after enrolment[23]

The above table reveals that trends in household scores were as intended one and two years after enrolment in the project, with increasing numbers of households improving their overall level of vulnerability and decreasing numbers of households declining in their overall level of vulnerability.

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[23] Cohorts were independent of each other, not same households.

After one year of enrolment, there were only marginal differences between prevention and reintegration households. Comparatively, after two years of enrolment, prevention households fared slightly better, with more households having improved (80%, compared to 71% of reintegration households), and less households having declined (17%, compared to 24% of reintegration households). Similarly, positive changes within prevention households were greater than reintegration households (i.e. 16% more prevention households showed improvement from Y1 to Y2, compared to 5% of reintegration households, and 14% fewer prevention households showed decline compared to 4% fewer reintegration households). In total, 69% of prevention households either stayed the same or improved after 1 year of enrolment increasing to 82% of households either staying the same of improving after 2 years enrolment. The trend was similar for reintegration households, but less marginal; 72% of households either stayed the same or improved 1-year post-placement, increasing slightly to 76% of households 2 years post-placement.

Indicator 2.4 - Extent to which caregivers feel empowered within their household and supported by their community

Indicator 2.4 investigated the extent to which caregivers feel empowered to be able to care for their children, including a comparison of caregivers who had children placed with them, and caregivers participating in prevention of separation services. The indicator was captured via the IST and complemented with MSC stories; neither original data sources were availed in time for the evaluation. Rather, IST data provided in annual learning reports have been collated below to provide an overview of results against this indicator over the LOP. Data was aggregated differently across partners and across reports; the below tables include the data that was available, in its most meaningful formats.

The below table shows the percentage of caregivers who scored 3 or 4 (from possible scores of 1 – 4) on the IST across the social, attachment, community and safety domains for baseline and in Y2 of the project.

Table 4 Percentage of caregivers with scores of 3 or 4 on IST domains in Y1 and Y2 (TC cases)

	Baseline (Y1)		Y2	
	Prevention	Reintegration	Prevention	Reintegration
Social	76%	65%	56%	83%
Attachment	73%	50%	96%	63%
Community	43%	52%	96%	69%
Safety	73%	56%	100%	67%

For reintegrating families, more caregivers scored 3-4 across all domains in Y2 as compared to Y1, indicating more caregivers expressed positive feelings of empowerment. This increase was most sizeable on the social domain, indicating caregivers expressed having a supportive social network. Positive scores on attachment, community belonging, and safety also increased, reflecting more caregivers expressing positive and supportive relationships between children and caregivers, confidence in their ability to provide a safe environment for their children, and inclusion within their communities.

For households involved in prevention of separation activities, more caregivers scored 3-4 across all domains in Y2 compared to Y1 with the exception of the social domain. Project staff stated that as women increased in feelings of empowerment across other domains, they often began noting

"gaps" in their husbands' behaviour, which could lead to feelings of social disconnection. Overall, caregivers involved in prevention of separation activities were more empowered than caregivers of reintegrating children.

The below table shows the percentage of caregivers who scored 3 or 4 on the IST across the social, attachment, community, emotional and safety domains for Y3 and Y4 of the project.

Table 5 Percentage of caregivers with scores of 3 or 4 on IST domains in Y3 and Y4

	Y3				Y4			
	Baseline (prevention & reintegration)		Follow-up (prevention & reintegration)		Baseline (prevention & reintegration)		Follow-up (prevention & reintegration)	
	CRO	TC	CRO	TC	CRO	TC	CRO	TC
Social	57%	N/A	59%	74%	54%	N/A	78%	N/A
Attachment	61%	N/A	71%	67%	48%	N/A	78%	N/A
Community	20%	N/A	43%	65%	49%	N/A	75%	N/A
Emotional	45%	N/A	55%	70%	46%	N/A	83%	N/A
Safety	51%	N/A	55%	70%	45%	N/A	79%	N/A

Similar to Y1 and Y2, in Y3 and Y4 there was a higher percentage of positive scores across domains from baseline to follow-up data capture (where both categories were available), indicating more caregivers (both prevention and reintegration) felt more empowered.

Complementary MSC stories captured by partners over the LOP reflected that often caregivers of reintegrating children felt empowered by their children's return. Some expressed a sense of guilt for the child's separation which was relieved upon the child's return, some expressed an increased drive to provide for the child, and others expressed that children now contributed to chores and are helpful at home. KIIs conducted during the evaluation confirmed these changes, with caregivers frequently mentioning improved behaviour of children and feeling proud of them. Several caregivers also highlighted the increased financial burden of having the child at home. FGDs with staff conducted during the evaluation additionally highlighted occasional issues around attachment whereby families continued to consider the needs of the reintegrating child to be responsibility of the organisation, rather than the family's.

Complementary MSC stories captured by partners over the LOP found SHG members express substantial increased feelings of empowerment. TC ranked the most frequently expressed MSC themes from SHG members captured in Y4, below:

1. Increased child protection vigilance
2. Increased investment in business
3. Increased ability to keep children in school
4. Effective response to emergencies
5. Increased savings
6. Increased ability to provide basic needs
7. Increased sense of togetherness
8. Increased income
9. Improved leadership skills

These findings were confirmed in FGDs with SHGs conducted as part of the evaluation with members mentioning a range of positive changes in their lives since joining the groups which helped them to

feel empowered, including ability to provide for their children's basic needs, ability to send children to school, no longer having to wait for husband to provide money, improved social status among their communities, a sense of social support from group members, and recognition from their husbands for their financial contribution to their households.

Indicator 2.5 - Extent to which children feel safe, cared for and accepted in their family and community

Indicator 2.5 investigated the extent to which children feel safe, cared for and accepted within their families, including a comparison of children who were reunified, and children whose caregivers participated in prevention of separation services. The indicator was captured via the IST and complemented with MSC stories; neither original data sources were availed in time for the evaluation. Rather, IST data provided in annual learning reports have been collated below to provide an overview of results against this indicator over the LOP. Data was aggregated differently across partners and across reports; the below tables include the data that was available, in its most meaningful formats.

The below table shows the percentage of children who scored 3 or 4 on the IST across the social, attachment, community and safety domains for baseline and in Y2 of the project.

Table 6 Percentage of children with scores of 3 or 4 on IST domains in Y1 and Y2 (TC cases)

	Y1 baseline		Y2	
	Prevention	Reintegration	Prevention	Reintegration
Social	53%	46%	94%	75%
Attachment	59%	48%	94%	67%
Community	22%	23%	84%	45%
Safety	65%	42%	92%	53%

Overall, the table reflects that more children whose caregivers were participating in SHGs felt safe, cared for and accepted compared to reintegrating children, with the exception of the community domain at baseline (which was partially attributed by project partners to reintegrating children's high hopes for community acceptance upon their return). More children from both cohorts scored positively across domains from baseline to Y2, demonstrating that more children expressed feeling safe, cared for and accepted.

The below tables show the percentage of children who scored 3 or 4 on the IST across the education, social, attachment, community, emotional and safety domains for Y3 and Y4 of the project.

Table 7 Percentage of children with scores of 3 or 4 on IST domains in Y3

	Y3			
	Baseline (prevention & reintegration)	Follow-up (prevention & reintegration)	Baseline (prevention & reintegration)	Follow-up (prevention & reintegration)
	CRO		TC	
Education	73%	82%	N/A	54%
Social	59%	61%	N/A	65%

Attachment	57%	59%	N/A	76%
Community	16%	12%	N/A	38%
Emotional	47%	43%	N/A	68%
Safety	51%	65%	N/A	41%

Table 8 Percentage of children with scores of 3 or 4 on IST domains in Y4

	Y4					
	Baseline (prevention & reintegration)	Follow-up (prevention & reintegration)	Baseline (prevention)	Follow-up (prevention)	Baseline (reintegration)	Follow-up (reintegration)
	CRO		TC			
Education	74%	87%	N/A	N/A	N/A	N/A
Social	44%	75%	98%	99%	92%	97%
Attachment	45%	64%	99%	100%	93%	100%
Community	22%	56%	23%	94%	82%	97%
Emotional	40%	71%	N/A	N/A	N/A	N/A
Safety	47%	77%	99%	96%	85%	93%

The above tables reflect that across Y3 and Y4, more children scored positively across domains from baseline to follow-up, with the exception of Y4 data collected by TC where slightly fewer children of SHG members expressed feeling safe at follow-up compared to baseline.

Complementary MSC stories captured by partners over the LOP reflected that reintegrating children noted the below themes when discussing what made them feel safe and cared for at home: enough food, clothing, school fees being paid and school books being provided, positive discipline, caregivers being responsive if children expressed a need, caregivers guiding children on safe and unsafe places and activities, caregivers monitoring children's movement, and caregivers listening if children had a problem.

In Y4, TC ranked the most frequently expressed MSC themes from reintegrating children. In order they were:

1. Positive behaviour change of caregivers
2. Attitude towards home
3. More responsible
4. Obedient to parents
5. No longer disrespecting elders
6. Listening to parents
7. Forgiveness
8. Improved love and care
9. Positive about the future
10. Listened to by parents
11. Learned to admit when wrong
12. Avoid 'bad' groups

During KIIs conducted as part of the evaluation with reintegrating children, children expressed feeling safe and cared for at home because they can see their caregiver 'struggling' to care for them to ensure they provide food, clothes and school fees. Additionally, children noted they could talk to their caregiver or friends if they faced a problem, though could not mention other adults they could seek help from if they were to face a problem within their own home. Children frequently identified churches and mosques as safe places in their communities, where they could play with their friends, and also identified the water well, major roads and forests as unsafe places (due to fighting that occurs at the wells, traffic accidents that occur on major roads, and sexual abuse or abduction that can occur in the forest). Of reintegrating children interviewed during the evaluation, several expressed themes of feeling less safe at home, related to not having enough food, caregivers quarrelling, and having to walk long distances alone to and from school. Some children recognised that even where there were certain deficiencies at home, having a caregiver was important in helping them feel safe:

> *"Even if we do not have enough food to eat I feel very safe when at home because I have someone who will protect me and also listen to me in case I have a problem. Even if we are poor at least I find peace that [I] am next to my mother."*
> - Reunified girl, Mbale

Most frequently, MSC stories captured by partners over the LOP for children of SHG members, related to children expressing that their school fees were now being paid on time, so they were not sent home from school. Children frequently attributed this to new IGAs or increased investment in existing IGAs in their households and their caregivers' ability to take a loan even if business was low. Children also frequently expressed noticing their caregivers could now buy them more clothes, books for school, and that food was plentiful.

In Y4, TC ranked the most frequently expressed MSC themes from children of SHG members. In order they were:

1. Increased access to basic needs
2. Reduced worry for school fees
3. Reduced beating
4. Can freely talk to caregivers
5. Reduced heavy work
6. Increased protection
7. Improved care and love

These findings were confirmed in FGDs with children of SHG members conducted as part of the evaluation. Children frequently identified their homes as a safe place in their community during guided drawing activities, and mentioned they felt safe and cared for at home because their caregivers provided for their basic needs (food, clothes, adequate shelter, somewhere to sleep), they were supported to go to school, their caregivers forbid them to go places in the community that were dangerous, their caregivers listen if they share a problem and there was no chance of being in a traffic accident when at home.

iii.   Key learning area 2: How can follow-up support be best delivered to ensure families are safe for children and to aid children to remain at home after reintegration?

The end of Y3 HVAT survey revealed the below changes in reintegrating household vulnerabilities, as compared to the previous year's assessment.
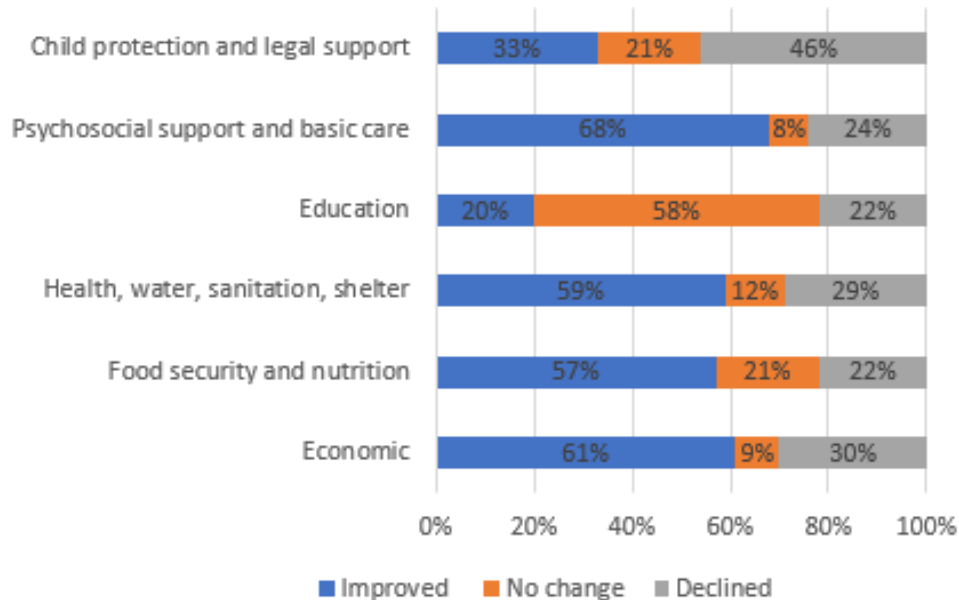
Figure 5 Figure 1 Changes in HVAT domain scores for reintegration households surveyed 1-year post-reunification

The HVAT report revealed the domains that households most commonly improved against post-reunification were psychosocial support and basic care (68% of households improved), economic (61% of households improved) and health, water, sanitation and shelter (59% of households improved).

Eight reunified children and eight of their caregivers from across Wakiso and Mbale were interviewed during the evaluation to ascertain which follow-up traits were most helpful to them (related to type, method, frequency, content, who was involved, etc.). Findings related to what children and caregivers perceived to be helpful or unhelpful follow-up practices and traits are presented below:

Services
Most frequently referenced by caregivers from all households, was the importance of household economic strengthening (most frequently referencing income generating activities), education support and material support. Project staff had recognised the importance of reducing household economic vulnerabilities throughout the project (reflected in annual reports), referencing that IGAs were preferable to school and material support for their enhanced sustainability and to avoid creating dependency. Caregivers expressed that capital investment into existing businesses was helpful, and some mentioned that employment support could additionally be useful.

> *"Interviewer: How could TC improve on follow-up to help you more?*
> *Wakiso caregiver: I really still need them to keep checking on me and add me more capital so that am able to be better."*

"Interviewer: How could CRO improve on follow-up to help you more?
Mbale caregiver: CRO should provide me a job or capital for a better business. The business I do is only effective during school time. This way I will be able to take better care of my family."

Caregivers consistently spoke strongly of the importance, and their appreciation, of education support:

"I say this from the bottom of my heart. The support has been of great importance to the family. What I would request TC to do for me is; even though it would not do any other thing but educate my child so that she continues studying."
– Wakiso caregiver

Children also placed a similarly high value on education and training support and the ability to continually attend school. One girl respondent from Wakiso pinpointed the exact time of follow-up visits from her social worker: "If the term starts, they come after a week of the reporting date."

Where reintegrating households were linked to SHGs and not receiving education support, reunified children confidently attributed their school fees being consistently paid on time to their caregivers' participation in the group.

Staff reflected throughout the LOP that caregivers and children expressed concern that they may not be able to continue supporting their children in education after the project.

Overall, interviews indicated high levels of financial expectations/hopes related to economic and education support – this too had been identified as a challenge for staff throughout the LOP.

"They should also provide for the children's meals at school. If possible, build for us a house we do not have where to stay. They should also buy for them uniforms."
– Mbale caregiver

The end of Y3 HVAT survey revealed that of 85 reintegration households surveyed, 61% improved their overall economic status, 9% showed no change, and 30% declined in their economic status after one year of enrolment in the project. Project staff largely attributed declines in economic status to unexpected financial shocks to households, including death of family members, illness and business losses.

Of the same surveyed households, 20% showed an improvement in levels of education vulnerability 58% showed no change, and 22% declined in their overall education vulnerability.

Monitoring data disaggregated by reintegrating households who received ongoing education support and/or targeted economic strengthening interventions (IGAs, SHGs) from the project, and levels of support, compared to households who didn't receive these services, was not captured, making further exploration of their impacts challenging.

Frequency

Data extracted from reintegration monitoring datasets revealed the below trends in pre-visits, placement, follow-up and closure over the LOP. Data appears disaggregated by partner to display the varied frequency of follow-up.

Table 9 Placements, pre-visits, follow-up and closure conducted by TC over LOP[24]

TC	Y1	Y2	Y3	Y4	LOP
Total children reunified	118	107	128	79	432
Total pre-visits	0	41	100	84	225
% households received pre-visit	0	38%	78%	106%	52%
Total follow up visits	76	135	339	238	788
Total cases closed	0	0	0	0	0
Average annual FU visit per child	0.64	0.6	0.96	0.55	

Of the total 788 follow-ups conducted by TC over LOP, 684 (87%) were household visits, and 104 (13%) were phone calls. It should be noted that of 432 total placements, 55 (13%) children were placed into Kampala or Wakiso[25]; others were placed countrywide, with 10 children placed as far as Congo, Kenya, Rwanda and Tanzania.

Table 10 Placements, pre-visits, follow-up and closure conducted by CRO over LOP

CRO	Y1	Y2	Y3	Y4	LOP
Total placement	50	51	50	50	201
Total pre-visits	47	44	52	51	194
% households received pre-visit	94%	86%	104%	102%	97%
Total follow up visits	58	92	274	302	726
Total cases closed	0	0	0	26	26
Average annual FU visit per child	1.16	0.91	1.81	1.73	

Of the total 726 follow-ups conducted by CRO over LOP, 724 were household visits, and 2 were phone calls. Of 201 total placements, 171 (85%) children were placed within Mbale.

The above table reveals that TC conducted 225 pre-visits over the LOP and achieved 431 placements (i.e. pre-visits to approximately 52% of households receiving children). By contrast, CRO conducted 194 pre-visits and achieved 201 placements (i.e. pre-visits to approximately 97% of households receiving children). This could be in part attributed to the distances of locations where children were placed by each partner.

The above tables additionally reveal that almost the same number of follow-ups were conducted by TC and CRO over LOP (788 and 726 respectively), though TC reunified more than double the number of children (431 compared to 201 by CRO). This could be due in part to the proximity of placements for CRO, and potentially missing follow-up data from TC[26]. Additionally, most respondents to KIIs conducted during the evaluation mentioned that children reunified by CRO continued to attend the

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[24] Calculated as pre-visits / placements * 100, i.e. assuming 1 pre-visit per household. In reality, some households may have received more than 1 pre-visit, and others none.

[25] This figure was perceived as too low by project staff. There is potential that children's district was mistakenly recorded under their sub-county / parish / village name in the reintegration beneficiary database, therefore, when filtering by Wakiso and Kampala only, these cases would not have been captured. Additionally, it is possible that children reunified within Wakiso and Kampala were allocated to another project which was operational during Y1 of FRAPS.

[26] TC MEL staff noted TC does not currently use a digital case management system, meaning MEL team manually manages databases. MEL staff suspect that follow-ups may be recorded in hard copy case files, but not provided to MEL team, meaning follow-ups don't appear in the reintegration database (from which this data was extracted).

CRO centre most days (where they were also followed-up by staff). Surprisingly, there was no increase in the number of follow-ups conducted per year by TC as the number of placements accumulated (where case closures were also not recorded). For CRO, there was a steady increase in the number of follow-ups per year as cases accumulated over the LOP. It was noted in learning reports that CRO made a concerted effort to increase follow up in Y3 after identifying several cases of reintegration breakdown the previous year. While cases accumulated, number of staff remained constant, meaning caseloads grew rapidly for social workers. If the above data is reflective of implementation, this means 3 TC reintegration social workers had caseloads of approximately 145 households each by the end of project. During FGDs conducted as part of the evaluation, reintegration social workers expressed feeling "stretched" and under pressure to meet target placement numbers while also conducting follow-up.

A majority of caregivers across Wakiso and Mbale expressed in interviews conducted during the evaluation that follow-up visits were aligned with education support, i.e. paying school fees at the beginning of the term, three times per year, and that this frequency was adequate; reintegrating families outside of Wakiso and Mbale were unfortunately not included in interviews conducted during the evaluation due to limited data collection time – this group represented 87% of TC's reintegration caseload. One Mbale caregiver recommended more frequent follow-up, and also mixed methods (phone and visit):

> "CRO should not only make phone calls to check on the children but also often visit at least bi-monthly."
> - Mbale caregiver

At 3 times per year, Wakiso caregivers and children noted more frequent visits than the averages outlined in the quantitative analysis above; this may be indicative of more frequent follow-ups for households within Wakiso than those more geographically dispersed (i.e. if Wakiso households' average is higher, others must be lower), or of missing data. One caregiver in Wakiso stated visits were frequent immediately after placement, then tapered off to bi-monthly, and that this was adequate. Child respondents mostly identified that follow-up occurs "a couple of times a year" with several children mentioning they were not sure. Several children in Mbale stated that follow-up occurred with their caregiver while they were at school: "they sometimes talk with grandmother because I am always at school", "I think it's enough... I cannot tell because am always in garage training", "It's my grandmother who usually talks to [staff]. If I want to talk to him, I find him at [centre]". A Wakiso child similarly noted that TC staff followed-up with her caregivers at home, but also came to see him at school:

> "In most cases they come when I am at school, so they find me at school when they come to pay school fees so at home, I don't know whether they talk to both my parents.
> – Boy reunified in Wakiso

Method

Findings from interviews with reintegrating children and their caregivers revealed that they were each receiving household visits, with some families additionally receiving calls in between. There were no families who were followed-up by phone call only.

Consistently, children noted that they enjoyed when a social worker came to their home to follow-up with them. Girls felt visits were a sign that staff still cared for them, and continued to emotionally support them (also a testament to the quality of rapport built with project staff):

"I just felt happy seeing him around. It showed me that they had not forgotten me."
- Girl reunified to Mbale

"Interviewer: What do you like most in checking on you?
Child: Checking on me makes me happy as they have not neglected me. They still love me and
take care of me."
- Girl reunified to Wakiso

Only one caregiver mentioned a preference of household visit to phone follow-up; other caregivers all spoke of follow-up visits, and said they were able to contact project staff in between by phone if needed.

Community support

Implementing partners recognised throughout the LOP the importance of having community support for families as they progress through reintegration. Reintegrating households who had caregivers involved in SHGs, spoke highly about the groups' importance in helping members feel more connected to and supported by their communities. Members mentioned valuing the consistency of meeting times and the social outlet meetings provided, feeling comfortable sharing their problems with group members (recognising that group members often share similar problems), feeling supported by other groups members when problem solving together, and also feeling positive effects of improved social status within their communities:

"Interviewer: Has being in the group changed your relationship with the community?
SHG group member: Those that used to see you when you are badly off and sees that life has
changed for the better, she befriends you. People may pass here without greeting you but
when they see some changes, they start greeting you.
Interviewer: Has this been happening to you?
SHG group member: Yes.
Interviewer: Is that attributed to the group?
SHG group member: Because my life has improved but one may not know that it is the group
that has changed my life."
- SHG and caregiver of reintegrating child, Wakiso

Reintegrating caregivers who were not members of SHGs, spoke often of distrust among their communities, unwillingness to share problems because of potential rumour-mongering, and not being able to identify individuals they could go to for help, outside of TC and CRO staff.

Reintegrating children too spoke of the importance of feeling connected to communities. Most children interviewed spoke of having friends, with younger children valuing those they played with, and older children speaking to the importance of emotional support provided by friends:

"In the trading centre I feel safe because I have a friend who listens to me and understands
me best. He has embraced me like a brother. He encourages me when I have lost hope also
when have faced challenges at home I discuss with him."
– Adolescent male reunified in Mbale

Most children interviewed noted they could go to a caregiver if they had a problem, but could not identify safe adults within their communities from whom they could also seek support (instead identifying TC and CRO staff). Equipped with their knowledge from counselling and life skills sessions

during rehabilitation, several children spoke of not liking the behaviour of some adults in their communities, such as drinking alcohol, smoking cigarettes and fighting.

Implementing partners referenced the usefulness of involving the community in follow-up, noting neighbours and others in proximity of the family can support the triangulation of information to attain a more accurate and holistic view of families' circumstances. A CRO staff member noted during a FGD conducted as part of the evaluation:

> "Sometimes relying on community members or neighbours, is very good because they are near, if the neighbours are committed, then they would closely monitor and they report any changes because this person is with them all the time to see what is happening and tell you what is happening which many times you may not observe. And if you use community members, they tell you things and if you are doubting you ask the neighbours and they give you a proper version of the situation at home."

Only one child spoke during interviews of being followed-up by a community member (a boy reunified within Mbale identified that his LC1 checks on him and encourages him to stay home and not to go back to streets), though the question may have more often been interpreted by children as referring to material rather than emotional support.

Content

Girls frequently expressed they most liked the continued counselling provided by staff, for the emotional support and guidance it offered:

> "Interviewer: How has it been of help?
> Child: When auntie comes, she asks you questions, and I explain to her then she comforts you."
> - Girl reunified in Wakiso

> "They keep encouraging me to study and also advice and counsel me in different aspects of life. They keep telling me never to leave home again."
> - Girl reunified in Wakiso

Children felt the guidance in particular helped them to retain the positive behaviour changes they viewed in themselves as a result of the holistic rehabilitative services they had accessed previously:

> "Interviewer: How has it helped you?
> Child: It has helped me not to repeat the mistake I did last time"
> - Girl reunified in Wakiso

Caregivers similarly echoed their appreciation of counselling to children during follow-up, particularly for children demonstrating challenging behaviours, and to keep children on the right path toward a positive future:

> "Interviewer: Like you said that the TC team visits you every other month and also support you, would you say this support has been helpful to you or not?
> Caregiver: Their biggest importance has been speaking to the child and counselling him other than me having to talk to them myself. For me what I want TC to do is to give more counselling to that child so he can start behaving himself. For example, now that you have come, I would want you to talk to him yourself and try to counsel him and encourage him to study. I have always talked to him that it is good to go to school because all things can be got

through having education. That is all I want you to do; to help me and talk to that child.
- Caregiver (grandmother of adolescent boy), in Wakiso

Staff identified several examples of mediating sensitive family issues, for example domestic violence, over the LOP, acting as advocates for reunified children. Both boys and girls expressed during interviews that it was important social workers advocated on their behalf, or in their best interest, to their caregivers (for example, advising caregivers on positive parenting, encouraging them to continue to send children to school, etc.).

Approach

Although project case management SOPs and tools outline a family-centred case management approach for reintegration cases[27], many caregivers expressed perceptions of follow-up as child-centred. They expressed consistently that project's staff's interests were focus on the child being placed with the family, mentioning that material support was provided to the child, and that if the child faced challenges they could seek support from project staff, but not if they faced a personal problem. For example:

"[Follow-up] may not have been so helpful to me as a person because the material support was given to him as a person, but what I liked most is the fact that when they brought him back they continued to follow up on how the child is settling in and his wellbeing. That is what I like most; regardless of the support we are given. They have followed up with him on his wellbeing, his education and how he is fitting in at home with the rest of his siblings; that I like most."
– Caregiver in Wakiso

"Interviewer: What if you get any challenge within your family and you need help, who are the people you would go to?
Caregiver: To be sincere I don't have any.
Interviewer: You don't have anyone or organization you can run to?
Caregiver: Unless the challenge faced is concerning the child, I can inform TC about the situation.
Interviewer: I wanted to know about the challenges we face while in our families?
Caregiver: When it is about the child, I run to TC and if it is on my side, I just call them to inform them about it so that they are aware of what I am going through."
– Caregiver in Wakiso

One caregiver appreciated being asked by the interviewer about her own wellbeing and sources for emotional support:

"All this makes me happy because when you visit me like this and know how I am doing, and I also explain to you about what is happening then it becomes great. So, I just request that they do."
– Wakiso caregiver

During FGDs conducted under the evaluation project staff noted challenges associated with follow-up that took a child rather than household-level approach, whereby caregivers fail to take up full responsibility for the child (creating challenges in the achievement of holistic reintegration within

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[27] Globally recognised as a strength-based, resilience enhancing approach.

the family) and stigmatisation within the community (creating challenges in the achievement of community reintegration):

> "There is stigma associated with this child that is supported. For instance, the child is chased at school the headmaster will say "you have not paid school fees for your child" and this is not our biological child as a project. Yes, we own the child, but not biologically. Responsibilities are shared."
> - TC social worker

> "I think our greatest challenge also is the parental neglect, the parents are not really concerned, as soon as they realise that this child has been enrolled on the program they now wash their hands and say 'that is a CRO child' and when this child gets sick, they will just send to CRO whether the child is dirty, it's the concern of CRO so we find it a challenge. They think that child is our responsibility… sometimes they say, 'we also have this one' and when you try to support one with school fees you find one or two more but that's not the nature of our support, we only support the one that we have actually reintegrated."
> - CRO social worker

Similarly, one PSWO expressed concern that a follow-up approach that is visibly child-level could in fact incentivise family separation.

> "One maybe what I can say is that I think we should change the strategy, we should think outside the box as [partners] because parents have become very smart and some parents literally carry their children and put them on the streets so that they can be taken up by [project partner]. Parents are becoming smart and running away from their responsibilities so if we could rethink how can we as [partners] ensure that they don't bring their children here."
> - PSWO in a project district of operation

iv.   Key learning area 3: How well does the SHG approach work in Wakiso and Mbale district given their proximity to large cities and in order to build family safety and reduce separation?

In total 103 of 123 (84%) of SHGs received training in all 3 core training topics (child protection, positive parenting and business skills) provided under the project, others may have received 2 or 1 of the topics.

The end of Y3 HVAT report revealed that 100% of the children living in surveyed SHG households remained living within their families since the previous assessment. Additionally, the HVAT report found that 1 year after enrolment in the SHGs, 64% of families surveyed showed an improvement in their overall vulnerability score, and 2 years after enrolment 80% of families surveyed showed an improvement in their overall vulnerability score.

Table 11 Percent of targeted families by change in overall vulnerability score at 1- and 2-years post-enrolment

	Improved	64%
One year after enrolment	No change	5%
	Decline	31%
	Improved	80%
Two years after enrolment	No change	2%
	Decline	17%

The below table reflects the change across each domain of the HVAT for SHG households surveyed, 1 year post-enrolment into the project.
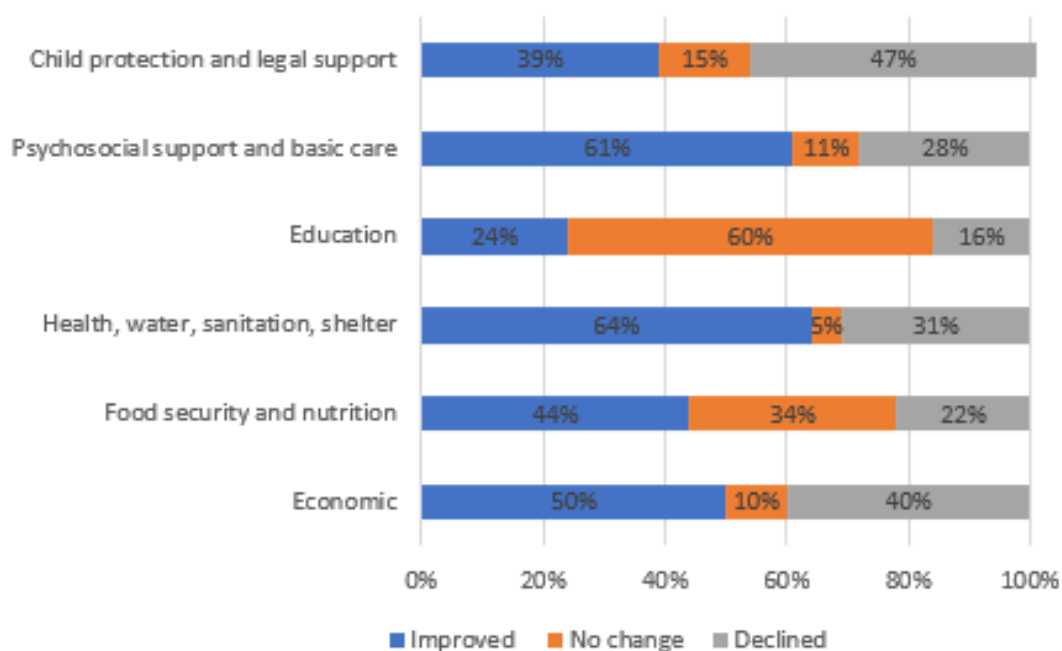
Figure 6 Changes in HVAT domain scores for SHG households surveyed 1-year after enrolment

The domains in which households most commonly improved were health, water, sanitation and shelter domain (64% of households surveyed improved), the psychosocial support and basic care domain (61% of households surveyed improved), and the economic domain (50% of households improved). Contrary to what would be expected 1 year after enrolment into a SHG (which has economic strengthening and child protection training components), 47% of households surveyed declined on the child protection and legal support domain. This could partially be explained by caregivers' enhanced understanding of child protection causing them to be more critical of their situation than they previously were. Additionally, 40% of households declined on the economic domain 1 year after enrolment into a SHG. Project staff identified this could be partially due some husbands decreasing their income contribution when they saw their wives' income contribution increase and some SHG members taking loans to start small businesses (which put them in a 'more vulnerable' position in the short-term, for long-term improved income).

The economic effectiveness of the SHGs varied in some elements when comparing groups operating across urban and rural settings[28]. Overall, the magnitude of savings achieved and loans taken by rural groups were greater than urban groups, though overall loan savings ratios were similar between urban and rural settings. The table below outlines savings and loans activities for SHGs operating in rural settings across Wakiso and Mbale.

Table 12 Savings and loans for rural groups across Mbale and Wakiso, over LOP

No. of groups	Total savings to date	Total loans to date	Average savings per group	Average loans per group	Total ratio

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[28] Groups were classified as either urban or rural by Project Managers, at the time of evaluation.

Groups active since Y1	36	178,880,000	243,519,200	4,968,889	6,764,422	1.4
Groups active since Y2	25	95,697,200	121,836,200	3,827,888	4,873,448	1.3
Groups active since Y3	12	22,336,700	29,581,200	1,861,392	2,465,100	1.3
Groups active since Y4	3	2,764,000	4,239,000	921,333	1,413,000	1.5
Total groups	76	299,677,900	399,175,600	3,943,130	5,252,311	1.4

Rural groups increased their average savings each year they were active, with the average savings per group increasing from UGX921,333 at 1 year of operation, to UGX4,968,889 after 4 years of operation. Average loans also increased each year, from UGX1,413,000 at 1 year of operation, to UGX6,764,422 after 4 years of operation. Average loan to savings ratios were maintained between 1.3 and 1.5 over duration of operation.

The table below outlines savings and loans activities for SHGs operating in urban settings across Wakiso and Mbale.

Table 13 Savings and loans for urban groups across Mbale and Wakiso, over LOP

	No. of groups	Total savings to date	Total loans to date	Average savings per group	Average loans per group	Total ratio
Groups active since Y1	4	30,605,900	38,218,400	7,651,475	9,554,600	1.2
Groups active since Y2	16	32,797,003	45,452,203	2,049,813	2,840,763	1.4
Groups active since Y3	27	34,534,400	46,933,000	1,279,052	1,738,259	1.4
Groups active since Y4	0	0	0	0	0	0
Total groups	47	97,937,303	130,603,603	2,083,772	2,778,800	1.3

Urban groups similarly increased their average savings each year they were active, with the average savings per group increasing from UGX1,279,052 at 2 years of operation (given there were no urban groups established in Y4, there were no groups active for only 1 year), to UGX7,651,475 after 4 years of operation. Overall average savings per rural group, were almost double that of average savings per urban group.

Urban groups' average loans also increased each year, from UGX1,279,052 at 2 years of operation, to UGX9,554,600 after 4 years of operation. Overall average loans per rural group were almost double that of average loans per urban groups.

The average urban loan to savings ratios were maintained between 1.2 and 1.4 over duration of operation, which was slightly lower than rural groups (1.3-1.5).

The loan to savings ratio is an indicator of how a group utilises their money. According to the SHG Manual utilised within the project, a well-developed, 2-year-old group, would be expected to have a ratio of above 4.0; only 1 SHG achieved a ratio of 4.0 over the LOP (a rural group in Wakiso). The graph below reflects the loan to savings ratios achieved as of Q3 of Y4 of the project for SHGs established in Y1, Y2 or Y3 of the project.
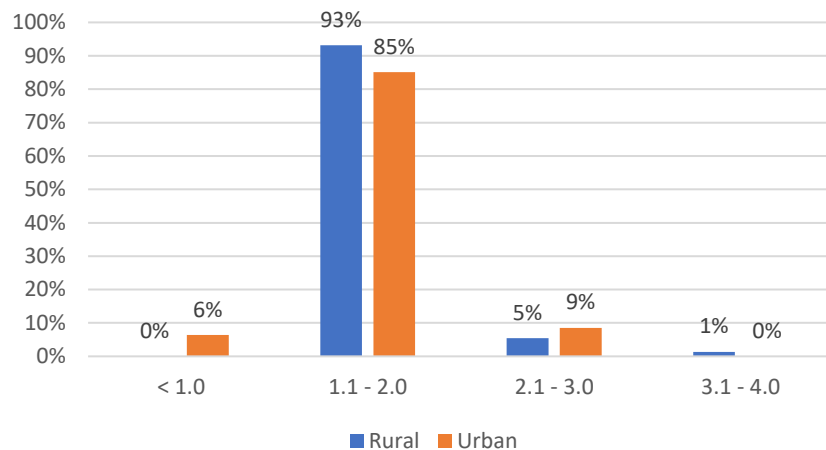
Figure 7 Percentage of urban and rural SHGs that achieved LOP loan to savings ratios of <1.0, 1.1-2.0, 2.1-3.0 and 3.1-4.0

Though the magnitudes of savings and loans were greater for groups operating in rural settings, the graph above reflects that differences in the loan to savings ratios achieved by rural and urban groups were not sizeable over the LOP.

Project staff observed throughout the project that the rotation of leadership improved SHG members' self-esteem, there seemed to be a reduction in domestic violence among households involved in SHGs, members challenged gender norms in their households and community by sometimes becoming the breadwinner of the family, and members' experiences improved social support both within groups and among the broader community.

In FGDs conducted during the evaluation, SHG members were immensely positive about the groups, and expressed a wide variety of achievements they were proud of, including being able to send their children to school (including affording books and uniforms for them), no longer having to wait for financial support from their husbands, having effective individual businesses, having effective joint businesses with other group members, problem solving with their peers in the groups, the strong bond developed among group members, improved social status within their communities, and community recognition of their service activities.

> *"My children are now in school because we can pay fees, we started when my son was in primary 2 but now in primary 5 – I have not failed to pay his fees."*
> *- Mbale SHG group member*

> *"Interviewer: What do you like most about being in these groups?*
> *Member 1: I like interacting with group members. We are able to get developmental ideas as compared to staying at home. Even if you don't have money, they will encourage you to work hard.*
> *Member 2: This group is a trustworthy and committed one. Members are able to pay their loans on time and usually, they are in a position to save every month.*
> *Member 3: The group helps a lot during tough situations. Like when a member loses a beloved one, we are there to encourage them.*
> *Member 4: We also learn how to save and seeking advice from my colleagues."*
> *- SHG Mbale*

> *"Member: Those that used to see you when you are badly off and sees that life has changed for the better, she befriends you. People may pass here without greeting you but when they see some changes, they start greeting you.*

> *Interviewer: Has this been happening to you?*
> *Member: Yes.*
> *Interviewer: Is that attributed to the group?*
> *Member: Because my life has improved my life but one may not know that it is the group that has changed my life."*
> - Rural SHG member, Wakiso

When asked what they knew about the SHGs and if they noticed any changes in their families as a result of their caregivers joining the SHGs (during FGDs conducted as part of the evaluation), children frequently provided examples of school fees being paid on time, having new books for school, more food at home, development of IGAs and that caregivers had money available to take children to hospital:

> *"Interviewer: Since your fathers started attending these groups, do you notice any changes?*
> *Child 1: My father now buys for us nice clothes and we have never lacked what to eat.*
> *Child 2: When my father joined the group, he now buys for me new clothes.*
> *Child 3: My father was able to borrow a loan that she used to start up business as I talk now we eat enough and we go school.*
> *Child 4: Since my father joined at least has some money to buy books.*
> *Child 5: He uses this money to buy clothes, shoes, hens, food."*
> - Children of male SHG members, Mbale

Children frequently identified their homes as a safe place in their community during guided drawing activities, and expressed a number of different reasons why they felt safe at home:

> *"There are parents at home and they will keep you and they will forbid you to do things that can expose you to risks of hurt. They will tell you don't go here or there just to keep you safe."*
> - Child of SHG member, *Wakiso*

> *"Because I feel better while around my parents they show me love through buying me clothes and listening to me whenever I have a problem worrying me. My mother teaches me how to cook, wash plates and also fetch water. Am able to eat food whenever I am hungry and have where to sleep comfortably"*
> - Child of SHG member, Mbale

> *"When I am home and I am comfortable I cannot get an accident. At home I am with my parents and we can converse and they can tell me some nice different stories and I also spend time with my siblings at home and at home I have enough protection from my parents."*
> - Child of SHG member, Wakiso

Effectiveness: Outcome 3

Outcome 3 related to improving children and communities' knowledge on child rights and protection, for the creation of safer communities. Children joined school child protection clubs to learn about their rights, and community members received child rights and protection training and established child protection committees to improve understanding of child protection risks, mitigating them and strengthening reporting mechanisms to make their communities safer.

i.   Output indicator results

Inconsistencies across data sources were found when reviewing datasets and figures reported against output indicators for outcome 3[29]; discrepancies are not able to be verified at time of report writing. The below comprises data contained in annual aggregated output datasets which appeared most consistent.[30]

Table 14 Outcome 3 output LOP targets and results

Output indicator	LOP target	Results achieved			
		M	F	Total	% of target
3a Community child protection committee members engaged and supported	60	111	153	264	440%
	5 committees	N/A		5	100%
3b Community members participated in community education workshops	2,600	1,476	5,254	6,730	259%
3c Child protection groups established and members engaged	38 groups	N/A		38	100%
	760	790	841	1,631	215%
3d Children benefitted from peer education delivered by members of child protection groups	2,200	1,445	1,648	3,093	141%
3e Community members and teachers trained as mentors for child protection groups	76	6	65	71	93%

Overall, data indicated that all output targets were met and exceeded, with the exception of indicator 3e related to trained mentors for child protection groups (93%). Notably, results achieved across all indicators showed substantially higher numbers of female beneficiaries reached, with the difference between males and females reached greatest for participation in community education workshops where males comprised just 22% of total community members reached. Project staff reflected (and members of male SHGs also echoed) that typically, issues of mitigating risks to children and attaining knowledge about positive child protective practices (including for example, positive parenting) are considered 'women's issues', which could in part explain the lower numbers of males participating in community education activities. Child protection committee members also noted in FGDs conducted during the evaluation that perhaps in part due to sociocultural norms of males as breadwinners, males were often expectant of financial compensation to participate in events.

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[29] Sources reviewed included annual output data, aggregated LOP output data, figures reported in donor reports, and LOP figures cited in Y4 draft learning report. Complete beneficiary registers were not available.
[30] Within these datasets some data was manually added retroactively (due to delays in data submission to MEL team, who upon receipt of data, then retroactively entered into the appropriate periods), some was calculated via automated formulas from beneficiary and activity registers where they existed.

ii.   Outcome indicator results

Indicator 3.1 - number of active community child protection committees

The project aimed to establish and support 5 committee child protection committees over the LOP. Despite some initial delays in establishing these (due to discussion surrounding the most appropriate community targeting for the committees), this target was met, with 3 groups established within Y1, 1 group established in Y2 and the final group established in Y3. While meeting minutes were not always documented as focus was instead targeted toward case recording (or minutes were documented, but not shared with MEL staff), the level of activity of the committees is reflected by the frequency of child protection reporting outlined in indicator 3.3 below.

Indicator 3.2 - percentage of children in child protection groups reporting that they feel safe in their communities

Outcome indicator 3.2 was captured annually using the group IST and did not have a LOP target. Overall, a majority of child protection club members expressed they felt safe in their communities each year (Y2 = 56%, Y3 = 86%, Y4 = 90%[31]) achieving an overall LOP result of 77%.

During meetings, members of child protection clubs were provided with information about child protection risks in their communities, ways to mitigate the risks, and reporting pathways if they experienced or witnessed child protection issues. Equipped with this knowledge, children expressed they were safer in their community. This was verified in FGDs conducted during the evaluation, whereby all clubs interviewed could list child rights, risks in their communities, and a range of reporting pathways with ease. Children also noted varied risk mitigation measures they had introduced in their lives since joining the clubs which helped to keep themselves safe, including only drinking clean water to avoid becoming sick, not walking along in the forest and other isolated areas of the communities, not walking barefoot to avoid injury, and avoiding main roads where there are frequent traffic accidents.

Indicator 3.3 - Improvement in use of child protection reporting mechanism

During FGDs conducted throughout the LOP, community members demonstrated an increased understanding of child protection issues in their communities, enhanced knowledge of reporting mechanisms, and improved reporting. During FGDs conducted over the LOP, community members stated that the nature of each case determined how it was handled, and identified a range of referral pathways including LC system, police, clan system, para social workers, CDO, PSWO, school management, judicial system, CSO, community child protection committees and CLAs. Children more commonly identified individuals in their immediate proximity that they could report to including older siblings, parents, relatives, neighbours and teachers (particularly senior female teachers), and in Y4 newly identified school child protection clubs, CLAs, community Child Protection Committees, religious leaders and CSOs.

Over the LOP, CRO supported 3 (Muyanda, Namalogo, Bumboi) and TC supported 2 (Wakiso, Gombe) community Child Protection Committees. Three groups had been established by the end of Y1, 1 additional group established by the end of Y2, and the final group established in Y3.

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[31] Data not captured for Y1.

Overall, Child Protection Committees demonstrated an improved use of child protection reporting mechanisms, as reflected by an increase in the number of cases reported by the Child Protection Committees over the LOP. The highest number of reports were made in Y3 of the project[32]; 15 times higher than Y2 when cases were first reported and recorded.

Table 15 Child protection cases report by Community Child Protection Committees over LOP

	No. of child protection cases reported (CRO)	No. of child protection cases reported (TC)	Total child protection cases reported	Total active groups	Average no. of cases reported per group
Y1	N/A	N/A	N/A	3	N/A[33]
Y2	9	1	10	4	2.5
Y3	51	98	150	5	30
Y4	49	97	145	5	29[34]

Most commonly reported cases included abuse and neglect (74% of all cases reported), school dropout (8%), and child labour (7%), with cases of abandoned/lost children, children in conflict with the law, child abduction, criminal exploitation of children and accidents involving children also reported, reflecting Committees' broad understanding of child protection issues.

Committees reported over the LOP that a key challenge was the ineffectiveness of statutory referral pathways, which were often weakened by corruption and scare resources. Examples frequently provided by the committees were negotiations between perpetrators and police causing delayed police investigations and delayed health checks for sexual abuse cases because of transport charges which ultimately compromised vital evidence needed for prosecution. Despite the challenges, the steady increase in reporting by committees over the LOP shows they continue to persist with supporting children who have had their rights violated to access the relevant statutory authorities and services.

Indicator 3.4 - Improvement in community understanding of child risks and how to mitigate to address

Results for outcome 3.4 were initially planned to be captured by community child protection mapping conducted at the beginning, middle and end of the project. However, given the time intensiveness of this approach combined with any already heavy MEL workload and several challenges encountered by staff in using newly developed data collection tools, FGDs were utilised as a more time effective alternative.

Given TC moved into new communities for prevention activities however, they prioritised child protection mapping at the beginning of the project to better understand the community's level and types of child protection risks. The mapping revealed for Gombe sub-county that the top 3 identified child protection risks were child labour, neglect and unsafe schools. Additionally, staff noted an overall very low level of child protection understanding among community members including

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[32] Y4 on track to be the highest number of reports recorded over LOP; Q4 data was unavailable at time of evaluation.
[33] Committees were being trained in Y1 of the project.
[34] To Y4 end of Q3.

children's poor knowledge of their own rights and adults' inadequate understanding of risks and mitigation measure: adult respondents to FGDs in fact incorrectly identified several risks to children as measures that help to keep children safe. Additionally, child protection structures were found to be inactive, community members were not aware of child protection structures, and there were no structural vertical linkages between the community level structures to sub-county and district levels.

Over the LOP, staff observations and findings from FGDs with child protection committees, child protection clubs, and community members indicated improved understanding of both risks to children and mitigation measures. Mbale community members for example were able to identify poor parenting, substance abuse, parental illiteracy, and poverty as presenting the highest risks to children in their communities. In response to these, they recommended continued community sensitisation about child rights and child protection, strengthening traditional clan systems, strengthening community level referrals pathways because of their proximity to children who may require services, and promotion of child participation.

Given TC's child protection mapping at project inception revealed a lack of linkage between child protection structures at different levels, TC focused on strengthening monthly linkage meetings to improve referral pathways and coordination. By Y4 linkages had strengthened resulting in interesting community-led initiatives such as targeted education sessions on identified child protection issues in particular villages, and development of LC bylaws related to sending children to school and designated times and ages for public film showings within communities. These targeted initiatives are indicative of much improved community understandings of child risks and mitigation measures.

In FGDs conducted during the evaluation, group members confirmed their knowledge of a wide range of risks to children, including identifying risks which were cross-cutting and risks which were more prevalent for one gender. Members were also able to identify gender-specific mitigation measures for gender-specific risks. Members of a child club in Mbale noted girls' experienced period poverty[35], and that they could discuss with their female teachers as a mitigation measure or learn to make their own reusable sanitary items. Clubs across Wakiso and Mbale additionally identified that girls were at greater risk of sexual harassment and abuse and should therefore avoid quiet and isolated locations with their communities and avoid wearing clothing above the knee to prevent unwanted attention. This sentiment was echoed by committees, though one member from Gombe astutely noted that boys were also at risk of sexual abuse, and due to sociocultural norms were less likely to report or to be believed if they did report, meaning there were resultantly less likely to access necessary services or justice. Members further discussed that while both genders were at risk of child labour, the types of labour varied, with girls more likely to be pushed/pulled into domestic labour (they further identified these girls were at high risk of sexual abuse by their employers), whereas boys were more likely to be pushed/pulled into brick laying and other harsh forms of manual labour. Committee members noted the best mitigation measure against child labour was informing police, who would then speak to, or arrest, employers.

Committee members additionally expressed during FGDs that they perceived the biggest impact of their community awareness raising activities to be improved relationships between parents and children, an increase in primary school enrolment of previously out-of-school children and a decrease in child labour. Mbale committee members noted subtle gender differences in these achievements. It was identified that while there was increased primary school enrolment for

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[35] Period poverty is characterised by a lack of access to sanitary products, safe, hygienic spaces in which to use them, and the right to manage menstruation without shame or stigma. It can affect girls' health, education, and well-being.

previously out-of-school girls, they felt that secondary school enrolment for girls remained the same. Additionally, they noted a greater reduction in child labour for boys, though noted this may be attributed in part to the types of labour boys were typically involved in being more publicly visible.

> *Interviewer: Have you observed any changes in the community since you formed?*
> *Member 1: Child education. Before the committee was formed, Nabisolo primary school had only about 200 children but as of now, they have increased to 600 pupils.*
> *Member 2: Reduced school dropout rates. Most of the school-going children are at school. Three years back parents neglected their role of educating a child but rather preferred introducing them to business. The primary school population has increased; unfortunately, few of them join secondary schools especially the girl child.*
> *Member 3: Community members have knowledge about child protection and child rights. Children are now at school, and there's reduced child labour.*
> *Member 4: Community attitudes towards domestic violence. We heard families that have success stories and they are very appreciative. In case of any violation, the community is aware of the referral pathway*.
> - Mbale child protection committee members

Effectiveness: Outcome 4

Outcome 4 related to ensuring that local officials engage with the learning of the project around child rights and protection with a specific focus on agreeing to a common approach to supporting highly vulnerable children, families and communities, comparing informal semi-urban communities to rural areas, and with a specific goal of reducing family separation.

Over the LOP, there were challenges in capturing information for this outcome, as the project lacked specific tools to collect data related to the specific outcome indicators, and faced challenges related to district stakeholders' lack of documentation when conducting activities related to the project. These challenges are compounded for the final evaluation by the lack of baseline data against which to measure progress made related to this outcome.

i.   Outcome indicator results

Indicator 4.1 - Attendance at district events facilitated by the project to generate learning on family separation

The project was able to substantially exceed the target relating to attendance at district stakeholder events, with 439 stakeholders attending coordination meetings and forums, detailed below:

Table 16 Outcome 4 output LOP targets and results[36]

Output indicator	LOP target	Results achieved			
		M	F	Total	% of target
Stakeholders (national/district) and project staff participated in meetings and forums	56	239	200	439	784%
Number of meetings	104	N/A		83	80%

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[36] Meeting and attendance figures were not able to be verified against meeting minutes or attendance lists, as neither were systematically recorded or availed to MEL teams.

Staff identified throughout the duration of the project, however, that those in attendance at the meetings were not always the targeted government officers:

> *"High expectations [is a challenge], some of the stakeholders have very high expectations and they believe we NGOs have a lot of money and when you call for a meeting and you ask about their expectations, the expectation of allowance will not miss and I want to tell you that government has come up with structures that if it's this, this is the amount we are supposed to give but with experience but some have told us that we give very little money, if CRO calls for a meeting and offers UGX30,000 as outlined by government to the district officials, but we have a meeting even when other stakeholders are having a meeting at the same time, those people from government will send you representatives and go and participate in another meeting. But the challenge when the CDO or probation officer sends you a representative, much as they can talk on their behalf but they cannot take decisions or give you an action plan, so all they do is listen and take the information and it becomes very difficult to follow up."*
> - CRO staff

Indicator 4.2 – number of district approaches to separation agreed

A wide range of approaches to prevent separation appear to have been agreed to among project stakeholders. Agreed-upon approaches identified throughout project learning documentation and during interviews with project staff and district stakeholders under the final evaluation include:

- cultural institutions regulating processions of the annual circumcision festival in Mbale which tends to pull children to the street,
- radio talk shows promoting child protection messages,
- arresting employers of children,
- mainstreaming positive parenting across all government child protection actors,
- strengthening community-level structures to effectively handle child protection cases (including district-wide roll out of community child protection committees),
- stronger implementation of all laws related to child protection,
- promoting parental responsibilities in child rearing (including provision of school materials which can present barriers to school attendance),
- improving safety in schools,
- promoting the importance of education for girls and children with special needs,
- strengthened coordination for streamlined referrals of vulnerable children to service providers, and
- appointed planning focal persons as to ensure all prevention work is included in district plans.

The definition of this indicator requires that approaches are agreed to and documented. As noted at the opening of the Outcome 4 section, there were challenges in capturing how government documented their activities related to the project, meaning documentation of agreed approaches is difficult to verify. A promising example was raised in the Y4 learning meeting however, whereby the Wakiso district government stakeholders informed project staff that monitoring of SHGs' performance by the community development department and monitoring of schools (for safety) by the District Education Officer were to be incorporated into the respective stakeholders' work plans.

While a range of prevention approaches were agreed to and some were rigorously implemented (example raised by project staff in the Y3 learning report was police arresting individuals who were employing children in Mbale), project staff equally identified challenges in ensuring all stakeholders followed through in implementing the approaches. Government stakeholders across Wakiso and Mbale all identified during evaluation interviews that scarce resources were often a barrier to implementing the agreed-upon approaches (transport was frequently mentioned).

Indicator 4.3 – Extent and quality of networking between stakeholders

During evaluation interviews district stakeholders identified numerous stakeholders who were involved in protecting children and supporting the prevention of separation, including Local Councils, CDOs, para social workers, village health teams, religious leaders, teachers, CFPU, court, pro bono lawyers, NGOs and children. Encouragingly they also reported frequent collaboration among stakeholders over the LOP:

> *"Interviewer: And what is your working relationship with all these?*
> *Mbale district stakeholder: Good, we are working well together, we share a lot, advise each other, they call me for training, for community dialogues, I also call them where I need help.*
> *Interviewer: And are there coordination structures?*
> *Mbale district stakeholder: Yes, we have Parish OVC Committee, Sub-county OVC Committee, District OVC Committee and then the service linkage which links all the service providers. We also have monthly meetings facilitated by* Programme for Accessible Health Communication and Education *with para social workers and GBV/focal persons and selected CDOs."*
> - Mbale district stakeholder

The frequency of project stakeholder coordination was further confirmed by project staff.

Indicator 4.4 - Improvement in stakeholders understanding of approaches to separation

Where at the beginning of the project there was a sense among district stakeholders that economic vulnerability was the core factor in child-family separation, during evaluation interviews district stakeholders were able to identify multiple factors, including alcohol abuse, parents separating/divorcing, harmful cultural beliefs that contribute to high levels of violence against women at home, violent forms of punishment toward children, food instability, and limited access to social services. Government stakeholders particularly highlighted the importance of parenting and child protection knowledge within communities, and identified how this varies between rural and urban settings:

> *"The main cause that I can attribute to is low economic levels, there are families that can only [afford] one meal a day which makes children to roam around looking for scrap to sell at 500/= or 1000/= to get things such as buy food to eat, and now prefer life out of home and this is on the rise. It makes children think home is worse than the street hence they now prefer the street to homes. The other pronounced cause is irresponsibility of parents in town who do not give attention to the family and they are always moving about compared to other parents in the village who are more responsible. The village parents have little money to offer but they are there for their children as opposed to their urban counterparts."*
> – Mbale District Stakeholder

Mbale stakeholders attributed their improved understanding of the causes of separation in part to their participation in project activities:

"Actually [FRAPS] give me an opportunity to interact with these children directly, those living on the streets and I hear their concern directly even before the report is made and I hear first-class information from these children directly. And how does that help me? When I go to radio, I know what to tell the communities, when I go to community dialogues, I can know what exactly to tell the community using the children's views themselves and not my views but what I have got exactly from each child."
- Mbale District Stakeholder

Overall, district stakeholders' ability to generate numerous appropriate approaches to prevention of separation (listed above in outcome indicator 4.2), is a strong proxy indicator of their improved understanding of the causes of separation, and approaches to better protecting children and ensuring their needs are met.

Unintended outcomes

Several unintended outcomes of project interventions were identified by staff throughout the duration of the project (highlighted in learning meeting reports) as well as by beneficiaries and government stakeholders during interviews and focus group discussions conducted as part of the end of project evaluation.

A significant unintended outcome identified by project staff was the formation of male SHGs. While the SHG protocols[37] utilised by the project intend to target women, interest in the groups developed among males in target communities in Y2 of the project, so partners piloted male SHGs in Y3. While project staff recognised some difference between the male and female SHGs during learning meetings (i.e. longer to build social bond and trust among the group, frustration that savings were small to begin with), male SHG members expressed similar appreciation of the groups, and similarly positive family-level outcomes, to their female member counterparts:

"Member 1: This group has helped me borrow money to educate my children, buy uniforms, books and pens. I once borrowed one million for school fees.
Member 2: As men, we only thought that these CRO groups are for women, however, these groups have given us knowledge on health, education and saving; we have understood that even saving 500 shillings is very important.
Member 3: It has helped us reduce domestic violence; you do not look at what the woman has earned and she does not also look at what you have got."
- Male self-help group members, Mbale

Project staff acknowledged an array of accelerated positive outcomes of the male groups related to their influence among other men and the community at large:

"Culturally men are listened to more than women and that is a very key issue. So, by not bringing men on board we were somehow missing a point. Actually, the more men we bring on board the more advantage for us. Their greatest contribution is that they influence the bigger community. For example, while we are holding sessions in the beginning and people said those things are for women, when men started coming for those sessions other men got excited and their involvement in their groups has increased men's involvement generally in our activities. So, they have had a very big influence on other men to join into our activities. And on our parenting trainings we have a plus on them. I think men are more open to

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[37] Kindernothilfe model, more information can be found at <https://www.kindernothilfe.org/multimedia/KNH_INT/KNH_Englisch/Self+Help+Group+Approach+Manual-p-54022.pdf>.

transfer knowledge than women because at some point when we went to Kona west they were able to identify who is not taking children to school and it became a very big issue and they were reporting people who do not take their children to school. And with the women they may not say it. And from the parenting trainings they have participated in they are contributing so much in taking care of the children in their households. Even children will tell you that the other time many children were only getting support from their mothers, as if there were no men. But from that point even in the Parent-Teacher Association meetings that we arrange the men attend. So somehow even their involvement has improved even in the school where their children are attending."
- TC prevention staff, Kampala

"Those are their sharing: "We thought bringing up a child is for women, but we realised it is a collective effort". And you know, these men are usually in the community leadership and the way they are communicating our project you can't go wrong. Every after a gathering they will speak about child protection; they will speak about parenting; they will speak about taking children to school. So somehow when these men are involved there is a bigger influence."
- TC prevention staff, Kampala

Project staff also highlighted the amplification of positive outcomes where both male and female caregivers were in SHGs:

"We notice that in the families where we just used men as entry points, they get the knowledge about what is going on, but they are not involved, so they know there's money, anything else they don't know. But here where we train the women, we also train the male groups and you find that the families of those groups work together, this one gets a loan from one group and the man also gets a loan, and then they are working together to complete something and at the end of it, the stress about looking for something, that 'am doing this', and 'am looking there', then 'how about you', 'am the only one carrying this family', all those kinds of things are not there. In families where the men joined groups as well, they are stronger."
- CRO prevention staff

A similarly positive unintended outcome of the SHGs was the emergence in several communities of a strong community perception of the SHGs as child protection champions. Several groups discussed during interviews that they are recognised by their communities as having useful knowledge about parenting and child protection, noting that parents request their support in managing sensitive situations with their children. Similarly, members noted they receive child protection reports from their communities, investigate the cases, work to resolve the cases, and record them in their books. Members noted this increased community accountability related to child protection:

"Now even parents who abuse and torture children they will do restraint because they know if we happen to learn that they mistreat children that will be very bad because we can even take to the LC. So that has helped us, and many parents are now sensitised about how well they are supposed to take care of children."
- SHG members Gombe, Wakiso

The community perception of SHGs as child protection champions was often similarly held by Local Administration:

> *"Local Councils now invites us when they get cases of children because they know we were trained on issues of children. So, when they get cases about children, they normally invite us to support them because we were trained."*
> - SHG members Gombe, Wakiso

A less positive unintended outcome of female SHG activities was some members' husband's challenge in adjusting to their wives' newfound economic empowerment (which was perceived as conflicting with sociocultural norms) and subsequent abdication of contributing economically to their families. During focus group discussions conducted as part of the evaluation, several female group members (from multiple groups) spoke of their husband's lessened economic contribution to their families as a result of their own increased economic activity:

> *"Our husbands have left all the responsibilities to us since we joined this group claiming we make more than they do, this strains us a lot and that is why we move to town every morning selling fresh vegetables."*
> - SHG members, Nabisolo, Mbale

> *"Men have dropped their responsibilities in the family claiming we make more money than they do."*
> -   SHG members, Bungokho-Mutoto, Mbale

Similarly, project staff echoed how SHG members' increased economic status was not always appreciated by their husbands:

> *"You know like before, the man is talking and he is having the money, so [the women] have to be quiet. But now the man talks, [the women] also answer back, he has the money, you also have the money, then he threatens like, 'gwe ngenda kuleka' ('you go, leave me') and the woman immediately asks 'ompaa kii?' ('what do you give me?'). So, kind of the men thought that the women are over empowered. So the men felt that the economic empowerment makes the women feel bigger, run out of respect, etc., that's when we had to include topics like conflict resolution, more sensitisation targeting the people that had spouses and the spouse of the member to handle stress management but also conflict resolution approaches."*
> -   CRO prevention staff

Related to the child protection clubs, several members noted that their peers sometimes view the clubs as being only for children whose parents have passed.

> *Interviewer: How do children that are not in this group react to the school or community activities?*
> *Member: Those with a negative attitude claim these groups are for orphans, therefore, they can never join.*
> - Child Protection Club Member, Muyanda, Mbale

Members were able to explain that clubs are for all demographics of children but mentioned initially feeling stigmatised as a result of the misperception of group membership. Uganda's child protection

system relies heavily on interventive/response services provided by NGOs; fewer prevention services are available. As a result, communities may mistakenly perceive NGO-initiated preventative services to be response services, and sadly stigmatise members on the basis of their membership.

Similarly, some community child protection committee members stated they have been threatened as a result of their committee membership and activities:

> *"If the person you reported to police is your village mate, they will now hate you and they will make you an enemy. They will keep saying, "She wouldn't have reported me to police; she would have left the issue". Such issues can cause you problems and the person may even want to knock you with a motorcycle."*
> - Community Child Protection Committee member, Gombe, Wakiso

While committee members for the most part stated they are supported and respected within their communities as a result of their committee membership, they conversely highlighted that it can become difficult to remain living in the community among those they have reported for child protection incidents without any statutory authority which may provide protection:

> *"We don't even have a uniform to identify us and to show these people we are a different category of people charged with the responsibility to keep children safe in our communities. So that is a very big issue."*
> - Community Child Protection Committee member, Gombe, Wakiso

More positively, community child protection committee members identified that their activities were impactful in terms of violence not only against children, but also for violence against women:

> *"We have been able to help children who were suffering, and we have also helped women who were being tortured. Actually, at the moment I see a difference that domestic violence against women is not as so much pronounced nowadays like it was before."*
> - Community Child Protection Committee member, Gimbo, Wakiso

Efficiency and economy

Despite some delayed activities at the beginning of the project, the project overall delivered higher outputs than planned, whilst remaining within budget. Most output targets were exceeded by the end of Y3 of the project, while spending was still within budget[38]. Though Y4 financial information was not available at the time of the evaluation (due to an annual reporting cycle), planned budget for Y4 was essentially equal to Y3, and with activities phasing out, a project history of slight overall underspending, and ongoing rigorous financial monitoring, it is likely Y4 spending will be within the **total project budget (£999,423).**

Outreach targets were exceeded exponentially whilst spending was within budget and the quality of services were arguably maintained, as reflected by high level of satisfaction with services expressed by beneficiaries, who stated during focus group discussions that services were useful and relevant to their needs, that they valued their relationship with staff, and that services helped move them toward safer environments as was intended. When considering just the direct cost of street outreach and outreach staff salary, total LOP spending was £25,834, reaching 5,769 children, for a

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[38] Budget to end of Y3 was £747,957 vs £743,934 actual spend to end of Y3; Y4 financial report unavailable at time of evaluation.

cost per child of £4. However, this excludes services accessed by children at centres, including food, non-formal education and medical; for CRO, given the drop in nature of the centre, it is difficult to determine appropriate allocation of these expenses (and related staff salaries) between outreach and reintegration, i.e. when do services provided at centres cease to contribute to outreach objectives, and transition to contributing to reintegration objectives.

Noteworthy in terms of both efficiency and cost effectiveness, when changes in government policy required TC to cease the provision of drop-in services (in favour of a residential only centre), outreach staff worked via peer leaders to maintain the reach of outreach despite the new 'closed door' policy of the centre:

> *"Under closed doors, we knew we had to intensify our outreaches more than ever before. Because with the other one (open doors), you would have children coming here every day. So you would have time to talk to them and others made decisions to stay while others could go back. When it came to closed doors, you couldn't see any children coming here. So this was time for head hunting and head hunting meant moving down to the ground… When we brought in the 'power blockers', it changed things. You find that the mobilisation after orienting them very well, we have the peer leaders. They help us to identify those children badly in need of help. They mobilise them, after mobilising them, we speak to them. It has impacted the beneficiaries in way that these power blockers act as mouthpiece of these children on the streets because when there is somebody abusing them, they (peer leaders) are able to take action as faster as possible before I even intervene. They are able to do it in my absence. They are able to stand for their rights because they are always with them"*
> -TC staff

The overall **cost of reintegration per child for TC was £663.24** and the overall **cost of reintegration per child for CRO was £359.27**, inclusive of all centre-based services (food, shelter, medical, catch-up education), formal education / training / apprenticeship, family tracing, assessment and pre-visits, placement, family support and follow-up, including centre and reintegration staff salaries.[39] The difference in cost per child can be largely attributed to TC's higher operational costs being location in Kampala, higher staff salaries (due to higher overall cost of living) and that TC reunified children across Uganda and as far as Kenya, Tanzania, Rwanda and Congo (only 13% of children reunified were placed within Wakiso or Kampala), while a majority of CRO cases were reunified within Mbale (85%) and neighbouring districts. A similar organisation operating in Kampala to reintegrate children connecting to the street, Dwelling Places, estimate their 2019 cost per child as US$1,200 (approximate equivalent of £923). This figure includes residential rehabilitation, tracing and family assessment, a resettlement package based on the unique needs of the family, and one year post-reunification education support. A comparatively smaller scale reintegration program working with cohorts of 4 street-connected boys at a time also based in Kampala, Benjamin House Ministries, estimates their 2019 cost per child as USD900 (approximate equivalent of £681). This figure is inclusive of all expenses related to a 2-3 month stay at a transitional home (e.g. food, shelter, counselling, drug detoxification services, catch up education), tracing, assessment, 1 pre-reunification bonding visit, placement (mostly to Kampala, Wakiso, Mbale and Arua), school fees for first term, and 2 years post-reunification monitoring (including phone follow-up and minimum of 3

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[39] Inclusive of actual expenditure for Y1, Y2, Y3 and planned expenditure for Y4 as actual expenditure for Y4 was not available at the time of evaluation.

physical visits per year).[40] A comparatively larger reintegration program working with street-connected children in Kisumu, Kenya, Agape Children's Ministry, estimated their 2017 cost per child as USD641 (approximate equivalent of £485). This figure is inclusive of all administrative and rehabilitative expenses associated with a 3-4 month stay in a transitional home, tracing, assessment, pre-reunification bonding visits, placement (across Kenya and occasionally to bordering countries), and follow-up visits.[41] The Family Resilience (FARE) project[42] which operated in Kampala and Wakiso from 2015-2018 (and of which Retrak Uganda was a partner), estimated their cost per child for reintegration to range between USD437 (approximate equivalent of £331) and USD893 (approximate equivalent of £676) depending on the household economic strengthening intervention provided[43] (where financial literacy and business training was cheapest at $56 and apprenticeship and vocational training most expensive at $512). A recent 3-year project, Keeping Children in Healthy and Protective Families (KCHPF), which aimed to reintegrate 650 children (approximately the same reintegration target for FRAPS) living in institutions across 9 districts of Uganda, was budgeted approximately £1,000,000 to conduct case management. The case management component of KCHPF did not include any outreach services, centred-based services, economic strengthening intervention[44], prevention work, etc. – it included only costs directly associated with reintegration case management (i.e. staff salaries, 3 offices where case managers were based, transport for staff to conduct case management processes, case files, etc.). The case management SOPs and tools utilised under KCHPF were informed by SOPs and tools used by TC under the Deinstitutionalisation of Vulnerable Children in Uganda (DOVCU) project. The primary difference in the KCHPF and FRAPS case management approaches which accounts for KCHPFs more sizeable budget for similar targeted number of placements is case load; KCHPF employed 30 case managers (as well as 5 case manager supervisors and 1 case management quality assurance officer) to conduct reintegration case work for 650 children (i.e. a LOP case load of approximately 22 cases per case manager), compared to 4 reintegration social workers employed under FRAPS (i.e. a LOP average caseload on per social worker of 158).

Total expenditure on SHGs over the LOP was £109,094[45], averaging to a cost per group of £887, or **£44 per member**. Comparatively, VSLA mobilisation, training and support cost $98 (£75) under the FARE project, though notably excluded the core trainings included in the SHG model. The groups produced a total of £81,511.12[46] savings (average £663 per group, or £33 per member) and benefited 2,487 members directly, and their 9,321 children indirectly, via loans and business skills training, social support, positive parenting, and child protection. Additionally, SHG's community activities and community child protection leadership widened their impact further. While direct

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[40] Information shared during personal correspondence with consultant. More information on Benjamin House Ministries can be found at https://www.benjaminhouse.net/.

[41] Information shared during personal correspondence with consultant. More information on Agape Children's Ministry can be found at https://agapechildren.org/

[42] More information on the FARE project can be found at https://www.avsi-usa.org/fare.html.

[43] FARE costings: outreach and enrolment into residential care - $166; child assessment and development of individual care plans while at the centres - $86; family tracing/pre-visits - $67; family assessment - $4; case planning and follow-up - $58; Household cash transfer ($120) and disbursement process - $330; VSLA mobilization, training and support - $98; financial literacy and business training - $56; apprenticeship and vocational training $512; locally-appropriate income-generation activity training - $154

[44] Cash transfers were provided to families under KCHPF, though separate from the case management budget.

[45] Inclusive of actual direct expenditure and staff salaries for Y1, Y2, Y3 and planned expenditure for Y4.

[46] Savings recorded under the project in UGX, converted to GBP for comparison using exchange rate of 0.000205 (average across 2016-2019, accessed 12th December 2019 from <https://www.xe.com/currencycharts/?from=UGX&to=GBP&view=5Y>).

inputs into groups decrease as they stabilise (requiring less staff support, therefore lower allocation of staff time), group savings grow overtime, reflecting a financially sustainable model. As one prevention staff member stated during a focus group discussion: *"I have learnt that people just need something that brings them together, because we have not put money into the groups, but only money into ourselves to go";* that is, no financial injections are provided to the SHGs, and yet they are effective*.

Child protection clubs and committees totalled £27,160 over the lifespan of the project[47] and reached 11,745[48] community members to strengthen their understanding of child rights and child protection and make their communities safer; a **cost of £2.30 for each community member reached**. Additionally, Child Protection Committees managed a total of 305 child protection incidents over the lifespan of the project.

The above financial findings are consistent with global empirical evidence that child protection prevention (CCPCs) and early intervention (SHGs) services are less costly than response (reintegration) services[49], as well as national programmatic evidence that suggest reintegration case management activities are costly compared to other interventions, due to the intensive nature of the approach and the geographical disbursement of target populations[50].

Staff reported during interviews that MEL activities (in particular, monitoring data collection) were more resource intensive than anticipated, across the lifespan of the project. Financially, the concerns were not founded (with a reported slight underspend on MEL activities at the end of Y3: £113,127 planned budget vs £111,419 actual spend), however the time investment required by both MEL and project implementation staff did appear higher than anticipated. With the introduction of several new MEL tools, there was need for continual capacity strengthening of staff to use the tools, including refresh trainings. Additionally, several staff identified during interviews that manual data collection (as compared to a digitalised system) across the high number of monitoring tools was a key inefficiency within the project: *"I think we didn't envisage how demanding it (manual data collection) would turn out to be to call for addition staffing", "I would say that the data collection was very demanding which required over-stretching of the project implementing staff: it was heavy work."* – TC Project Management and MEL staff. Despite the time-consuming nature of MEL activities, CRO staff reported during learning meetings that the introduction of a more rigorous MEL system had been invaluable in helping them to make data-informed decisions which had not previously been possible for the organisation. Data captured was utilised by CRO and TC throughout the project to develop several strategies to overcome challenges and improve efficiency, for example, identifying that re-tracing families who moved households post-reunification was expensive and time-consuming, staff recalled during focus group discussions that they developed a strategy whereby they would collect contact details for at least 3 people surrounding the family who would be likely to know where the family had gone should they not be found at their original

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[47] This includes actual expenditure for Y1, Y2, Y3 and planned expenditure for Y4.

[48] Includes committee members trained, community members reached via community education workshops conducted by committees, mentors trained to guide clubs and children reached via peer education by conducted clubs.

[49] UNICEF (2014). Ending Violence Against Children: Six Strategies for Action, accessed <https://www.unicef.org/publications/files/Ending_Violence_Against_Children_Six_strategies_for_action_EN_9_Oct_2014.pdf>.

[50] FARE (2019). *Costing Report* [draft], provided by Retrak.

residence. Thus, while time investment may have been higher than anticipated for data collection, it is likely to have made both organisations more efficient in their implementation in the long term.

Inadequate staffing was highlighted by various interview respondents as a key concern. CRO staff noted during focus group discussions that they had relied on interns and staff not included in the project budget throughout the LOP to ensure they met project targets, stating *"We were understaffed; if we were to go by only the staff that the project catered for probably we would not really to achieve all the intended outcomes".* TC staff echoed concerns related to inadequate staffing during interviews, particularly related to the reintegration component of the project. With just 3 TC social workers focused on reintegration, and a total case load of 432 children placed (nationwide) over the LOP, TC key Project Management staff recognised *"The impacts of inadequate staffing could possibly affect the intensity of case management and support for the children that had been reintegrated".* TC reintegration social workers themselves echoed this, stating: *"It becomes a challenge because looking at our staffing we are not many. And there are families where at least every after two or three weeks you need to know how the child is faring".* CRO similarly had 2 social workers focused on reintegration, and a total caseload of 201 children reunified over the LOP. Key Project Management staff noted during focus group discussions that high caseloads also impacted the wellbeing of the TC reintegration team: *"It might not appear on paper, but the staff that was involved if you ask they will tell you that they were dying as it was real stress… am happy that we didn't get someone admitted because of the pressure on them."* Finally, TC staff highlighted that while outreach staffing was adequate to meet targets, there would have been improved efficiency in targeting female children on the streets if a female outreach worker had been added to the team, stating:

> *"There is a lot of obstruction from the street adults while rescuing [children] especially the girls of 17 to 18 years, because there are people who could be using them… You find that when we are conducting these outreaches, we could be receiving much resistance by adults who look at us as potential people who can snatch their girls. So some of the challenges are attributed to that, but if we would have a female added to staff, it could help solve this."*

Sustainability

Related to outreach, project staff identified that strengthening of several strategic partnerships has improved the sustainability of the environment in which outreach operates in Kampala in particular. Staff noted that continued advocacy on behalf of clients to health service providers and police saw a reduction in stigma toward street-connected children and an increase in awareness of child-friendly practices, which ultimately strengthened the direct relationship between children and these critical stakeholders, an important achievement in supporting children on the street going forward:

> *"There is this stigma against street children when you go out, but we have engaged the service providers and we tell them that these are not only street children, but they are our children. So now they get less stigma at the health centres. So, I think that partnership with other service providers is key. And we have also engaged police, community leaders and other stakeholders. We have a good working relationship with them which is key to providing safer environments for the children."*
> – TC staff

Interviewer: Okay any other changes for the last four years?
TC Staff: The other change is; how we have managed to work with police institution as we involve them in our night outreaches.
Interviewer: Do you have night outreaches?
TC Staff: Yes, where we want them to also get to know how best we can handle the children together. By not necessarily using excessive much force but to talk to them peacefully and enable them make rightful choices about their lives. Our involvement with them has really helped us yield fruits.
Interviewer: Which ones?
TC Staff: The fruits are; whenever we need services from police or children need services. Previously children would not dare go to police stations and this was looked at as problems. They were enemies but now children have that freedom and courage to go to police and tell them the problem. And they are able to help out especially Child and Family Protection Unit."
– TC staff

Findings reported by beneficiaries, staff and government stakeholders suggests that reintegration conducted under the project will likely have mixed levels of sustainability. While IST scores largely reflected positive outcomes indicating reintegration was achieved, concerns raised by staff throughout the duration of the project related to family dependency on the project for ongoing support were echoed during interviews conducted under the end of project evaluation. Overall, there was evidence that some households remained dependent on project support to varied degrees, in particular children/caregivers interviewed in Mbale, who stated:

"Interviewer: How has CRO helped you?
Caregiver: They have helped her a lot, they bought her a mattress, blanket, and a goat which they stole but lucky enough I found it, they pay her school fees, and she was bought a school uniform and also provided her with books.
Interviewer: What other support would CRO provide?
Caregiver: All I need is [reunified child] to be educated but also we do not have where to stay if it's possible CRO should get us land to permanently settle; I honestly don't know where they will find me tomorrow because this place is not mine… If possible, they should buy us a plot of land and we stay in because we just wonder as there is no permanent place to stay in.
Interviewer: Talking about wondering looking for where to stay, what do you think of [reunified child]'s future?
Caregiver: It is not good but also I do not have enough support. Am very sure it will affect her studies because I do not know where I will go. I cannot go to the village because my son sold all the lands... CRO should help me get a permanent residence."
- Caregiver of reunified child, Mbale

"We can even spend about a week without food. The only food I eat is at CRO."
        - Reunified child, Mbale

"Interviewer: How about your life in the family?
Child: CRO pays for my school fees. They provide lunch for me. Every during lunch break while school I go to CRO for lunch. CRO also provides for my medication."
- Reunified child, Mbale

"Interviewer: If CRO stopped supporting your family, how will you look after your children?
Caregiver: I will continue with my vegetable business to see that they survive and as for

> *[reunified child] I want her to continue being in the project .CRO should always visit [her]."*
> - Caregiver of reunified child, Mbale

> *"Interviewer: What have you liked most since she was brought back?*
> *Caregiver: She now goes to school however I have a big challenge of paying her school fees. She has sat home for 2 weeks now because of school fees yet her colleagues are about to seat for exams. I sent her to CRO they told me that they would sort her out but still they could chase her from school.*
> *Interviewer: What kind of support did CRO provide to prepare you receive your child?*
> *Caregiver: She was given a mattress but without a blanket, a goat but it died. They also pay her school fees. When she falls sick, she goes to CRO."*
> - Caregiver of reunified child, Mbale

Unfortunately, in contrast to the objectives of reintegration, the approach to these particular cases seems to have created an unsustainable dependency on the project. Notably, the scores recorded via the IST across reintegration domains for these cases indicated sustainable reintegration; the reasons as to why should be further explored.

Further, several children interviewed demonstrated a lack of attachment to their community of reunification in that they could not identify safe/supportive adults other than project staff/donors:

> *"Interviewer: If you had a problem at home, are there people outside your family you could talk to?*
> *Child: Yes...*
> *Interviewer: Who are those?*
> *Child: I would talk to [CRO social worker], my friends, and [CRO teacher]."*
> - Reunified child, Mbale

> *"Interviewer: If you had a problem at home, are there people outside your family you could talk to?*
> *Child: Yes... I would talk to [CRO program manager], my friends, [CRO teacher] and the white man who pays my school fees."*
> - Reunified child, Mbale

All children interviewed noted they had been informed to return to the CRO centre should they face any challenges. While it is positive that children have a continued sense of support, this approach may also have had a limiting effect on children, in that it didn't require them to seek and develop relationships with supportive adults within their communities.

Similarly, some caregivers interviewed expressed a lack of social support network, and that where their (reunified) child experienced challenges, they first looked to the project partners for support:

> *"Interviewer: What if you get any challenge within your family and you need help, who are the people you would go to?*
> *Caregiver: To be sincere I don't have any.*
> *Interviewer: You don't have anyone or even an organization you can run to?*
> *Caregiver: Unless the challenge faced is concerning the child, I can inform [TC] about the situation.*
> *Interviewer: I wanted to know about the challenges we face while in our families?*

> *Caregiver: When it is about the child, I run to TC and if it is on my side, I just call them to inform them about it so that they are aware of what I am going through."*
> - Caregiver of reunified child, Wakiso

The sustainability of education support was a topic of consideration and debate for both partners under the project. At annual learning meetings and during end of project evaluation interviews, project staff recognised the unsustainability of paying for reunified children's school fees and the need to increase household economic strengthening as an alternative:

> *CRO staff: "The children we began within 2016, one way to keep them at home was to extend a hand with their education, every year you are supposed to support them but you also have new ones, in year one we had 50, in year 2 we had 100 and in year 4 we have 200 but we are supposed to support all of them yet we anticipated 50. But as I said every year we were having reviews and we reviewed that and when you look at the finance spreadsheet you realise that there has been over expenditure but the explanation is the numbers are cumulative we don't support and dump"*
> - CRO management staff

In contrast to the mixed sustainability results related to some reintegration outcomes, the outcomes achieved via SHGs are arguably likely to be the most sustainable of the FRAPS project, with project staff, beneficiaries and government stakeholders all overwhelmingly positive about the impact of the groups, and confident they would continue after the close-out of the project. During interviews conducted as part of the end of project evaluation group members stated:

> *"It will definitely continue. Saving has done for us wonders."*
> - SHG member, Mbale

> *"Interviewer: Will this group continue?*
> *Members: Yes the group will continue!*
> *Member 2: The group will continue because it is where we eat from.*
> *Member 3: We have gained a lot out of this group, therefore, it will continue.*
> *Member 4: Our children are at school because of this group, therefore, it won't stop."*
> - SHG members, Mbale

> *"Interviewer: Will the group continue?*
> *Member 1: Yes.... our group must continue.*
> *Member 2: This group has empowered us a lot. It will have to continue."*
> - SHG members, Mbale

Echoing the above sentiments, project staff stated:

> *"I think they will continue. They have been running without money from us, apart from a small facilitation and the respect they have earned from the community, this will continue."*
> - CRO staff

> *"Interviewer: So do you see these groups continue operating after the project?*
> *TC Staff: This is a big yes!*
> *Interviewer: Yes; why is it a big yes?*
> *TC Staff: Laughs…the first reason why we see these groups continuing is there has been a social aspect among the groups. This social aspect is something you don't need to supervise. These groups have even come up with very innovative things. For example, during their meetings they even a little money they collect and give to somebody as contribution for scholastic materials. So, the social aspect is very strong and you can see that they will be very sustainable even without us."*
> *- TC staff*

In addition to the positive impact already achieved by the groups which encourages them to continue their activities, the groups' self-leadership and ownership of their own bylaws and activity planning, the establishment of joint businesses and bank account among the groups, and the hierarchical nature of the groups' composition (i.e. individual SHGs linked to CLAs[51] and Federation) and registration with their respect local district governments (both of which institutionalise the groups) all positively contribute to their sustainability. When questioned about future plans for the groups, all groups interviewed could easily articulate their goals and plans for like after the project, mostly around developing more or boosting existing individual and joint businesses. Additionally, group members highlighted numerous examples of impressively strong positive community attitudes and support toward the groups:

> *"Interviewer: Okay. How does the LC committee in the community perceive you and what do they feel about you?*
> *Member 1: This group started here at the chairman LC and so they know us. So even when holding our weekly meetings, we sit at the village chairman's home.*
> *Member 2: When we are doing community work, we come together; the group members and the village local council committee. We come together and do community work together and work on the roads and even the wells together. So, the local council authorities know us very well."*
> *- SHG members (male group), Wakiso*

> *Interviewer: How do you think the community and authorities see this group?*
> *Member 1: They like the saving group idea. Actually, some of our husbands encourage us since we can now support families.*
> *Member 2: The start of the group our husbands were not supportive of the idea of thinking we are in groups to rumour monger but now their bad attitude towards the groups has changed. They are now supportive.*
> *Member 4: The community has no problem they encourage it actually we have had more women who want to join us.*
> *Interviewer: Are they supportive?*

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[51] A Cluster Level Association is comprised of 8-10 mature SHGs. It helps to strengthen SHGs via training, leadership and mediation, fundraises to support the Federation, absorbs any administrative functions of project partners as a phaseout strategy, leads community social transformation activities including advocacy and lobbying for services, and participates in local governance.

Members: Yes.... they are supportive (All)
Interviewer: How are these authorities and the community supportive?
Member 1: Local council 1 has greatly supported us through encouragement.
Member 2: CRO has also supported us through visits to check our progress
Member 3: Nabisolo primary school has supported us a lot by providing us with a convenient venue for our weekly meetings.
Member 4: The cluster-level associations have always paid us visits and encourage us to continue saving.
- SHG members, Mbale

Member 3: The authority is very supportive we even have about 3 local leaders who are part of us.
Interviewer: Are they supportive?
Member 1: Yes.... (All)
Interviewer: How are they supportive?
Member 1: Some of the LCs are part of the group, therefore, being supportive.
Member 2: The community has provided us with a convenient venue in the trading centre where we usually hold our meetings.
Member 3: Religious leaders have supported us in the way that during prayers, they encourage other members to join the saving groups
- SHG members, Mbale

TC staff similarly identified strong indicators of the government's positive perceptions of the group, and strong indicators for sustainability, highlighting that the Mayor of Gombe (Wakiso) contributed financially to a CLA and that Wakiso local district government were in discussion of incorporating the groups into their district strategic plans; these are impressive achievements given the SHG intervention was new to TC under the FRAPS project.

Findings suggested the community child protection committees and school child protection clubs will likely have mixed levels of sustainability after the project closes.

During end of project evaluation focus group discussions, committee and club members strongly expressed a desire to continue their groups, and offered examples of community support of their activities over the lifespan of the project:

"Interviewer: What do the community think about the activities?
Member 1: Parents and community leaders are always supportive. They encourage us to attend every club meeting... They always bring their children to join us.
Member 2: The school has provided a classroom where we meet every week.
Member 1: The sub-county provided us with stationery (papers) that we use to make our playing items.
Member 2: The cluster-level association also gave the group balls for playing.
Member 3: The church has always encouraged other children to join our club
Interviewer: Do you think they will continue to support you?
Members: Yes............. (All)
Interviewer: Why we think they will continue to support us?

Member 1: Because what we learn in this club is important to every child especially children's rights."
- School child protection club members, Mbale

"Interviewer: How have the teachers and other adults reacted to the activities that we do?
Member 1: They support us and some join us
Interviewer: How have they supported you?
Member 1: Teachers allow us attend meetings just like you have come to meet us.
Member 2: Teachers support us financially through the money that they collect from parents.
- School child protection club members, Wakiso

"CPC member 1: We have made friends and we are now a popular group of people in the community. We also know what we do and that has given us confidence to support parents in issues of children's welfare. We are also friends to even the children because they know us to be the people who fight for them and their wellbeing. And also we have a good relationship with the local council authorities and even when they are addressing people in their villages they will also tell them about our committee that protects children and they can even introduce you to the people also (laughs).
Interviewer: Oh; I understand. So you move in the community as a dignitary (laughs)
CPC member 1: (Laughs) Yes…and that is not an easy thing to achieve.
CPC member 2: We are recognised in the community and our efforts and work are appreciated by the people in the community and they love our work. So that is a big achievement for us as a committee.
CPC member 3: And we also have a good strong relationship with the different schools. Many of these schools in our communities know us as members of the child protection committee. And so, for that reason, if the school administrators or the teachers realise that there is a child who has missed school for some time, they will call me and tell me there is this child and their parent is so and so. The child has spent a number of days without coming to school and so the school will make that report to me. So, we come together as parents, the teachers and school and us the CPC members to make sure that children are in school.
- Community child protection committee members, Wakiso

One children's club identified that their activities had been institutionalised within their school, a positive indicator of sustainability:

"At school, we conduct debates every Friday afternoon. It has been included in our lesson timetable"
- Child Protection Club member, Mbale

Some committees identified contrasting views, whereby community members were not always appreciative of their work, and they had received threats from individuals and families of individuals they had reported for child rights violations (detailed in the Unintended Outcomes section of this report). Additionally, one group in Wakiso noted difficulty in collaborating with their respective LC:

"The other challenge we have, our local leaders have not supported us enough in dealing with these cases and yet in most of this work we do we are supporting them. The vice chairperson on the LC committee is directly responsible for the children's affairs but they are

so weak in supporting us on these issues. They are not working with us very well."
- Community child protection committee members, Wakiso

Project staff identified the possibility of financing limiting future activities of the groups:

"Interviewer: and how sustainable are these? Do you think these projects will remain beyond the project?
CRO staff: Am thinking that they will continue at a reduced rate on the other hand the amount of support put in it, it would involve much money needed to run, so I think that yes and no. To a greater extent they will run but at a reduced pace because child protection issues need a lot of money. But they also have manuals the CG facilitators will continue referring to and now it's a community ting which the members are using to teach their ethics it will be sustainable, because it's now used by the community so it will be sustainable."
- CRO staff

Additionally, project staff noted that changes to the LC and school mentors could destabilise the groups, as had occurred during the project:

"TC staff: The LC elections in the community they came in the middle of our project and then we started with the stakeholders meeting that invited the LC chairmen and we introduced them to the project and they really had a grip on the project and then all of a sudden people are new. So that meant you had to make another inception meeting to reorient the new members which might somehow not be favourable for the budget. So somehow that small orientation might not equip them well and it keeps you struggling. This directly affects the child protection committee because it has members of the LC committee. So, it is not easy."
- TC staff

"TC staff: We have a problem of teacher transfers. At the beginning of the project in each school we select teacher mentors that we take in a 5-day training. And that is some costly workshop that you cannot repeat over time. So, the transfers are a big problem. So at the end of the four years of the project we have issues like the mentor has gone; what do we do and the rest of the people are like 'Okay we can help but we were not trained'; things like that. So, we have that problem of the mentors. And also, why it may also be a big problem is because the children also are dropping off like those in primary seven and now these new coming will struggle and especially that they don't have a mentor.
- TC staff

Government stakeholders questioned the sustainability of the community child protection committees and clubs, given their similarity to other structures which have become inactive:

"There are structures and they are trying to put more structures, we were in a meeting and we were talking of another structure which is the children's council, something of the sort to handle only children's issues by the children themselves. But these structures are, what can I say it, they need to be strengthened. These other structures are also there e.g. the DOVCC, we are supposed to hold DOVCC frequently on the agreed-upon times, on a monthly, quarterly basis, but we are not able to hold them frequently. Then another thing is if we come with action points like sensitising the communities but then, how do you sensitise

> *without the resources, you have to go to CRO, AVIS and they also have their different budgets*
> *and targets so our hands are tied the structures there but nothing much is done."*
> -Local District Government staff, Mbale

To improve the sustainability of the community child protection committees, members requested specific material support from the project before closeout, including stationary for community sensitisations and gumboots and umbrellas to follow-up cases during wet season. Additionally, uniforms and identification cards were requested to allow community members to recognise committee members:

> *Member 1: "Many times we get into a household and they will ask, "So what is it that this person*
> *is going to do to me? What brings you here; in which capacity do you come to my home and*
> *what shows that you qualify to handle these issues?" and you will have nothing to show. We*
> *don't even have identity cards.*
> *Member 2: This organisation is going to phase out and they will leave us hanging without any*
> *identification and we will be there."*
> - CPC members, Wakiso

Finally, both project staff and local district government stakeholders recognised that the government's scarce financial and human resources presented challenges to the project's sustainability. Staff highlighted throughout the project the high expectations that often accompanied government stakeholders' participation in coordination meetings, and that where these were not able to be met, representatives (who lacked decision-making authorities) were sent in place of the officers invited (meaning while attendance targets were achieved, they were not necessarily the targeted government officers). This appeared in some cases to effect government officers' ownership of project outcomes, which could jeopardise sustainability:

> *"Interviewer: As a district in collaboration with other actors have you agreed on a common*
> *approach to deal with the issue of the street children for example?*
> *Mbale Local District Government officer: If you talk of other stakeholders I am looking at CRO*
> *so if you talk about children living on the streets, the key people who help us is CRO and if*
> *you are talking of an agreed-upon approach we basically rely on CRO.*
> *Interviewer: Do these children receive government support when you take them back?*
> *Mbale Local District Government officer: I cannot tell because for us when we finish*
> *relocating them to their homes, it is where we stop.*
> - Mbale Local District Government officer

5. Conclusions and recommendations

Culminating the evaluation findings, the below conclusions were reached. A range of recommendations are offered to address some of the challenges faced, and to leverage the results of the project into the future to ultimately benefit some of Uganda's most vulnerable children.

1. The **FRAPS project was relevant at all levels**. It was well-informed by beneficiary needs and national priorities, achieved stakeholder buy-in, and responded to the evolving conditions of beneficiaries and emerging government strategy. The project's MEL approach undoubtedly contributed to ensuring ongoing relevance. A multitude of tools were developed and piloted under the project, capturing detailed indicators to ultimately measure multifaceted outcomes.

This enhanced project stakeholders' understanding of the intricacies of vulnerability factors that contribute to child-family separation and was well integrated into ongoing implementation.

2. **Strong progress was made across the project's four objectives**, with project stakeholders consistently identifying positive outcomes, and beneficiaries expressing the positive impact services had on their lives over the LOP. Several positive unintended outcomes were also achieved.

3. The **provision of street and centre-based services effectively improved children's access to services to protect them** from violence, exploitation and abuse. These services are well aligned with the National Action Plan for Child Wellbeing 2016-2021, and continued service provision will be of critical importance. Particularly in Kampala, where KCCA is exploring strategies to resettle children who are connected to the streets, Tigers Club is in a strategic position to **model evidence-based, child-centred, family-focused service models** that meet children's needs and keep children safe.

4. **Outreach services were additionally effective in preparing children to move toward family reintegration**; children within the centre and children who had already been reunified were very articulate about the importance of these services in preparing them for life at home. Services helped children to regain hope for their futures, mentally prepare for reunification, and learn skills which were valuable for life back in their family and community. Implementing partners created meaningful opportunities for child participation and should **continue to capture and be guided by the views of children**, as well as model this approach for other stakeholders.

5. **A higher percentage of girls met on the street progressed** to active participation in services, and ultimately to reunification, compared to boys. Efforts should be made to better understand the unique wants and needs of boys who are connected to the street, and opportunities created to **collaborate with boys to develop strategies for their more active participation** to see more boy's progress toward safer environments**.**

6. There were **challenges with capturing data** from childcare review conducted at the centres, and from follow-ups, or possibly gaps in accountability whereby reviews and follow-ups may not have occurred according to the protocols outlined in SOPs. **It is critical that this data is captured and analysed regularly as it offers important guidance on the usefulness and relevance of services for children, as well tracks changes which may be occurring on the streets and at home.** While the data would inform internal programming and policy, it could also form the basis for important advocacy. A **digitalised case management system** would automate the capture of this data and allow for efficient and accurate extraction and more meaningful analysis. Similarly, if protocols related to childcare review and follow-up frequency were not well-followed, digital case management systems can be built around these protocols, to provide prompts to social workers, helping them to prioritise and schedule their work, and strengthening accountability. This is a particular benefit where reintegrating families are dispersed, and those located at a distance may become 'out of sight, out of mind'. Digital case management systems[52]

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[52] Case management software currently used in child protection programming includes: OSCaR (developed by social workers as part of a prevention of separation and family reintegration program in Cambodia; more information at https://www.oscarhq.com/), Primero (supported by UNICEF across a variety of settings,

are convenient to inform social workers' day-to-day practice, whilst also ensuring case work is accurately captured for MEL and reporting. Though digital case management systems require a financial investment, the impact systems can have in terms of enhanced data-informed decision making for improved service provision, strengthened supportive supervision, caseload prioritisation, social worker wellbeing, reduction of staff burnout and retention, and MEL efficiency, is worth considering.

7. There were **mostly positive outcomes achieved for reintegrating children and families**, contributing to a key goal of the National Plan of Action for Child Wellbeing 2016-2021 to "*reintegrate children living in institutions and children connecting to the streets to family-based care*". Overall vulnerability scores improved for most reintegrating households over time, reflecting children's improved safety as they move toward holistic reintegration. **Sustainability of support provided must be at the forefront of case work** from the first day families are traced; household economic strengthening is, and will continue to be, a critical service for families receiving children (and favoured over direct child-level educational support), and monitoring of these interventions are critical.

8. Children connected to the streets and accessing centre-based services were able to build positive relationships with staff, a critical foundation for their development and in preparation for reintegration. While positive and necessary, these **relationships need to be transitioned well,** to ensure they do not become a hindrance to effective reintegration. Low pre-visits were recorded; not all children/households participated in pre-placement visits.[53] Children's baseline community connection scores were low, and despite some improvement, remained low over time. Finally, there were several examples of children returning to centres post-placement. **Increased pre-visits could be valuable in building children's connection to their communities earlier, as well as transitioning their relationships with staff** (as they are able to form attachments elsewhere). Pre-visits should focus not only on family assessment, but on facilitating attachment between the child and their caregiver, neighbours, other children, and safe adults within the community (important for both social reintegration, but also for child protection; children *must* know safe adults who can support them should they be at risk or experience an incident at home[54]). Increased pre-visits would also help to better prepare families, observe parenting practices (to provide more targeted parenting support), and manage child and caregiver expectations.

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including for child protection incident monitoring and family tracing and reunification; more information available at https://www.primero.org/), and CommCare (commonly used in health case management across Africa, but recently also used in social service programming, including reintegration project, KCHPF, in Uganda; more information available at https://www.dimagi.com/commcare/).

[53] Preparation for Placement Checklist within Reintegration SOPs Toolkit requires "*Pre-visit has been undertaken and the family are willing and able to receive the child.*"

[54] The 'Helpers Game' in Singing to the Lions (https://www.crs.org/our-work-overseas/research-publications/singing-lions) helps children to identify safe people in communities who can support them if they are at risk. This game could be adapted for reunifying children, together with children from their community, to facilitate social integration, whilst also equipping all children with important protective information.

9. **Caseloads for reintegration social workers over the life of the project were high**, which may have contributed to the low pre-visit and follow-up data captured. Manageable caseloads are critical to allow social workers to allocate sufficient time and attention to each child and household for optimal quality service delivery, to ensure protocols outlined in SOPs are able to be followed, and to allow social workers sufficient time to collaborate with their colleagues, supervisors, and other social service providers. Overloading caseloads has a negative impact on populations served.[55] Given the many variables to be considered (e.g. the intensity and complexity of cases, the range of services provided, external services available, the distance to travel, worker qualifications, the availability of supportive supervision, the phase of the case management process, access to data tracking etc.), determining an optimum caseload is not easy and no standard formula currently exists,[56] however global guidance recommends caseloads of approximately 25 (with Supervisors reviewing the caseload to ensure manageability at least fortnightly).[57] A recent example in Uganda for a project seeking to model 'ideal' reintegration case management featured a caseload of approximately 20 active cases (and a ratio of 1:6 supervisor to social workers to enable frequent supportive supervision)[58], and examples from contexts with greater resources range from 16-17 per month[59] to maximum of 15 cases total.[60] Given the experiences of feeling "stretched" and under pressure that project reintegration staff expressed, the impact social worker wellbeing has on the quality of case management they are able to provide, the importance of adequate time for supervision, case conferencing, reflective journaling or other reflective practice techniques, and the value that beneficiaries placed on follow-up (specifically households visits), **implementing partners should consider developing a business case for increased staff and more manageable caseloads for reintegration work going forward.** Caseload management would also be supported by the introduction of the above recommended digital case management system.

10. High caseloads for reintegration social workers may have contributed to **child-, rather than family-level, follow-up** that was evidenced in several family and staff interviews (i.e. social workers were time-poor, so may have had a tendency to check on/make referrals for the child placed, rather than all individuals in the household). This approach can contribute to poorer integration in that caregivers view the child as the organisation's responsibility, it may cause jealousy among other children in the household, etc. Supervision must check that a family-level case management approach is reutilised, and that **sufficient human and financial resources are allocated to allow for household-level interventions of all kinds** (i.e. sufficient time for family-level as well as individual-level counselling, material support should be targeted at family-level,

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[55] UNICEF and Global Social Service Workforce Alliance (2019). Guidelines to Strengthen the Social Service Workforce for Child Protection, available at <https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>.

[56] UNICEF and Global Social Service Workforce Alliance (2019). Guidelines to Strengthen the Social Service Workforce for Child Protection, available at <https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>.

[57] Child Protection Working Group (2014). Inter-agency Guidelines for Case Management and Child Protection, accessed at <http://www.cpcnetwork.org/wp-content/uploads/2014/08/CM_guidelines_ENG_.pdf>.

[58] Keeping Children in Healthy and Protective Families, more information on the project can be found at <https://bettercarenetwork.org/sites/default/files/Keeping%20Children%20in%20Healthy%20and%20Protective%20Families.pdf>.

[59] https://www.researchgate.net/publication/26837348_Child_Welfare_Worker_Caseload_What's_Just_Right

[60] https://manuals.dcp.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=251

and where education support is absolutely necessary, it should be inclusive of other children in the household). Where one child has been previously separated, it can be inductively reasoned that others in the household could be at risk of separation; there were 1,677 children living in the 632 households who received children under the FRAPs project. It is therefore critical that the interconnectedness of reintegration and prevention of separation approaches are recognised, and that interventions are targeted to prevent separation or re-separation.

11. **Very few reintegration cases were recorded as having been closed**; this represents both challenges with data capture, and that cases remained open at the end of project. It is recommended an **audit of reintegration cases is conducted** to ascertain the number of cases open, and to assess their readiness for closure (special attention should be given to the cases of 129 children reunified in the final year of the project). Partners should mobilise resources for follow-up for those households who are not yet prepared for closure, to ensure children continue to be monitored, and that cases are eventually able to be closed safely. This audit could also provide useful information on the average duration of follow-up required, to help with caseload allocation and planning in the future. Finally, to help mitigate the risks associated with reintegration cases remaining open at the end of the project, **implementing partners could consider frontloading placement targets for future projects**, to minimise the number of placements in the final year projects, allowing adequate follow-up time and resources.

12. **Self-Help Groups proved effective in socially and economically empowering caregivers and creating safer home environments for children**, with 80% of households improving their overall vulnerability level after 2-years of enrolment in the group, and 100% of children in households retained within their families. Though the savings to loan ratios were lower than expected (according to the guidelines followed by the project), caregivers, children, and community and government stakeholders were tremendously positive about the outcomes. Rural groups tended to accelerate more quickly than urban groups (with the magnitude of savings achieved and loans taken by rural groups greater than urban groups), though the overall loan savings ratios were similar between urban and rural settings. Similarly, members across both urban and rural settings expressed feeling more empowered and children of members across urban and rural settings frequently identified home as a safe place. The Self-Help Group model therefore proved to be effective across both rural and urban settings. Similarly, the model was effective for the male groups which were established (a key unintended outcome of the FRAPS project), with male groups also reported to accelerate their community impact (likely due to male's higher sociocultural influence and greater representation in positions of community leadership). Finally, the **Self-Help Group model appears to have a strong likelihood of sustainability**, as inputs decrease as outputs increase over time, the Cluster Level Associations and Federation offer built-in structural sustainability, and there are high levels of community support and beneficiary satisfaction. Given the overwhelmingly positive and likely sustainable outcomes achieved by the Self-Help Groups across stakeholders, the Self-Group model should be considered for further prevention and reintegration work. **Where male groups continue to be established, application of a gender lens will be critical,** and efforts should be made to balance the inclusion of female empowerment strategies. Finally, given Child Restoration Outreach places 85% of children within their district of operation, they have the unique opportunity to **mobilise Self-Help Groups in hotspot areas for child-family separation, and/or to target areas with clusters of reintegrating**

families. TC could similarly endeavour to utilise their enumeration[61] findings to further target the most common regions of origin of children connected to the streets.

13. **Community child protection groups were effective in increasing children's and adults' knowledge of child rights, risks to children, mitigation measures and reporting mechanisms**. The cost of group mobilisation and support compared to level of activity, numbers of community members reached and outcomes achieved makes the groups a cost effective prevention intervention. However, findings evidenced that sustainability may be a challenge. While several groups had examples of local government institutionalising their activities, committees also noted levels of community resistance linked to their lack of statutory authority, government stakeholders perceived similarities between committees and other structures which had become inactive, and children's clubs were particularly vulnerable to teacher/mentor turnover. **It will be critical that groups are monitored** after the close of project to address challenges which may threaten their sustainability, ideally by local government officers who can provide guidance and support (for example, the Wakiso district government included monitoring of school safety in the District Education Office's workplan; monitoring and encouraging children's clubs could be incorporated under this activity). **Committees should continue to be encouraged to document their cases,** and regularly feed this information to their respective Community Development Officers and Probation and Social Welfare Officers to strengthen relationships and collaboration efficiency with these critical statutory authorities, to enhance authorities' connection to community cases, and to provide a platform to communicate committees' support needs. Continual collaboration with statutory authorities is also more likely to foster a sense of authority among communities (that the committees expressed was sometimes lacking) than the uniforms that committees requested of implementing partners. Finally, recognising the accelerated community child protection outcomes that staff identified were achieved by the male Self-Help Groups due to their greater sociocultural influence, **it will be important going forward that strategies are developed to engage males more actively in community child protection awareness raising**; only 22% of community members reached over the life of project were male. Engaging males is critical to shift the perception of child protection as "women's issues" toward understanding that everyone has a role.

14. Despite challenges in documenting government activities related to outcome 4 of the project, frequent collaboration among stakeholders was evidenced via qualitative findings, and a **range of approaches to reduce child-family separation were agreed to by stakeholders**. The appropriateness and relevance of the agreed upon approaches indicates that stakeholders improved their understanding of effective strategies to prevent child-family separation over the duration of the project. Noteworthy achievements under outcome 4 of the FRAPS project include police arresting individuals who were employing children in Mbale (where child labour was identified as a key risk to children's safety) and monitoring of school safety being incorporated into the District Education Office's workplan in Wakiso (where schools were frequently identified by children as being unsafe places in their communities). **Follow-up on the implementation of agreed upon approaches to prevention child-family separation will be critical**; the agreed upon approaches are ultimately only as useful as the outcomes they generate for children. For future collaboration with government, **implementing partners should**

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[61] Enumeration report is forthcoming. More information on TC's enumeration methodology can be found at <https://resourcecentre.savethechildren.net/node/8631/pdf/retrak_enumerating_street_children_oct2014.pdf>.

consider revising how they capture data, including periodic knowledge, attitude and practice surveys. Finally, implementing partners may be in a strategic position to feed into a key objective of the National Action Plan for Child Wellbeing 2016-2021, *"facilitating district, regional and national exchanges to support cross-country learning and sharing of best practices"* related to the prevention of child-family separation and reintegration of children connected to the streets. Whilst intra-district networking and collaboration was frequent over the life of the project, project staff identified a missed opportunity of exchange visits between Wakiso and Mbale local district governments to strengthen learning. Given the relevance of such an activity to national priorities, and in light of recently reinforced commitment from the Ministry of Gender Labour and Social Development and Kampala Capital City Authority to resettling children connected to the street, **it could be beneficial to conduct exchange visits among the Wakiso and Mbale local district governments, and to include officers from Ministry of Gender Labour and Social Development Kampala Capital City Authority.**

6. Annexes

Annex A: Project Results Framework

Outcome		Outcome Indicators			Targets			Verification
		#	Indicator	Definition	Target Total	Target Male	Target Female	Data collection tool
1	Children and young people on the streets have improved access to services to protect them from violence, exploitation and abuse, and to help them move towards family reintegration	1.1	% of children met on the streets who are at risk of violence, exploitation and abuse, who receive protection through actively participating in education, sports and psychosocial sessions at TC/CRO	# children actively participating in education, sports and p-s sessions / # children met on streets (active participation is…)	700	500	200	Outreach, centre and referral records
		1.2	% of children in centres regularly attending non-formal education to ease return to formal education after placement in family care	# children regularly attending education (minimum of 75% of catch up sessions during their stay at the centre) / # children in staying overnight at the centre (regular participation is…)	490	350	140	Education records
		1.3	% of children with positive protection wellbeing	# children scoring 3 or 4 in abuse and exploitation and legal protection domains of wellbeing assessments at Child Care Review / # children in centres	560	400	160	Child wellbeing assessments during childcare reviews
		1.4	Extent to which children feel safe and think positively about the future	n/a	n/a	n/a	n/a	FGDs with children in centres Exit interviews
		1.5	Quality of relationships between staff and children on the streets and in centres (Quality of relationships include bringing issues to staff, opening up about past experience, accepting advice etc.)	n/a	n/a	n/a	n/a	FGDs with children in centres Reflective journaling and staff discussions

2	Children and young people (re)integrate into safer and more socially and economically stronger families or family-based care	2.1	% of reunified children remaining in family care one year after placement	# children remaining in family care one year after placement / # reunified children	520	384	136	HVAT household survey
		2.2	% of children in targeted vulnerable families remaining in family care one year after enrolment in project	# children remaining in family care one year after enrolment in project / # children in targeted families	10,200	5,100	5,100	HVAT household survey
		2.3	% of targeted families that improve their overall vulnerability score at one year and two years after enrolment in project (including access to education, economic strength and psychosocial wellbeing)	# families with improved score / # targeted families	2,711	n/a	n/a	HVAT household survey
		2.4	Extent to which caregivers feel empowered within their household and supported by their community	n/a	n/a	n/a	n/a	Integration Status Tool MSC stories
		2.5	Extent to which children feel safe, cared for and accepted in their family and community	n/a	n/a	n/a	n/a	Integration Status Tool MSC stories
3	Children, adults and community leaders (Child Protection committee members, local council members, religious and traditional leaders) gain child protection knowledge and act to make their communities safer	3.1	# of active community child protection committees (active is defined as documentation of regular meetings and resolution of child protection issues)	# CP committees who can show documentation of regular meetings and resolution of issues	6	n/a	n/a	Community records
		3.2	% of children in child protection groups reporting that they feel safe in their communities	# children reporting feelings safe / # children in CP groups	380	190	190	Group Integration Status Tool
		3.3	Improvement in use of CP reporting mechanism	n/a	n/a	n/a	n/a	Community CP mapping

		3.4	Improvement in community understanding of CP risks and how to mitigate to address	n/a	n/a	n/a	n/a	Community CP mapping FGDs with community members
4	Stakeholders (government officials and local organisation staff) in Wakiso & Mbale District are better connected, generate learning and agree on an approach to increase family safety to reduce family separation	4.1	Attendance at district events facilitated by the project to generate learning on family separation	# district officials who have attended a district event facilitated by project	52	26	26	Event registers
		4.2	# of district approaches to separation agreed	# of districts who have documented and agreed to an approach to dealing with separation, including lists of key actors and main methods	2	n/a	n/a	District meeting reports
		4.3	Extent and quality of networking between stakeholders	n/a	n/a	n/a	n/a	Social network analysis
		4.4	Improvement in stakeholders understanding of approaches to separation	n/a	n/a	n/a	n/a	FGDs and Key Informant Interviews with district stakeholders and community leaders

Annex B: Documents reviewed

Project background and guidelines

1 Concept note
2 Proposal and application
3 Theory of change
4 Grant start up documents
5 Project budget
6 TC organogram, CRO organogram
7 Outreach SOP
8 Reintegration SOP
9 Foster Care SOP (draft)
10 Supported Independent Living SOP
11 Self Help Group Manual
12 Child Safeguarding Operations Manual
13 Child Safeguarding Policy

Monitoring and evaluation documentation

14 MEL framework
15 Results framework
16 MEL tools protocol
17 FGD and KII tools
18 Community Child Protection Mapping tool
19 MSC tool
20 Integration Status Tool
21 Beneficiary registers
22 Output data sets (up to Y4, Q3 based on availability at time of evaluation)
23 Community Child Protection Committee case registers
24 Mid-term evaluation
25 Reintegration breakdown (children who returned to streets) mini evaluation
26 SHG drop-out mini evaluation
27 End of Y3 HVAT report

Project reports

28 Annual donor narrative reports
29 Annual mid-year donor narrative reports
30 Annual learning meeting reports (Y4 draft)
31 Annual donor financial reports

External program documentation

32 FARE costing report (draft)
33 Costing information from Agape Children's Ministry and Benjamin House Ministries
34 Enumeration of Children on the Streets in Four Locations in Uganda [draft] (2017)
35 Final project evaluation: "The provision and strengthening of support for street children, families and communities in Malawi" (2018)
36 Final project evaluation: "Reintegration of Street Children and Community-based Child Protection in SNNPR, Ethiopia" (2016)

Context documentation

37 Government of Uganda's National Action Plan for Children's Wellbeing (2016-2021)
38 UNFPA (2018). *Uganda's Youthful Population: Quick Facts,* accessed at
    <https://uganda.unfpa.org/sites/default/files/pub-
    pdf/YoungPeople_FactSheet%20%2811%29_0.pdf>
39 UNICEF (2015). *Situational Analysis of Children in Uganda,* accessed at
    <https://www.unicef.org/uganda/media/1791/file/Situation%20analysis%20of%20children%20i
    n%20Uganda%20.pdf>.

Annex C: Documents not sighted

1. Bi-annual FGDs with children accessing services at centres across LOP
2. Y4 HVAT report
3. Y4 annual donor narrative report
4. Y4 annual donor finance report
5. SHG annual IST results for baseline and follow up across LOP
6. Final MSC stories of SHG members across LOP
7. Reintegration annual IST results for baseline and follow up across LOP
8. Final MSC stories of reintegrated children and caregivers across LOP
9. Quarterly district meeting minutes
10. Quarterly district meeting attendance lists
11. Outcome 4 monitoring data

Annex D: Sampling detail for KIIs, FGDs, GIs conducted during evaluation

Child beneficiaries

Beneficiary / stakeholder	Tool	CRO sample		TC sample	
		M	F	M	F
Children accessing services in centres	FGD	5	6[62]	7[63]	8[64]
Reunified children	KII	2	2	2	3
Children of SHG members	FGD	6	7	15	8
Members of child protection clubs	FGD	6	10	8	8
Total		19	25	32	27
		103			

Adult beneficiaries

Beneficiary / stakeholder	Tool	CRO sample		TC sample	
		M	F	M	F
Caregivers of reunified children	KII	0	4	0	3
Self-help group members	FGD	8	20	7	15

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[62] Children accessing services in CRO's centre who were involved in the FGD were aged 10-15 years.

[63] Boys accessing services in TC's male-only centre who were involved in the FGD were aged 12 to 16 years.

[64] Girls accessing services in TC's female-only centre who were involved in the FGD were aged 10 to 15 years.

Child protection committee members	FGD	9	9	3	16
CLA Members	FGD	0	0	0	8
Total		17	33	10	41
		91			

Government stakeholders

Beneficiary / stakeholder	Tool	CRO sample		TC sample	
		M	F	M	F
Probation and Social Welfare Officer (PSWO)	KII	0	1	0	0
Child and Family Protection Unit (CFPU) officers, District and sub-county Community Development Officers (CDOs), PSWO, Secretary for Gender, district planner	GI	1	1	2	3
Total		1	2	2	3
		8			

Staff

Beneficiary / stakeholder	Tool	CRO sample		TC sample	
		M	F	M	F
Management	GI	3	2	2	3
Social workers (outreach)	GI	2	0	1	0
Social workers (centre/reintegration)	GI	2	2	1	3
Social workers (prevention)	GI	0	1	1	3
MEL	GI	1	0	1	1
Finance	GI	0	0	0	1
Human Resources	KII	0	0	0	1
Total		8	5	6	12
		31			

Annex E: Data collection tools

Consent form

The interviewer will read the following to the respondent/s (also to be provided as an information sheet):

I would like to thank you for taking the time to participate in this interview/focus group discussion. My name is _____, I am a consultant and I am working with Tigers Club/Children's Restoration Outreach (select one based on the location of KII/FGD) to do a final evaluation of the FRAPS project.

The purpose of this interview/focus group discussion is to learn about your experiences in working with the TC/CRO team. There are no right or wrong answers during this interview; I'm interested in

having a transparent and open conversation about your views and suggestions. Your honest answers will be really appreciated.

This interview will take about 60 minutes.

Everything you share during this discussion will be confidential and only viewed by myself and other members of the independent consultancy team. We will not be using any identifying information like your name. Please remember that you have the right not to answer any question – just say "I would like to pass". If any of the questions are unclear, please let me know so that I can explain it in a better way. If there is something that you do not want to be included in the report, please say, "this is off the record" or "please do not include this."

However, any disclosed information regarding a child (a person under 18 years) who has been seriously harmed or who is at risk of serious harm will be discussed by the consultancy team, and an appropriate course of action taken in line with our Child Protection Protocol.

Before we begin, are there any questions you have for me? If any questions you may have are addressed, we would like you to formally consent to take part in this interview and for us to use the information as described below.

Consent form for the respondent to complete:

I understand that my name or any other identifying information will not be used by the consulting team. I hereby give permission to the consultants to use **information or quotes** gathered during this interview or focus group discussion in the FRAPS final evaluation report: ____yes ____no

AGREED TO BY

Signature of respondent	Signature of consultant
Print name	Print name
Date:	Date:

Assent form (for children aged 12 and above)

The interviewer will read the following to the respondent/s (also to be provided as an information sheet):

I would like to thank you for taking the time to participate in this interview/focus group discussion. My name is _____, I am a consultant working with the aunties and uncles from Tigers Club/Children's Restoration Outreach (select one based on the location of KII/FGD) to do a final evaluation of the FRAPS project. The aunties and uncles at Tigers Club / Children's Restoration Outreach work with children and their families to help make them feel safe. You have been selected to participate in this interview because you know about the support TC/CRO provides to children.

The purpose of this interview/focus group discussion is to learn about your experiences with TC/CRO. There are no right or wrong answers during this interview, and I hope you feel you can be open and honest in sharing your experiences, views, and suggestions. It's helpful for me to hear your most honest answers so I can learn about the best ways to support children to feel safe.

For children living at home: Your caregiver has given consent for your participation in the interview/FGD.

For children living at the centre: The TC/CRO centre manager has given consent for your participation in the interview/FGD.

However, the FGD/interview is completely voluntary, and you can choose not to participate. If you don't want to participate just say no, and I won't ask any questions. If you choose not to participate nothing will change regarding the services you receive from TC/CRO.

If you agree to participate, I will ask you some questions about your experiences, and take notes of your responses. If we start the interview/FGD and there is a question you don't want to answer, that is OK, just say "I don't want to answer that one" and we will go to the next question. If any of the questions are unclear, please let me know so that I can explain it in a better way.

Everything you share during this discussion will be private and only viewed by myself and 1 other consultant. In our final report, we will not be using any personal information about you (like your name) that would make it easy for other people to know you were a participant. The only information I would need to share with any other person other than my consultant colleague would be informed about any serious harm or risk of harm to a child. I would share this information according to a Child Protection Protocol with people who might be able to help the child.

This interview will take about 60 minutes.

Before we begin, are there any questions you have for me? If any questions you may have are addressed, we would like you to formally assent to taking part in this interview/FGD and for us to use the information as described below.

Consent form for the respondent to complete:

I have read, or someone has read to me, the above information. I received answers to any questions I had about the information. I understand that my name or any other identifying information will not be used by the consulting team. I agree to participate and give permission to the consultants to use **information or quotes** I give in this interview or focus group discussion in the FRAPS final evaluation report: ____yes ____no

AGREED TO BY

_____	_____	_____
Signature of respondent	Signature of guardian	Signature of consultant
_____	_____	_____
Print name	Print name	Print name
Date:	Date:	Date:

Staff consent

Thank you for taking the time to participate in this group/individual interview. This interview is part of the end of project evaluation of FRAPS. The purpose of the interview is to understand your unique perspective on the achievements of the projects, challenges faced during the project, learnings, and any key recommendations you may have to improve your organization's work in the future. It is not related to an assessment of your individual performance within the project. There are no right or wrong answers; we are interested in your most honest views and suggestions.

By participating, you consent to allow the consultants to use your responses and quotes to inform the FRAPS final project evaluation. The collection of individual details (e.g. job title, organization, etc.) are solely for the purposes of data analysis and will only be viewed by the consulting team; should a quote from your responses be reutilised in the final evaluation report it will be anonymised.

Any disclosed information regarding a child (a person under 18 years) who has been seriously harmed or who is at risk of serious harm will be discussed by the consultancy team, and an appropriate course of action taken in line with our Child Protection Protocol.

This interview should take less than 60 minutes; your efforts to provide as much detail as possible are appreciated.

Before we begin, are there any questions you have for me? If any questions you may have are addressed, we would like you to formally consent to take part in this interview and for us to use the information as described below.

Consent form for the respondent to complete:

I understand that my name or any other identifying information will not be used by the consulting team. I hereby give permission to the consultants to use **information or quotes** gathered during this interview or focus group discussion in the FRAPS final evaluation report: ____yes ____no

AGREED TO BY

Signature of respondent	Signature of consultant
Print name	Print name
Date:	Date:

KII and GI guides
KII: outreach staff
1. Organisation
2. What have been the greatest achievements in conducting outreach over the last 4 years?
3. What have been the greatest challenges in conducting outreach over the last 4 years?
4. Have the needs of children living on the streets changed over the last 4 years? If so, how have you tried to address these changes?
5. Have you made any changes to outreach approaches in the last 4 years? If so, please describe the change, why you made this change and the impact of the change on beneficiaries
6. How do you involve other organisations, the community, or authorities in outreach?
7. Did you observe any unintended outcomes of outreach work? (I.e. did outreach services created changes in beneficiaries that you were not originally aiming for?) Please describe
8. If you could make any recommendation/s to improve the effectiveness of outreach, what would it be?

GI: centre social workers, teacher, health staff

1. Organisation
2. What have been the greatest achievements in working with children in the centre over the last 4 years?
3. What have been the greatest challenges in working with children in the centre over the last 4 years? How have you tried to address these challenges?
4. Have you made any changes to how you work with children in the centre in the last 4 years? If so, please describe the change, why you made this change and the impact of the change on beneficiaries
5. How effective is children's time in the centre in helping them move toward family reintegration? Are there differences for girls and boys? Please describe what you've observed that informs your answer
6. a) What have been the main challenges in helping children to move from the centre toward family reintegration over the past 4 years?
   b) Please note if these are the same or different for boys and girls.
   c) How did you try to address these challenges?
7. Did you observe any unintended outcomes of centre operations/services in the last 4 years? (I.e. did outreach services created changes in beneficiaries that you were not originally aiming for?) Please describe
8. If you could make any recommendation/s to improve the effectiveness of operations at the centre, including its effectiveness in moving children toward family reintegration, what would it be?

The following questions pertain to post-reunification. Therefore, teachers and health staff can be released at this point and continue with social workers.

9. a) What have been the main challenges in helping children to move from outreach toward family reintegration over the past 4 years?
   b) Have you observed any differences between boys and girls in challenges related to moving them from outreach toward family reintegration?
   c) How did you try to address these challenges?
10. a) Over the lifespan of the project, what have you observed as the main challenges faced by children <u>after</u> reunification?
    b) Have you observed differences between urban and rural children?
    c) Have you observed differences between boys and girls?
11. a) Over the lifespan of the project, what have you observed as the main challenges faced by caregivers after reunification?
    b) Have you observed differences between urban and rural families?
    c) Have you observed differences between those in SHGs and those who aren't?
12. What is the average period that you follow-up with a family? (i.e. time from reunification to case closure) What does the period depend on?
13. When do you know a case is ready for closure?
14. Have you observed any differences in the quality of rapport you have with children and families when you follow-up via phone, via a community member, or face-to-face? If so, please describe it.
15. Have you observed any connection between the number of pre-visits (where the child visited the family before placement) and the duration of the monitoring period? If so, please describe
16. Where the Integration Status Tool has shown that a reunified child or family's community connection is low, what strategies have you tried to increase their connection?

17. Based on your experiences and learnings around follow-up, what would you recommend as minimum practice standards that could be incorporated into the reintegration SOP? (Think: who, what, where, when, how)
18. Did you observe any unintended outcomes of your reintegration work at either individual, family or community level? Please describe.
19. Do you feel the families you've worked to reintegrate will stay together after the project? Please describe what you've observed that informs your response. If you're not confident the families you work with will stay together after the project, what would need to change for them to stay together?

KII: reunified child

Be sure to record child ID to access basic demographics, including the number of months the child has lived at home, the number of months they were separated from family previously, etc. that might affect responses.

Guided drawing activity: let's spend 5 minutes drawing a picture of a normal day in your current life. Draw all the places you go, and the activities you do at each place. Draw who you talk to at each place. Draw the best part of your day. Draw as much detail as you can! (Where children are shy/closed/struggling, the facilitator should also draw a picture about their own lives and share first) After 5 minutes (or longer, as needed) ask the child to describe their drawing and ask if it's OK to keep their pictures for the report.

1. Circle in green the places you feel most safe. Of these places, you circled green, what makes you feel safe there?
2. Circle in red the place you feel least safe. Of these places, you circled red, what makes you feel unsafe there? (Ask the child if you can keep the pictures)
3. I heard that you lived in other places before. What is the best thing about living with your family and in the community?
4. What helps you feel safe in your family? (If family home was circled red, "What WOULD help you to feel safe in your family?")
5. Is there anything you miss about the other places you lived?
6. What services in the TC/CRO centre helped you to prepare for returning to your family and your life here?
7. Are there other things TC/CRO centre could have done to help prepare you for life here or to make the transition easier? Is there something you wish you knew more about before you came?
8. After you returned to your family, an auntie or uncle from TC/CRO checked on you occasionally to see how you were doing. What was helpful / what did you like about that? (prompt: follow-up frequency, household visit vs phone, did they talk to others to help you feel safe, could you contact them if you needed, did they inform you when you would next see them, would they keep their word)
9. Was there something the auntie/uncle could have done to help you more with the transition? (prompt: follow-up frequency, household visit vs phone, were there other people they should have talked to help you feel safe, could you contact them if you needed, did they inform you when you would next see them, would they keep their word)
10. Other than the auntie/uncle from TC/CRO, are there other people that check on you?
11. If you had a problem at home, are there people (outside of the family in the home) that you could talk to who would help you? Who?

12. <u>If the caregiver in SHG:</u> Do you know the group your mum/dad attends with other women/men? What do you know about it? Do you notice any changes at home when he/she attends the group?

KII: reunified caregiver

1. When was your child reunified?
2. What are some of the best things about having your child home?
3. How were you prepared by TC/CRO to have you child return home?
4. Are there any challenges you face since having your child home? Please describe
5. Since your child returned home, have TC/CRO continued to support or follow-up with you? If so, how? (prompt: how often, kinds of support, household visit or via phone?)
6. Is the support TC/CRO offer since your child has been home helpful? Why/why not?
7. How could TC/CRO improve the follow-up support to help you more? (prompt: frequency, household visit vs phone, types of support)
8. Are there other people that follow-up/support you since your child returned home?
9. If you're facing challenges within your family and need support, who are the people you would go to?
10. Are you confident your child will remain at home with you? Why/why not?
11. If not, what would need to change to keep your child at home?

If caregiver in SHG:

12. When did you join the SHG?
13. What has been the best thing about being in the group?
14. Which trainings have you received since joining the group?
15. Has being in the group changed your relationship with your child? If so, how?
16. Has being in the group changed your relationship with your community? If so, how?
17. Has being in the group changed your economic resilience? If so, how?

GI: prevention staff

1. Organisation
2. Of the SHGs you've worked with, what is the members' biggest achievement? Are these different between urban and rural groups? Why?
3. Of the SHGs you've worked with, what are the members' biggest challenges? Are these different between urban and rural groups? Why? What have you tried to address these challenges?
4. Which component of the group do you see as the most significant contributor to strengthening families socially? Please describe what you've observed that informs your answer
   b. Which component of the group do you see as the most significant contributor to strengthening families economically? Please describe what you've observed that informs your answer
5. Has your approach to working with groups changed over the lifespan of the project? Please explain the changes, why you made these changes, and the impact the change had on beneficiaries
6. Male beneficiaries expressed interest in having their own groups. How effective have the male's group been in strengthening families socially and economically? Please describe what you've observed that informs your answer
7. What have you observed are the key differences in the male and female groups? Did you make any adaptations to the approach to work with the male group? If so, please describe the

adaptation, why you needed to make the adaptation, and the resulting changes experienced by beneficiaries

8. Other than the male groups, did you observe any other unintended outcomes of the SHGs? Please describe

9. Do you feel the groups you work with will continue after the project? Describe why or why not. If you don't feel they will continue after the project, what would need to change to allow them to continue?

10. If you could recommend anything to future implementers to improve the effectiveness or sustainability of the groups, what would it be?

11. Are you working with Child Protection Committees or Child Protection Clubs?

12. What activities do the groups conduct in the community? How are the topics selected?

13. Compared to when the groups first formed, have you observed any change in members' knowledge and understanding of child protection risks in their communities? Please describe what you have observed

14. Since the groups became active, have you observed any changes in their respective communities? Any differences in change for boys/girls and men/women?

15. How do CP cases come to the groups' attention? When cases are bought to their attention, how do they handle them? Who do they collaborate with? What outcomes have you seen when the group uses this method? Any barriers to successful outcomes?

16. Of the groups you work with, what do you think is the best achievement by the groups so far?

17. The groups may have previously discussed with you some key recommendations to make the groups more effective in increasing community CP knowledge and action – what were these? To what extent were these recommendations implemented?

18. Did you observe any unintended outcomes of the groups? Please describe

19. Are the groups likely to continue after the project? Please describe what you have observed that informs your response

20. If you don't think the groups will continue after the project, what would need to change to support them to continue?

FGD guides

FGD: Children accessing services in centres

Facilitator will introduce themselves to children, explain what the activity is about, why it is happening now, and explain what the discussion will look like, before taking children through the assent process (all will listen to the assent explanation as it includes relevant detail for all children, however only those aged 12 and above will be taken through the final formal assent procedure)

1. TC: What do you like the most about living at the centre compared to where you lived before? CRO: What do you like the most about the centre, what makes you keep visiting?

2. Which services are the most helpful or useful for you and why?

Guided drawing activity: let's spend 5 minutes each drawing a picture of our futures and then we will discuss. Remember to include things like where you live, who you live with, which activities you do in your normal day there, and what your dreams are for when you grow up. After 5 minutes (or longer, as needed) each child can present their drawing and describe to the group. Ask children if it's OK to keep their pictures for the report.

3. Now that we have discussed our bright futures, what skills have you learned at the centre that has helped you to prepare for this future? What skills do you think you will use most in the future you drew and shared with us?
4. Is there anything you would change or improve about the centre or the services provided so they are more helpful for you?
5. Are there any services missing from the centre that would be helpful for you?

FGD: SHG members

1. How long has this group existed? How frequently do you meet? Why did you want to join the group? What do you like most about being in the group?
2. What do you see as the biggest achievement for the group so far?
3. Has being in the group changed your relationship with your child? If so, how?
4. Has being in the group changed your ability to care for your children? If so, how?
5. Has being in the group changed your relationship with your community? If so, how?
6. Has being in the group changed your economic situation? If so, how?
7. What are the biggest challenges you face as a group?
8. How do you think the community and authorities see the group? Are they supportive? If so, how?
9. Is there anything you would recommend changing to improve the group?
10. What are the future plans for the group? Will the group continue? If not confident in continuation, what would need to change for the group to continue?

FGD: SHG members' children

Guided drawing activity: let's spend 5 minutes drawing a picture of a normal day in your current life. Draw all the places you go, and the activities you do at each place. Draw who you talk to at each place. Draw the best part of your day. Draw as much detail as you can! (Where children are shy/closed/struggling, the facilitator should also draw a picture about their own lives and share first) After 5 minutes (or longer, as needed) ask children to describe their drawing and ask if it's OK to keep their pictures for the report.

1. Circle in green the places you feel most safe. Of these places, you circled green, what makes you feel safe there? (children don't have to tell others the place if they don't want to)
2. Circle in red the place you feel least safe. Of these places, you circled red, what makes you feel unsafe there? (children don't have to tell others the place if they don't want to - ask children if you can keep the pictures)
3. What helps you feel safe in your family?
4. If you or one of your friends had a problem at home, are there people (outside of the family in the home) that you could talk to who would help? Who?
5. Do you know the group your mum/dad attends with other women/men? What do you know about it? Do you notice any changes at home when he/she attends the group?

FGD: community child protection committees
1. When did this committee form? How frequent are meetings?
2. What are the main risks to children that you see in your communities? Rank them? Are these the same or different for boys and girls?
3. Have these risks been constant, or have they changed since your group started?

4. What are the activities you carry out in the community? How do you decide which topics to focus your activities on?
5. Have you observed any change in the community since your committee formed? Any differences in change for boys/girls and men/women?
6. What do you think is the best achievement for the group so far?
7. How do CP cases come to your attention? When cases are bought to your attention, how do you handle them? Who do you work with? Is this method of handling cases effective/not? What outcomes have you seen when using this method? Any barriers to successful outcomes?
8. You've previously discussed with CRO/TC staff some key recommendations to make your group more effective in increasing community knowledge and action – what were they? To what extent were these recommendations implemented?
9. What are your plans for future activities? Will you continue the post-project?
10. If you don't think you will continue as a committee after the project, what would need to change to help you to continue?

FGD: school/community child protection clubs
1. When did this club form? How frequent are meetings? How are topics for discussion and activities selected?
2. What have you learned from being in the club?
3. What are the activities you carry out in the school/community? How do you decide which topics to focus on?
4. How do the other children react to the activities? What do they think? What changes do you see after the activities?
5. How do adults react to the activities? What do they think? What changes do you see after the activities?
6. It sounds like you do a lot of activities with a lot of people! What do you think is the best achievement of your group so far?
7. If you hear of a child who has a problem, who do you tell? Have these people helped solve the problem?
8. What do the adults in the school/community think of the club? How do they support you? Do you think they will continue to support you? Are there plans for the club to continue?

FGD: district stakeholders
1. What are the main risks to family safety in your communities? Are there differences for boys and girls? Are there differences between rural and urban settings?
2. What are the main causes of child-family separation in your communities? Are there differences between boys and girls? Are there differences between rural and urban?
3. Have these risks to family safety and causes of separation been constant over the last 4 years or have they changed? What has contributed to the changes?
4. Are you aware of children who have been reunified into their families in the district (after previously being separated) in the last 4 years? Have you had any involvement in those cases? Describe your involvement.
5. Are these children receiving any government support? Are they eligible for any? How would they link to these?
6. Who do you work with most frequently, and for which kind of tasks? Please describe the working relationships (prompt: what supports and limits them?). Are there any coordination structures for these stakeholders? Have these relationships been consistently like this over the last 4 years or there have been changes? Describe changes and what contributed to the changes

7. Is there an overall agreed-upon approach to increase family safety and prevent child-family separation in your communities? Describe the approach. How effectively is it being implemented? To what extent are the involved stakeholders aware of their roles within the overall agreed approach? What have the main achievements been in this joint approach? What are the key challenges? What could be improved?

8. Is this approach to increasing family safety and preventing separation likely to continue in the future? Has it been documented or institutionalised in any way? (i.e. Is it being used to guide activity planning and/or budgeting?)

Annex F: Guided drawing activity outputs: children at centres

Instructions provided to child respondents: "Let's spend 5 minutes each drawing a picture of our futures and then we will discuss. Remember to include things like where you live, who you live with, which activities you do in your normal day there, and what your dreams are for when you grow up. After about 5 minutes we will each present our drawings". Children's permission was sought to share the pictures in the report, with identifiable details removed.

I am running home when we are fighting when I before it house

my family
free time
house

friend

clinic

I am sitting to make a mat

Home

I am sitting drinking tea

I am hair dressing

my friends house

I am going to play with my friends