

EVALUATION

End-line performance evaluation: Deinstitutionalization of Orphans and Vulnerable Children in Uganda (DOVCU)

Photo: A social worker in front of a wall with pictures of children reintegrated from the child care institution. By Anna Nordenmark Severinsson, Maestral International.

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ENDLINE PERFORMANCE EVALUATION

OF THE PROJECT: DEINSTITUTIONALIZATION OF ORPHANS AND VULNERABLE CHILDREN IN UGANDA (DOVCU PROJECT)

August, 6, 2018

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ACRONYMS

ACF	Alternative Care Framework (of Uganda)
ACP	Alternative Care Panel (national)
ACU	Alternative Care Unit
CAO	Chief Administrative Officer
CCI	child care institution
CPM	child protection mechanisms
CRO	Child Restoration Outreach
CSI	Child Status Index
CSS	Community support structure
DOVCC	District Orphans and Vulnerable Children Committee
DOVCU	Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda
FBO	faith-based organizations
FGD	focus group discussion
FSVI	Family Status Vulnerability Index
HH	Household
IGA	Income generating activities
JSI	John Snow International
KII	key informant interview
MIS	Management Information System
MoGLSD	Ministry of Gender, Labor and Social Development
NGO	Non-governmental organization
OIC	Officer-in-charge
OVC	Orphans and Vulnerable Children
PSW	para-social workers
PSWO	Probation and Social Welfare Officers
SOP	standard operating procedure
TAC	Teams Around the Child
TOC	theory of change
TOT	training of trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Violence Against Children
VSLA	Village Savings and Loan Association

GLOSSARY

In this evaluation, distinction is made between the two different terms **reunification** and **reintegration** of children.

Reunification refers to the process of physically returning a child to the family of origin for the purpose of establishing or re-establishing long-term care in this family.

Reintegration, on the other hand, is a process that ideally is the end-result of a reunification, but is a longer process involving the child and his/her family and community and where a safe, nurturing, life-long family care has been established for a child. External actors can support this process but reintegration is not an automatic result of a reunification, nor is it an automatic result of provision of services to support a reintegration process. The end result of a reintegration process, as referred to in this report, is that a child has been *reintegrated*.

In the case of the DOVCU project, the objective was to *reunify* approximately 2,000 children living in institutional care or in the streets with birth families or into alternative family-based care and that these children have improved *positive outcomes* in the twelve months following *reintegration*. This objective then implies that the project establishes, through case-monitoring, the point in time when a *reunified* child is to be considered as *reintegrated*. It furthermore implies that monitoring continues 12 months after a child is considered as reintegrated and that positive outcomes are observed in the wellbeing of the child as a result of *reintegration*. It should be noted that in DOVCU-documents (training documents, SOPs etc.) the two different terms *reunification* and *reintegration* are in use, but they are not defined. Nor are the criteria to be used by the project to determine if a child is to be considered as *reintegrated*, following *reunification*, defined or discussed in DOVCU documents. Project monitoring has focused on measuring *reintegration* through the proxy-indicator that children have stayed in the family where they were *reunified* between 9 and 12 months following the *reunification*. This, however, is not considered by this evaluation as a sufficient measure of whether a “safe, nurturing, life-long family care has been established for a child”. Therefore, to be able to state whether *reunification* has resulted in *reintegration*, the evaluation has captured stories of reunified children’s subjective wellbeing which have informed the findings of this evaluation report.

As a result of this, throughout this report, the most commonly used term is *reunification*. This term is also used to describe when a child has stayed in the family for some time. The term *reintegration* is in use specifically when the evaluation has been able to capture through the qualitative data the extent to which *reunification* has resulted in a child staying in the family where he/she was reunified between 9 and 12 months following the reunification and where the subjective wellbeing of the child clearly indicates that the child feels safe, nurtured and stably living in that family.

In addition to these two terms, another term, namely **resettlement** is sometimes used in popular language in Uganda. This term is also sometimes used in DOVCU documentation. While at international level, *resettlement* usually refers to a process involving placement of refugees in a third country, in Ugandan context, *resettlement* is used as equivalent to reunification.

It should furthermore be noted that in popular language in Uganda, there is often no difference made between *reunification* and *reintegration*. The terms *resettlement*, *reunification* and *reintegration* are often used interchangeably and simply means returning a child to his/her family of origin. In quotes, throughout the report, these words have been captured as used by the respondent.

In this report, the term *resettlement* has sometimes been used in quotes or when specific project documents or policy documents used this term. In this report *resettlement* means returning a child to his/her family of origin.

EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The objective of the evaluation is to assess the performance of the “Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda” (DOVCU) with regards to the creation of sustainable changes in the lives of two beneficiary groups, namely 43,000 vulnerable children living in targeted households and 2,000 children at risk as a result of an integrated package of support. A second objective was to assess how and if these results came about from systems changes and identify which strategies and approaches were the most effective for achieving the change in children’s lives. The evaluation responded to 25 specific evaluation questions regarding the projects impact, relevance, effectiveness, efficiency and sustainability and also assessed the projects results from the point of view of its contribution to human rights.

PROJECT BACKGROUND

The “Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda” was a 36-month child care reform project supported by John Snow International (JSI) and United States Agency for International Development (USAID) implemented in 12 districts of Uganda. To achieve its two objectives, the project included two components. The first component targeted destitute at-risk families in 2 parishes, in 2 sub-counties in each of the project’s 12 districts with prevention activities. This component included strategies for economic strengthening, building parenting skills, addressing social problems, and mobilized and built capacity of para social workers (PSW) and community child protection mechanisms (CPMs) to be involved in identification and referrals of vulnerable families and children at risk of separation. The second component of the projects worked to reintegrate children from child care institutions (CCIs), remand homes and from the street. The targeting strategies of the project were distinct for each component. Children at risk and to be reintegrated from CCIs, remand homes and from the street were already separated from their families and were targeted at the location where they were living/staying when the project started. The children supported in vulnerable households were identified and targeted by the project based on a targeting strategy that had multiple stages of both qualitative and quantitative methods to identify households vulnerable to separation. These households were selected from the 4 project parishes within the 12 project districts. Children to be reintegrated, on the other hand were reunified with families in their districts of origin, which sometimes meant outside of the 12 project districts and the parishes where the project focused its prevention work.

EVALUATION DESIGN, METHODS AND LIMITATIONS

The evaluation relied on a mixed-methods approach with a strong qualitative component. The methodology consists of three distinct methodological pillars: policy analysis, qualitative component and quantitative data analysis. While the evaluation team collected the data in 6 sample districts out of the 12 project districts for primary data collection. This included Gulu, Kabarole, Kasese, Kamuli, Luwero and Mbale. The quantitative data analysis presented as part of this evaluation is relying on project monitoring data.

The limitations of the evaluation are mainly related to the quantitative data. This data had been collected for project monitoring purposes and as a result, no impact evaluation design or related sampling strategy informed the selection of the sample or the determination of the sample size. As a consequence, the findings of the quantitative analysis may not be representative of the population from which the sample was drawn. Furthermore, due to logistical and financial limitations, project monitoring assessments sampled a smaller number of households at endline. This had implications for the children who were

reunified. Of all 1,743 reunified children reported by the project, endline project monitoring data only covers the 698 children within reach, i.e. those reunified within the 12 districts where DOVCU focused its prevention activities.

FINDINGS AND CONCLUSIONS

Impact:

The project had impact in addressing causes to separation at three different levels: immediate, underlying and root causes. Interviews at community level indicate that interventions are perceived to match identified community needs. Findings based on a comparison of baseline and endline data on vulnerable households show a reduction in the targeted households' economic vulnerability. The number of households classified at destitute level reduced from 56% at baseline 30% by endline. On the other hand, most households seem to have shifted into the struggling category, from 44% at baseline to 69% at endline, while only about 1% of households graduated to the growing category. It seems that the time during which vulnerable households received support, was not enough to make the significant shift to the growing category. Furthermore, in the context of the volatile environment in which the respondents live, a shift from destitute to growing category may not be enough to keep families out of situations that make them vulnerable to separation.

There is no aggregate national or district data that can evidence project impact in improving child separation-trends overall. This said, DOVCU supported the reunification of a total of 1,743 children to families. Of these 84% were reunified from different CCI, 4% were reunified from remand homes and 12% were reunified from the street. The districts that were involved in the project showed an average of 26% reduction in the number of children in care.

Between baseline and endline, monitoring data indicate that overall, there has been a reduction in child vulnerability scores for children living in targeted households. The most significant changes can be seen in health, shelter and care. This is followed by food and nutrition and education and skills training. Psychosocial support and protection also show an improvement, though slightly lower. Findings indicate that the economic strengthening activities have helped vulnerable households to better regulate consumption and increase food security and nutrition. However, respondents do not consider that these activities have fully brought them out of food insecurity for the longer term. For children a number of changes were documented:

- Majority of children in the qualitative case studies of at risk households perceive that they now eat better now than two years ago
- For children who have been reunified, there is a significant variance in children's responses around subjective well-being and as a result, the extent to which they are to be considered as having been reintegrated. Children who have been reunified from the street or remand homes, consider their situation with regards to food security and nutrition to have improved. Children who have been reunified from CCIs perceive their access to services and food to be more precarious following reunification, and this adds to stress and reduces psychosocial well-being. This should be seen in the context that some CCIs are very well-resourced, as compared to the families where children have been returned.
- There has been an improvement in household's ability to send children to school and in terms of psychosocial well-being, care and protection, respondents including for children, perceive the family situation to have improved.
- The majority of children at risk and children reunified, all cited violence against children to have been something they experienced, but that this was not something they worried about now.

The DOVCU project contributed to strengthening the knowledgebase of MoGLSD on the number of CClS and the achievements of standards in CClS in the 12 project districts. At district level, the project piloted a new gatekeeping structure – Teams Around the Child (TAC) – in 11 districts. Across districts there is evidence indicating that the DOVCU project inspired many changes in the availability of services provided by CClS and built their capacity to strengthen the way they operate today as compared to the situation at baseline. For example, the DOVCU project has contributed to the fact that:

- There are fewer CClS in the DOVCU-districts at endline, as compared to baseline.
- On average improvements have been made in all operational quality standards for CClS covered by national standards.
- Between the baseline and endline evaluation, DOVCU has contributed to significant changes in the awareness and attitudes of CClS around the national alternative care framework and their role in the alternative care system. This mindset change has mitigated the risks of resistance to the change amongst the child care institutions that was observed at baseline.

In spite of these improvements that can be credited as contributions of DOVCU project to the implementation of the national alternative care framework, there are still more improvements needed in the way CClS operate as service providers in the alternative care system. The changes made in the practices of the CCl varied significantly from one CCl to the other. Some CClS engaged more intensely with the project and made improvements in several operational quality standards for CClS, while other CClS only made some improvements in one or a few areas of these standards.

As a result of DOVCU, awareness raising, skills building and training activities, the evaluation documented a number of changes in awareness, technical skills and professional practices across districts. The project has contributed to a greater knowledge amongst professionals at all levels, of risks, response options and of the roles of various professionals in the response, and also produced important changes in professional practices. District staff are now more regularly and systematically involved in providing oversight and applying stricter gatekeeping procedures for children to CClS. One area where the project has had mixed results is in the area of case management.

Relevance of the Project

The project's integrated model, which linked family strengthening, child protection and economic strengthening measures, was relevant in Ugandan context. The combination of the tools used, FSVI and CSI indexes, and the process designed to identify households for the project's prevention component, as well as the step-by-step sequencing of different types of support to destitute households were as perceived as relevant and useful to consider in a scale-up of the project. Furthermore, the integrated approach is assessed as relevant to address different categories of risk that are present in the communities where the project operated and it was perceived by respondents to address the primary risk areas for child separation. For the households that were targeted by the project for the prevention component, findings suggest that the assistance provided by the project through the integrated package of services was appropriate. However, amounts of assistance, e.g. the size and frequency of cash transfer, length of trainings etc., were seen by many households as being insufficient to meet their needs.¹ For the children returning to family care and families receiving children back from CClS and remand homes, stakeholders provided more mixed reviews regarding the relevance of the support provided.

The project was overall assessed as very relevant, both in terms of its alignment with policy environment, community values in which it operated, and in terms of its timing. It relevantly addressed

¹ Size depended on the households needs and family size, frequency depended on the progress overtime, length of training was standard by design

attitudes and resistances that prevailed amongst some CCIs at the inception of the project and it successfully leveraged existing formal system stakeholders to get further involved in alternative care. The project's interventions within remand homes were felt as less relevant to address all the issues that are leading children to being placed in remand.

Effectiveness:

It is not possible to conclude that the project achieved its first objective, namely to support 43,000 children in vulnerable households², however the 2,234 households that were directly supported through the project's prevention component families remained intact and the interventions received by these families are perceived as having matched expressed needs. This said, evidence suggests that DOVCU support to prevent separation helped during the lifetime of the project to prevent separation but that this effect might not yet have resulted in sufficient and sustainable improvements in households to make prevention last.

The second objective: to improve wellbeing of children through supporting the reunification of approx. 2,000 children was only partially achieved. The project reunified 1,743 children. Of these most children are believed to be living in families but for 1,045 children who were reunified outside of the 12 DOVCU districts documentation on their status could not be supplied to this evaluation given that the project did not include them for monitoring data collection at endline. Furthermore, among the children who were reported as reunified within the 12 DOVCU districts some children have stayed with the same service provider (CCI) that transformed into a boarding school, or the child moved to boarding school facility provided by another service provider. Furthermore, the wellbeing and quality in the reintegration process of the reunified children seems to vary. There are some specific factors which seem to have influenced the reintegration process and children's well-being. The quality in the reintegration process depended on where the child was reunified from: remand homes, CRO, or which CCI the child came from. Furthermore, the ability of CCIs to support a reintegration processes depended on a number of factors. TACs got involved in quality assuring the reunification when many children that the project counts as reunified had already been returned home and this seems to have influenced the quality of the process. A total of 20% of children were reunified through a process that was quality assured by TACs. There was difference in the "readiness" of communities, and in the support provided by the project to the communities and families where children were reunified and this seems to have influenced reintegration. This said, the majority of caregivers and children indicate they are happy about being reunified, as long as DOVCU and/or the CCI continue to support them.

Efficiency

There is evidence suggesting that the overall impact of the project's strategies to reduce vulnerability was affected by the late start of the project, and especially so in phase 2 districts. If there is one specific component of support that was often singled out as quickly having produced an important effect and a multiplier effect in the lives of children and vulnerable families, it is the cash transfer. Another strategy that was perceived as efficient and effective in the communities was the various community groups that were created.

The strategies employed by the project to change mindsets, priorities and professional practices around alternative care, were by and large efficient. Both for CCIs and remand homes, an area where more support would have been needed is in strengthening case management to ensure equal quality of the follow-up and documentation of monitoring visits.

² At the stage of project design, the figure of 43,000 children was defined based on the assumption that there is on average of 5 children per targeted household.

Sustainability

The impact in the lives of beneficiaries of the project seems vulnerable over the long run. Respondents continuously highlight the precarious situation that they find themselves in and express a dependence on the continuous support by DOVCU in order to avoid separation or re-separation. Findings indicate that the psychosocial and community-based elements of the project are more likely to sustain efforts supporting the reintegration of children after the project has ended

Teams Around the Child (TACs) are assessed as having good prospects to become sustainable, but under the name of district Alternative Care Panels. The sustainability of case management and support to reunified children and children at risk is more questionable. In a few districts, the district leadership express commitment to mobilize sustained funding for priorities related to alternative care reform.

Human Rights

The prevention component of the project managed to target some of the most vulnerable families but the children who were reunified from CCLs into families were not necessarily coming from the CCLs with the poorest quality of care.

The project seems to have contributed to preventing child protection issues and human rights violations in communities for a broader number of children than those that were particularly targeted by the project's prevention and reintegration components. The project furthermore mitigated risks for creating greater vulnerabilities for children who were already living within the targeted households. For children who were reunified from CCLs, it is unclear if the project has prevented these children from becoming more vulnerable as a result of the DOVCU reunification activities and support towards reintegration.

Across all districts, the project has contributed significantly to strengthen duty bearers' knowledge about their obligations and roles in alternative care. Stakeholders across all respondent groups seem to have understood the message that family care is in the best interests of the child. However, stakeholders have not understood that child rights are absolute and that there is no hierarchy of rights whereby one right is more important than another. In the context of the DOVCU project, stakeholders seem to have understood that family care is more important than any other right. Furthermore, the project did not put in place a clear system of accountability for the case management follow-up of children who were reunified.

Conclusions

The DOVCU project was a complex and ambitious project. The evaluation concludes that the project to a large extent has demonstrated an effective and relevant package, methods and strategy to prevent separation of children. The project faced some challenges in the design when it comes to the reintegration component of the project. At the time when the project selected the areas where it focused its prevention work, the places of origin of the children to be reintegrated was not known. As a result, the project interventions for prevention, which could have been beneficial to the households that received children for reintegration, only benefited a few of the children who were reunified with their families. This said the project has contributed to a significant change in mindsets around the importance of family care for children, it has managed to break the trend of an increasing number of CCLs opening up in the 12 focus districts, and the project furthermore significantly strengthened knowledge, skills and professional practices of district, sub-county and community stakeholders involved in alternative care.

Overall, there is great enthusiasm created around the DOVCU project which most stakeholders consider as a success.

EVALUATION PURPOSE & EVALUATION QUESTIONS

EVALUATION PURPOSE

The objective of the evaluation is to assess the performance of the “Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda” (DOVCU) with regards to the creation of sustainable changes in the lives of two beneficiary groups, namely 43,000 vulnerable households and 2,000 children at risk as a result of an integrated package of support. A second objective was to assess how and if these results came about from systems changes and identify which strategies and approaches were the most effective for achieving the change in children’s lives. Lastly, the evaluation also captures lessons learned around the project’s work with child care institutions (CIs) and the project’s integrated package of support and on the work with different professionals involved in gatekeeping. With this in mind, the purpose of the evaluation is to establish and ensure accountability to the donor, government stakeholders and the beneficiaries of the support; contributing to learning, including documenting and generating lessons learned on how current approaches can be strengthened to support vulnerable groups and prevent family separation and reintegrate children back to nurturing family environments. This learning will be used to inform current programming both in Uganda and elsewhere and help the implementing partners and the donor support policy debates on child care system reform. In order to achieve this purpose, the evaluation took both participatory and formative approaches.

EVALUATION QUESTIONS

The evaluation covered the following evaluation questions:

Impact

1. To what extent and how did this project identify/test successful interventions that a) prevent child separation and b) support reintegration of children at risk or in residential care? Has their well-being improved? For which children was impact most visible?
2. To what extent and how did the project contribute to the reduction in the number of children living in institutions and on the street in the targeted districts?
3. To what extent and how have prevention methods employed by the project increased nutrition, education opportunities, care, and protection for children in targeted households?
4. To what extent, and which systemic changes did the project bring about at community, regional, and national levels that are enabling children to live in family care and preventing inappropriate placements in institutional care?
5. To what extent and how did the project contribute to implementation of national care reform measures?

Relevance

6. To what extent and how did the project’s integrated model, which links family strengthening, child protection and economic strengthening measures, offer examples and approaches for expansion, adaptation, and/or replication? What combination of interventions within this model could be adapted or expanded?
7. How did the political environment and context of the project influence operations and impact, and to what extent was the project able to mitigate the risks and leverage new circumstances/opportunities that arose?
8. To what extent and how was the integrated model, which links family strengthening, child protection and economic strengthening measures to maximize prevention for children at risk of separation from family and support those returning to family-based care, relevant and sufficiently adapted to the communities where the project operated?

9. Based on what is found to be the most common risk factors to separation, to what extent and how did the project manage to address these in an appropriate manner, including for boys and girls?

Effectiveness

10. To what extent have the targets of the project to support approx. 43,000 children in vulnerable households and approx. 2,000 children to be reintegrated been reached and how were they achieved?
11. To what extent did the beneficiaries of the project, including children, families and communities, appreciate the services provided? Did the project incorporate sufficient participatory feedback processes to ensure the target reach was involved and informed of the intervention and received services most appropriate for their needs?
12. What were the most significant changes in the lives of the two target groups achieved by the project, and what factors seem to have influenced these changes?
13. How effective was the project in engaging with various structures and professionals involved in the project, including district authorities, child care institutions, probation social work officers, community development officers, alternative care panels, remand homes, community child protection structures, para-social workers (PSWs), etc.?
14. To what extent did the project manage to disseminate information regarding lessons learned from its activities and strategies? How did the project adjust its own strategies to take into account any learning that derived from the implementing process?

Efficiency

15. To what extent were the project strategies, to reduce vulnerability of households and to reintegrate children, efficiently implemented? Were there any implementation gaps?
16. Which strategies / activities used by the project proved to be the most efficient in influencing the lives of children and vulnerable families? Were there any strategies / activities which were not at all efficient?
17. Which strategies used by the project proved to be the most efficient in influencing the system reform? Were there any strategies / activities which were less efficient?
18. To what extent were the human resources, coordination mechanisms, time and financial resources invested in the implementation of the project efficiently used and were they sufficient to achieve the targets of the project?

Sustainability

19. For the children who have been reunified with their families or placed in alternative family-based care, what reintegration methods have supported stable and sustained placement of children and to what extent? Are children still in the homes and in school 6 months (and more) after placement? What makes these reintegration methods sustainable? If there has been relapse in reintegration, why has this been the case?
20. By project end, to what extent have structures been established or strengthened that can continue to provide, on an ongoing basis, adequate case-management and support services for children at risk? Are these sustainable and what makes them sustainable?
21. For the different changes observed in the capacity and functioning of professionals, child care structures and coordination mechanisms (e.g. probation and social welfare officers (PSWOs), PSWs, alternative care panels), to what extent are they likely to sustain the work, to continue meeting and to continue to apply what they have learned after the end of the project?

Human Rights

22. To what extent did the project manage to target those most at risk (e.g. children in institutions and children on the street), including tailoring activities to accommodate needs of the most vulnerable children (children under three, girls, children with disabilities, street children)?
23. To what extent was the project able to prevent child protection issues and human rights violations (e.g. child labor, violence against children, neglect, early marriage, etc.) and mitigate risks for creating greater vulnerability (e.g. child labor and any kind of harm)?
24. How did the project address child rights violations that required urgent attention?
25. To what extent did the project contribute to strengthening duty bearers' knowledge of their obligations and their capacity to meet those obligations?

PROJECT BACKGROUND

COUNTRY CONTEXT

Uganda has an overall population of 37.7 million, with close to 60% being children below the age of 18 [United Nations Children's Fund (UNICEF), 2015]. Rich in natural resources, the country has seen steady economic growth in recent years, but still remains one of the poorest countries in the world. Social indicators are generally providing a picture of a struggling health and education system and high levels of vulnerability of children. In the absence of better alternatives, placements of children outside of the family, either in kinship care, or in residential care has been a coping strategy for many families living in poverty, lacking access to health care or quality education, but also to children who have been orphaned by war or by the HIV crisis. For example, Uganda has a higher prevalence of children living in related (kinship) care than most other countries in the East Africa region (Better Care Network, 2015). Prior to the government adopting a policy on alternative care, the Alternative Care Framework (ACF), in 2011, an increasing number of children were being placed in residential care institutions that were reported to be “mushrooming” in Uganda. Around the time of adopting the ACF, the Ministry of Gender Labor and Social Development (MoGLSD) estimated that there were around 57,000 children living in residential care across Uganda (ChildFund, 2013). At the same time, Uganda was among the top 20 countries of origin for inter-country adoptions with several organizations raising their concerns regarding the lack of safeguards and oversight of procedures for inter-country adoption (UNICEF, 2014).

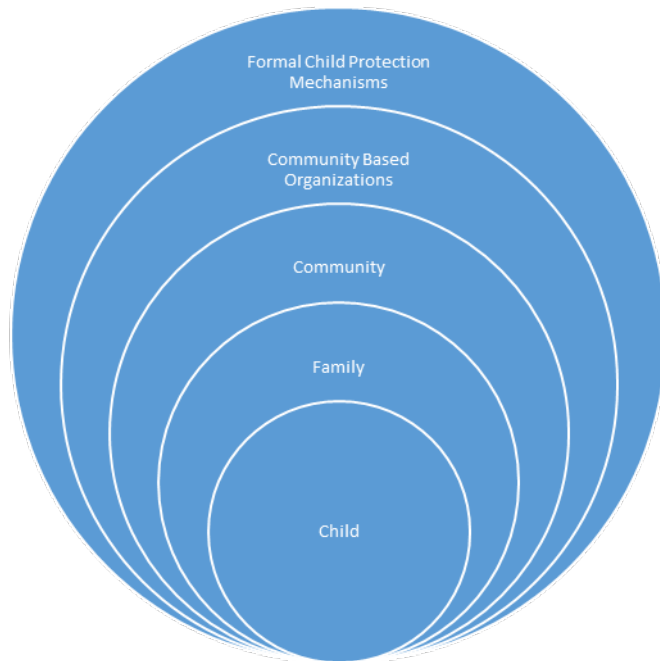
THE DOVCU PROJECT

The “Deinstitutionalization of Orphans and Vulnerable Children Project in Uganda” was a 36-month child care reform project supported by John Snow International (JSI) and United States Agency for International Development (USAID) implemented in 12 districts of Uganda set out to develop and test a package of services at community level in order to 1) prevent the separation of children from their families, and 2) facilitate the reintegration of children from child care institution (CCIs), the street and remand homes, back into family-based care.³ At the time when the project was approved, 2014, several other projects had already started to strengthen Uganda's child protection and social welfare systems. Reforms in the development and provision of alternative care started in 2011. Capacity of the central MoGLSD had already been strengthened through the establishment of an Alternative Care Unit (ACU) that became responsible for the oversight and regulation the increasing number of CCIs that were operating without registration in the country, and outside the oversight of the Government system. The DOVCU project was introduced as a contribution to these alternative care reforms a few years into the process. The overall objective was to “measurably improve the safety, wellbeing and development of highly vulnerable children, particularly those who are living without adequate family care” (ChildFund, 2013). The project aimed to reach approx. 43,000 vulnerable children living in households facing high risk of separation and to reintegrate approx. 2,000 children currently living in institutional care or in the streets.

Conceptual framework and hypothesis

³ Northern districts: Gulu, Lira; Western districts: Kasese, Kabarole, Kabale; Eastern districts: Mbale, Kamuli, Jinja, Iganga; Central districts: Luwero, Kampala, Wakiso

The project's conceptual framework defined layers of protection and components of an alternative child care system. It aimed to address the “root causes” of child separation at the family level and strengthen formal and informal systems for service delivery at the community level (ChildFund, 2013). According to the conceptual framework the DOVCU project aimed to contribute to the strengthening the continuum of care defined by the Ugandan Alternative Care Framework (ACF) (MoGLSD, 2011), including preventive support services, emergency and permanent care, and gatekeeping and through this contribute to deinstitutionalization, placing emphasis on the de-institutionalization of children through reintegration back into families. The project was designed based on a hypothesis that the placement of children who are outside of family care, living in residential care, into stable family environments through tracing of families, family reunification and placement in alternative family-based care would generate improved child wellbeing (ChildFund, 2013).



Project approaches and strategies

The DOVCU project took a bottom-up, top-down participatory approach, involving formal and informal stakeholders from all levels of governance in skills building and training activities to activate their roles and the functions they have to carry out in the operationalization of the ACF. In order to support the overall project objectives, to reduce unnecessary separation of children from their families, and to ensure nurturing family care for children, the project targeted to reach approximately 43,000 vulnerable children in vulnerable households and approximately 2,000 children living in CCI or in the streets. The project made a number of assumptions related to the type of support needed to change life-outcomes of these beneficiaries. For families and children at risk of separation, the project assumed that a reduction in unnecessary separation of children from households which are considered as “at risk of family separation”, can be achieved through strengthened and stabilized economic conditions in the households; through providing vulnerable households with labor market skills; strengthening parenting skills and an improved understanding by vulnerable households and their communities of the benefit of family-based care over institutional care. The assumption was that the project support would create sustainable changes in the lives of these two beneficiary groups as a result of an integrated package of support. For children living outside of nurturing family care (in child care institutions, remand homes, or on the street), the project was designed based on the assumption that placements of children who are outside of family care into stable family environments can be attained through tracing of families, family re-unification activities or placements in alternative family-based care.

As such the project was designed to have two distinct components: one prevention component and one reintegration component which were implemented following distinct targeting processes for each:

- Prevention component: DOVCU selected the districts (12 districts), sub-counties (2 sub-counties / district) and parishes (2 parishes / sub-county) in which it focused its activities related to the prevention component of the project. To inform interventions with vulnerable families

and children, the project collected baseline and monitoring data using tools such as Child Status Index (CSI), Family Status Vulnerability Index (FSVI), to inform targeting of interventions and project design. During implementation targeted households were provided with an integrated package of support, and communities and para social workers were mobilized and skilled in parenting practices, and economic strengthening skills.

- Reintegration component: CCI, remand homes and a service provider working with children on the street were involved or targeted with a number of activities. In the 12 project districts, CCIs were mapped out and assessed per the national guidelines and standards for operation. CCIs were supported to develop improvement plans, were involved in awareness raising on family-based care and national standards, received training for administrators and social workers (including in alternative care), and mentoring and support for the reintegration case management process (including family tracing). The reunification process and the support provided to enable reintegration were implemented collaboratively between district officials, child care institutions, remand homes, TACs, PSWOs, CDOs, para-social workers and community child protection structures. It was assumed that such activities would generate reintegration and an improved wellbeing for the concerned children. To support the reintegration of children from the street, DOVCU partnered with a Non-Governmental Organization (NGO) called Child Restoration Outreach (CRO) in Mbale district that has significant experience in reintegrating children from the street back in families. Within the DOVCU project, CRO focused its attention on improving its professional practices to reach girls who have been living and working on the streets, because they often have specific and different needs as compared to boys. Activities included the development and promotion of the reintegration SOPs and tools (same as for reintegration of children from remand homes). However, the children to be reintegrated originated from many more districts and parishes than those supported through the project's prevention component. Children were therefore reunified to a large number of communities some of which were supported through the projects prevention component, others not. All children who were reunified, within or outside of the 12 focus districts, were supported with a minimum package of supplies and services.⁴

Furthermore, the project aimed to support national alternative care reform efforts through deinstitutionalization and strengthen gatekeeping practices at district and institutional level. To increase functionality of various structures and professionals involved in alternative care, the project relied heavily on producing guidance documents, tools, various training and skills building activities to show how to use new procedures, and to produce changes in mindsets, professional practices and systemic changes at the level of national and district structures, CCIs, CRO and remand homes. These stakeholders were furthermore involving in and included in training, coaching activities and a wide range of stakeholders, including national, district, sub-country and community professionals and structures were mobilized as a key strategy of the project to achieve institutional changes and changes in professional practices that could help sustain the beneficiary level achievements in the longer term.

⁴ According to the project, all the 1045 children reunified in the 44 districts outside the 12 DOVCU districts received post placement follow up services either through DOVCU or respective CCIs. Some children benefited from both partners (CCIs and DOVCU project) in the given packages as per the case assessments and case plans. For cases that were handled directly by CCIs, DOVCU ensured that the geo-location and status of all these reunified children and their households were ascertained through tracing, upon which responsibilities were shared with respective CCIs to undertake follow up as per the case management system for children placed back to family care. According to the project, DOVCU district social workers provided technical support to the respective CCIs social workers to facilitate conformity in the reintegration process. While all the case files of those reunified by CCIs were held by the CCIs themselves, according to DOVCU these were continuously reviewed by DOVCU social worker. Selected sample cases were jointly followed up by both DOVCU and CCI social workers. DOVCU provided monitoring and guidance to CCIs for the children they reunified with families.

Project phases

Although the project was formally approved in July 2014, the start was delayed for political reasons. Activities formally started in November after the official launch. To manage the significant geographical scope of the project, covering 12 districts, the project was implemented in a phased manner:

- Between July and December 2014: A preparation phase staff hire allowed for adaptation of tools, mobilization of stakeholders and putting in place the structure of the project (e.g. recruitments).
- January 2015-June 2015: Start-up in the first 6 districts (phase 1 districts) focused on assessments of CCI and CCI-improvement planning in the first 6 districts, service mapping, household and family identification and assessment, market assessment, baseline study, and training of trainers (TOT), development of the case management system, training and other capacity building activities.
- June 2015 – June 2017: Implementation in phase 1 districts included activities such as coaching and support work, finalization of case management tools, forming Village Savings and Loan Association (VSLA) groups, cash transfers and training in financial management for families, work on parenting training, case audits, on-going capacity building, awareness building, reunifications and follow ups, work in Remand Homes and with street children, promotion of standard operating procedures (SOPs), baseline evaluation and community trainings.
- September 2015 – March 2016: Start up in the remaining 6 districts (phase 2 districts) allowed to replicate the same assessments as previously carried out in phase 1 districts.
- March 2016 – June 2017: Implementation in phase 2 districts with same activities are implemented in phase 1 districts.
- June – December 2017: A closeout phase was common for both phase 1 and phase 2 districts in spite of the significant difference in implementation period. It included activities such as continued parenting training, financial management/VSLA groups, on-going awareness raising and training in SOPs in addition to reflection meetings of project partners in districts and regions, endline assessments of CCIs and of status of well-being of beneficiaries of the project and gradual handover of activities to the partner CCIs and government officials.

EVALUATION METHODS & LIMITATIONS

EVALUATION METHODS

A common methodology was developed for the evaluation both baseline and endline. It is based on participatory and formative approaches to evaluate the project's overall theory of change (TOC). The project consortium and USAID were involved in brainstorming sessions to finalize the evaluation questions and feed into the evaluation design. Both for the baseline and the endline the project consortium partners were consulted in the data collection process and involved in dialogue on preliminary observations and findings. The evaluation places a strong emphasis on learning and maintaining high ethical standards in research. As such the design of the evaluation and the tools were reviewed and approved by an ethical review committee prior to data collection.

The evaluation relied on a mixed-methods approach (USAID, 2013) with a strong qualitative component. The methodology consists of three distinct methodological pillars used to triangulate and consolidate findings, and to answer the different evaluation questions: policy analysis, qualitative component and quantitative data analysis.

A policy-based analysis focused on the project's intent to bring about systemic change in child care structures and institutions at national, district and local levels. This part of the methodology consisted of reviewing relevant policy and child care system regulatory documents, case files and seeking information through key informant interviews (KII) with national and district level policy makers, civil servants, professionals, management and social workers of service providers to form a view on the set up of system, and to assess changes in services, professional practices and the alternative care system more generally. The field work started with a one-day workshop with the DOVCU consortium to identify lessons learned and debrief on the project consortium's own assessment of results, strengths and challenges in the implementation of the project. This was followed by individual meetings with each of the consortium members to discuss the different contributions to the project. Followed by KII with stakeholders working for the MoGLSD, supporting or overseeing the implementation of Uganda's implementation of the ACF: district authorities and Orphans and Vulnerable Children (OVC) committees (9 representatives); district community development officers (DCDOs) (5); and gatekeeping structures and professionals at district level, including Probation and Social Welfare Officers (5 permanent and one acting PSWO) and Community Development Officers (23 CDOs in total); members of TACs (19 members); representatives from three different remand homes located in in Gulu, Kabarole and Mbale districts; representatives from reintegration services for children on the street (Child Restoration Outreach in Mbale district); and directors, managers and social workers in 21 CCLs spread across the six research districts. Finally, the policy-based analysis was also informed from a number of quantitative indicators for which data was collected through the projects' own monitoring process.

A qualitative component of the evaluation focused on the perceptions of children and household members, community-based structures and PSWs regarding their changing vulnerability over the life of the project, general wellbeing, and prospects for the future. Through qualitative methods, including KII and focus group discussions (FGD), information was collected on the mechanisms through which different interventions of the project had been implemented and perceived by recipients. Together with the monitoring data collected by the project implementers, the qualitative assessment has made attempts to unpack beneficiaries' self-assessment of their personal welfare and the extent to which the project's interventions contributed to any changes in this. Data was collected in 6 districts, with a total of 12 communities visited. In each community teams visited four households where children had been reunified with their families and four at-risk households where caregivers and children were interviewed separately. In addition, the teams conducted FGDs in each community with 1) PSWs, 2) CPMs, 3) women in the community, and 4) men in the community.

The quantitative data analysis presented as part of this evaluation is relying on project monitoring data. Monitoring data is used to provide a summary picture of the baseline and endline samples of beneficiaries from which qualitative data was collected, while also descriptively investigating the changes observed between the baseline and endline for the target groups of the project. The analysis helps shed light on changes in vulnerability. At the same time, the quantitative data formed the basis for a descriptive analysis disaggregated across categories of interest, including gender, age groups and geographic location. Quantitative monitoring data allows measurement and analysis of changes over time on key project outcome indicators but cannot be used to make claims of causality or impact attributable to be project. This point is further elaborated in the section on limitations that follows.

The evaluation sampled 6 of the 12 project districts for primary data collection. This included Gulu, Kabarole, Kasese, Kamuli, Luwero and Mbale.

LIMITATIONS

Since the monitoring data was not collected by the evaluation team itself a process was outlined to ensure quality control of data before its use in the evaluation. During the training of research teams in Kampala, the qualitative research team created an abridged version of both the Family Support Vulnerability Index (FSVI) and the Child Support Index (CSI), to be administered during household case studies taking place as part of the qualitative research. The aim was to control the quality of responses provided to these tools, in order to verify accuracy of the data to be used in the evaluation. At the conclusion of fieldwork in all six districts, these survey forms were provided to ChildFund for comparison with the original survey tools and there were no indications of discrepancies found between the data from the short-form instruments and the original instruments. Consequently, the data from the DOVCU project's monitoring has been used for the purposes of this evaluation.

There are limitations affecting the quantitative analysis, which need to be taken into account when interpreting its findings. This evaluation does not include a quantitative impact estimation component. The quantitative data discussed in the report was not collected through the use of a household survey designed and developed for the specific purpose of evaluating the impact of the project. Project beneficiaries, including households, caregivers and children, were not selected using any probability sampling. There can be no causal inference or external validity⁵ claim derived from the quantitative data analysis presented.

Because end line quantitative data was collected as part of the regular project monitoring no impact evaluation design or related sampling strategy informed the selection of the sample or the determination of the sample size. As a consequence, the findings of the quantitative analysis may not be representative of the population from which the sample was drawn and cannot form the basis for econometrically robust impact estimate. The investigation of quantitative data should therefore be treated strictly as a descriptive means to find patterns and intertemporal trends from baseline to end line. Any descriptive associations detected across categories of households or children should not be read as statistically significant correlations. As already described in the baseline evaluation, the resulting tabulations derived from the monitoring data still allow us to draw an interesting descriptive picture of the changing characteristics of project beneficiaries, which can be integrated with qualitative findings to build a narrative around the project evolution and its effects over time.

⁵ External validity is the degree to which the results emerging from the analysis of the study sample would hold for other relevant populations in other contexts and at other times.

It is important to consider that the end line project monitoring sample of households and children, surveyed represents a sub-sample of those surveyed at baseline: 3,297 households and 6,754 children were surveyed and assessed at baseline; while end line sample covered a sub-set of 2,235 households and 3,498 children. The baseline covered a larger sample due to the initial targeting needs of the project, and the end line focused on households the project worked with over the course of the project. While the figures reported in the Project Monitoring Plan (PMP) reflect these two separate samples, in line with the format agreed at inception, other descriptive trend analyses of differences between baseline and end line included in the report focus on changes that occurred within the same sample of households that were interviewed at the two points in time. In technical terms, the trend analysis focuses on a panel of households.⁶ This ensures a greater degree of comparability between baseline and end line and makes the analysis of the related intertemporal changes in indicators of interest more robust and informative.

Important to note is that of the sample selected for project monitoring purposes at end line, reported logistical and financial limitations of the project did not permit a rigorous end line assessment in households outside of DOVCU supported districts. This had implications for the children who were reintegrated. Of all 1,743 reintegrated children reported by the project, end line project monitoring data only covers the 698 children within reach, i.e. those reintegrated with the 12 districts where DOVCU focused its prevention activities. However, the conditions for the reintegration process varied significantly for the children who were reintegrated within the project supported districts and parishes and those who were reintegrated outside of these districts and parishes and therefore the “sample” may not be entirely representative. Further, the qualitative and policy analysis sampled six districts all phase I districts where the project had a longer programmatic engagement. The findings might be slightly influenced by this.

Though the project had slightly differing packages for the two objectives (prevent child separation and support reintegration), the qualitative sample was drawn out of communities where the prevention component was to be implemented,⁷ as the children to be reintegrated had not yet been identified at the time of baseline. Since the evaluation design relied on a change-over-time approach in understanding the impacts, this sampling could not be changed for end line. This led to a situation where the majority of sampled households were located in the communities where the project had implemented the prevention component. Furthermore, the evaluation sampled households from within the 12 districts where it had focused its project work. Therefore, the sample of reintegrated children did not include children who had been reintegrated outside of the 12 project districts.

The project interventions evaluated under the prevention component are from the perspective of households at risk, as well as households who have received children for reintegration. The sections that follow represent a synthesis of diverse perceptions, and changes to factors that stakeholders identified during the baseline as influencing separation and reintegration. Discussion focuses primarily on perceived changes to these factors, and the extent to which respondents perceive change as related to DOVCU interventions. The monitoring data is considered throughout to triangulate and further unpack the qualitative findings. Because of the evaluation design and its limitations, impact findings focus primarily on changes, and perceived impact around relevance, effectiveness, efficiency, sustainability and human rights.

⁶ Within the same households the surveyed children are not necessarily the same as they were selected in specific age groups and the distribution of children across these groups changed over time.

⁷ There are two cases of caregivers visited where the household falls out with the prevention component target areas, however, this data is not strong enough to draw any conclusions regarding the differing contributions of the project where the prevention package was supplied, versus where only the reintegration package was provided.

FINDINGS & CONCLUSIONS

IMPACT

The following section presents the results and impact achieved by the DOVCU project.

Evaluation question 1: To what extent and how did this project identify/test successful interventions that prevent and support reintegration of children at risk?

The project addressed causes to separation at three different levels: immediate, underlying and root causes, and interviews at community level indicate that interventions are perceived to match identified community needs. The baseline evaluation identified three different layers of causes to separation: immediate causes, underlying causes and root causes. “Immediate causes are those causes which seem to be more directly associated with risks that lead to the decision of a child to leave, or the decision of a parent, community member or a professional to refer a child to a child care institution or report him/her to the police.”⁸ The baseline evaluation identified immediate causes to include high levels of food insecurity, negative household dynamics, violence and child labor, drug and alcohol abuse in the family, and lack of access to basic social services. “Underlying causes are those causes which contribute to a specific vulnerability that make such a situation more likely to happen,” such as poverty, psychosocial vulnerability and barriers to good parenting.⁹ “Root causes are hierarchically the underpinning societal situation contributing to a general overall vulnerability”¹⁰, such as lack of financial opportunities, lack of land and assets, social and cultural norms, and political instability and displacement. The sections below illustrate how the project interventions have contributed to addressing some of these issues. A more detailed analysis is provided in “Annex I: Lessons learned on project’s integrated package of support”.

Economic well-being

Findings based on a comparison of baseline and endline data on vulnerable households show a reduction in the household economic vulnerability. The changes found show that:

- The number of households classified at destitute level reduced from 1,252 (56%) at baseline, to 670 (30%) by endline.
- On the other hand, there are increasing percentages of households that score in the struggling category from 974 (44%) at baseline to 1,534 (69%) at end line. This indicates that the project has helped shift the supported households mainly from *destitute* to *struggling*. This shift has occurred to a similar level in both male- and female-headed households.
- There are two districts, namely Kabale and Kampala, which show a negative shift. In Kabale, there were 122 (52%) of households that scored as destitute at baseline, while there were 153 (66%) at end line. In Kampala, 63 households (69%) scored as destitute as baseline, while this had increased to 71 (78%) of the supported households at end line.

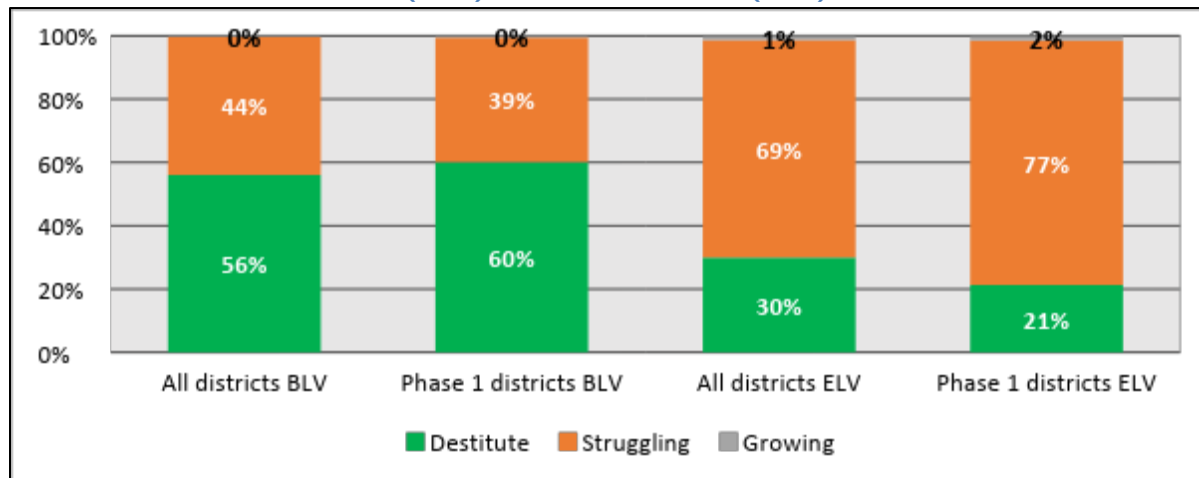
More detailed figures are provided in “Annex V: Statistical Tables”, Table 13 and 14.

⁸ DOVCU baseline report

⁹ Ibid.

¹⁰ Ibid

Figure 1: Percentage changes in the proportion of household economic vulnerability classification: Baseline Value (BLV) and Endline Value (ELV).



Only about 1% of households graduated to the growing category, i.e. in relative terms the less poor category of household vulnerability. In the context of the volatile environment in which the respondents live, a shift from destitute to growing category may not be enough to keep families out of situations that make them vulnerable to separation. As one caregiver in Luwero explained: “...it [the financial support] is working but you don’t prosper because even though we farm sometimes seasons fail and rearing might also not go well meaning that we are still down because we don’t have jobs that quickly boost someone. Sometimes things are good sometimes bad.”

Findings indicate that there have been some improvements in the households’ economic livelihood security, with access to land and livestock improving as well as access to credit sources. Project beneficiaries feel that this has contributed to prevent separation. As identified in the baseline, and continuously so at end line, poverty is a key risk factor to separation as well as being a barrier to reintegration with lack of funds making it difficult for families to meet children’s basic needs. It is important to note that financial vulnerability and poverty are understood not only as cash poor, but in terms of a lack of assets, being labor constrained, having a shortage of economic opportunities, and not having a high resilience against unexpected economic shocks. In this context, in terms of prevention, the qualitative analysis confirms that:

- **DOVCU’s financial support has been supporting families in many ways.** On average, households that were targeted for cash transfers received two rounds. In total cash transfers were distributed to 720 out of the 739 destitute households in the phase I districts. With the added support, families reported being able to pay school fees, could more readily afford food, clothing, or inputs for farming, and emphasized that the financial support has helped keep children in school. Respondents perceive this to reduce the risk of separation, and to help families reduce stress. As a man from Gulu stated: “Before this support, I had no food for children, couldn’t afford to send children to the hospital, no money for fees for their education, no clothing, no beddings. Now with the support, I have also started changing the diet for the family. Part of the money I used it for buying cloths and change diet.”
- **Respondents in all households emphasize the VSLA training as impactful.** 96% of the targeted households received business skills training, 79% were provided with financial literacy training and 83% with VSLA training. As one caregiver in Kabarole mentioned: “They took us and taught us how to save money and invest it so that it can keep on earning profit. We then formed a VSLA where we are 30 members and we are saving together...We save money every week. This has

helped me to work hard because minimum saving is two thousand shillings a week. But if you can afford more it is okay because it goes to your account. This can help you to get more money when you are looking for a loan.””

Several respondents stressed how they ended up using the cash transfer for immediate needs such as medicine or food, and that they therefore ran out before they could invest it towards longer-term stability. Though respondents are appreciative with regards to the business skills and financial literacy training, they highlight the challenges they face in applying the skills learned from these trainings. Key challenges highlighted are perceived insufficient funds and the volatile environment. As stated by one caregiver: *“That training can be helpful if you are earning and can budget for what you earn, because they trained us that if you get money you should save to start up an income generating activity. But if you don’t have the capital then you can’t start up the business. Among the things they taught was how to save and how create income, but it is very good information which I will implement when I get money.”*

Psychosocial well-being

Training reportedly made parents more aware of their duties as parents and how to approach their children. The baseline evaluation identified that neglect or lack of awareness about how to provide proper care, supervision and attention to children in the household further increases vulnerability to separation. The training on psychosocial issues, parenting and home visits were very particularly appreciated by community members, PSWs, and CPM members who cited changes within the community as a result. As one woman explained: *“What I normally see with these children is that the moment they come back into their homes, there is always a warm welcome for them (...) We have been trained and now that is what we do to such children: talking and advice is the best they can receive when they get back home.”* Training of parents and the training for PSWs were perceived to increase chances of success in creating the change needed in communities to prevent separation. It is important to acknowledge that at this stage, it is difficult to assess norms and behavioral change due to the short time frame of the projects. But clearly, parents/caregivers are more aware of alternative norms and attitudes towards child care. This is illustrated by one caregiver: *“What they teach us knows that when a child reaches a certain age he/she changes. Knowing that if a parent works together with a child, a child becomes free to share his/her problem with the parent. We also learnt to sit with children, not to just beat them, but also make children your friends. This has changed the lives of our children and they are free to talk to us.”* Findings from interviews with children indicate that parents engage with this in practice. The majority of children interviewed do not mention violence within the home at end line.¹¹

Evaluation question 2: To what extent and how did the project contribute to the reduction in the number of children living in institutions and on the street in the targeted districts?

There is no aggregate national or district data that can evidence impact in improving child separation-trends overall. It is not known how many new children separated from their families and came to the street or live in extended or other families. It is not known how many children separated from their families and migrated within the country, ending up in CCLs or on the streets in other districts. Interviews with policy level stakeholders in several of the districts suggest that there are even more children separating and coming into street-situations than before because of natural disasters (drought, famine, landslides), urbanization and difficult situations for children at home (violence, alcoholism, child neglect). The scope of the DOVCU project was too small to have a measurable impact on this nationwide situation.

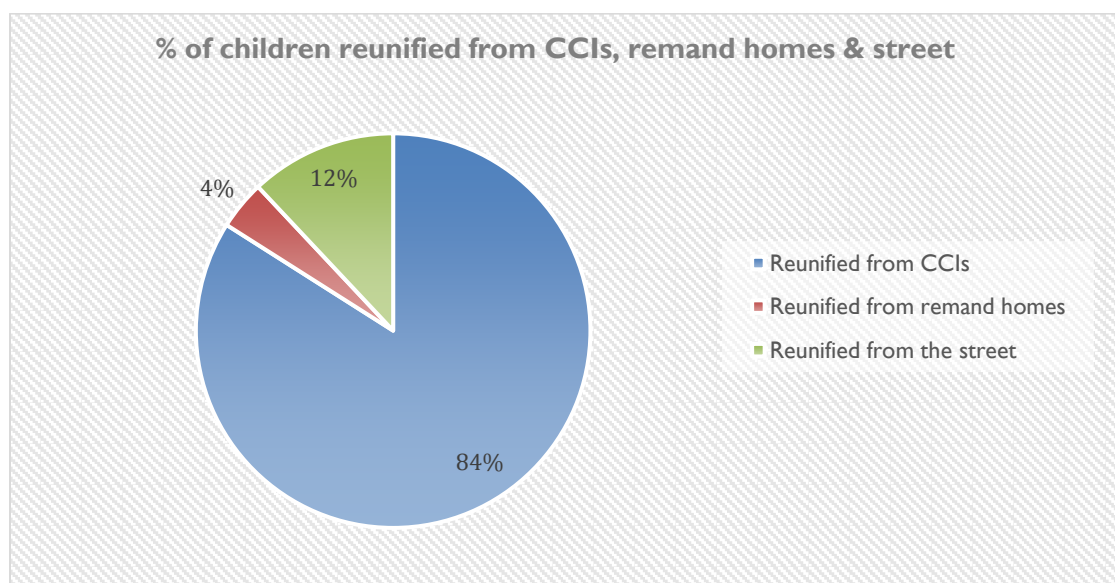
¹¹ It is important to note that contrary to baseline, children were this time interviewed in their homes. Although parents were not present during the interviews, the fact that children were interviewed at home could make it less likely for children to disclose certain information. Additionally, what is perceived as ‘violence’ is often very different in differing contexts, where harsher discipline can easily become normalized.

This said, **DOVCU supported the reunification of a total of 1,743 children to families.** As illustrated in Figure 2 below, of these 1,743 children:

- 1,465 children (84%) were reunified from different CCI's;
- 74 children (4%) were reunified from remand homes; and
- 204 children (12%) were reunified from the street.

More details on the numbers of reunified children can be found in “Annex V: Statistical Tables”, Tables 15, 16 and 17.

Figure 2: Proportion of reunified children who were reunified from CCI's, remand homes and from the street



The districts that were involved in DOVCU showed a significant reduction in the number of children in CCI's. This is illustrated in the project's monitoring data, which indicates that the districts involved with the DOVCU project have an average 26% reduction in the number of children in care. Luwero and Kamuli districts have seen a greater than 300% reduction in the number. The only district with no reduction is Kampala (see also: “Annex V: Statistical Tables”, Table 17). Across all districts, interviews with policy level stakeholders confirm this trend and attribute it to changing priorities in terms of the services provided by CCI's, fewer admissions, greater outflow of children and that children stay for shorter time-periods. For example, in one district the Probation and Social Welfare Officers (PSWO) reported: “Actually, almost all of them (CCI's in the district) have reduced numbers. Almost all of them. I would say that 100% of the CCI's that we have in (district name) have reduced numbers. I was telling you that there are some that became schools. We have one in (name) sub-county (...) it was turned into a primary and secondary school and the children that were there were resettled.” In another district, a representative of a CCI reported: “Previously we were admitting 30-40 per year. Last two years we have had 15 new children” and in yet another district another CCI, illustrated this trend with the following words: “The other achievement is the reduction in the number children, and regulation of those who come in. Before the project we had 22, currently we have 11, not because we have been forced, but because we appreciate the alternative care framework. We have resolved on the number we can manage.” There have also been some changes in the overall numbers of children in remand homes, however these changes, whether increases or decreases, cannot be attributed to results of the DOVCU project. This is because the entry and exit of children

into remand homes, to a large extent, is dependent on children's court sentencing, something that DOVCU did not try to influence through its activities (see also: Annex V: Statistical Tables", Table 15).

Evaluation question 3: To what extent and how have prevention methods employed by the project increased nutrition, education opportunities, care, and protection for children in targeted households.

This section focuses on the extent to which prevention methods employed by the project increased food security and nutrition, education opportunities, care and protection of children in targeted households.

Between baseline and end line, monitoring data indicate that overall, there has been a reduction in child vulnerability scores. The most significant changes can be seen in health, shelter and care. This is followed by food and nutrition and education and skills training. Psychosocial support and Protection also show an improvement, though slightly lower (see also: "Annex V: Statistical Tables", Table 18).

Food security and nutrition

Findings indicate that the financial support package has helped vulnerable households to better regulate consumption and increase food security and nutrition. However, respondents do not consider the financial support has fully brought them out of food insecurity for the longer term.

This is illustrated by quantitative findings from the Family Status Vulnerability Index (FSVI) tool that indicate households have increased the number of meals per day: at baseline 15% of households stated they rarely had food to eat, and were going to bed hungry most nights, while this had reduced to 3% by endline. At baseline 55% of vulnerable households stated they frequently had less food to eat than needed, complaining of hunger, compared with 32% at end line. The majority of households (57%) now feel that they have enough to eat, depending on season or food supply, while at baseline only 26% had enough to eat (see also "Annex V: Statistical Tables", Table 7). Qualitative data confirm that respondents still perceive food security as precarious. Across districts, respondents continuously refer to the volatile environment in which they live, and how this impacts on food security. A caregiver reflected on this with the following words, a quote that is indicative of multiple households in the qualitative sample: "I can say our welfare is not stable, it fluctuates. Sometimes we are doing well and sometimes we are economically badly off. My husband is a trader of bananas. There is scarcity of bananas now. It is rare to find and we end up eating/using part of the business money. Our incomes are now miserable, there is scarcity of food, school fees for children in school is difficult to come by now. We have encroached and used money for business and spent it on home consumption." The majority of respondents are wary of stating that their food security status is better, instead stating that it is "better right now," as one caregiver put it.

With regards to children's subjective well-being on food security, the majority of children in the qualitative case studies of at risk households perceive that they now eat better than before (two years ago). Children highlight diversification in the type of food consumed: "We eat good food these days and it's always enough food at home. There is a very big change in the way we eat; these days we eat more nice foods like meat," said an at-risk child in Kabarole. Still, children are acutely aware of the precariousness of the food situation, referring to "it depends on if mom has money" and similar statements to explain that while the food situation is slightly better now than before, this is not the consistent day-to-day. Moreover, several children in households that received cash transfers highlight how there was food "for a while" but not anymore. In many cases, the same respondents emphasize that their parents now have a small plot of land and that, such as one child put it, "we planted, but it is still in the garden, it is not yet ready."

For children who have been reunified¹², there is a significant variance in children's responses around subjective well-being. Some of this appears to relate to household vulnerability status, with children returning to destitute households more likely to state that they now “eat less than when I was at the home” (reunified child, Mbale). Children in this situation, similar to children in at risk households, highlighted how the cash transfer provided by DOVCU helped their families buy food, though in several cases “this food is no longer” (reunified child, Luwero).

- **Children who have been reunified from the street or remand homes, consider their situation with regards to food security and nutrition to have improved in the majority of cases, though still be precarious:** “There was a time when we completely did not have anything to eat, we had potatoes that we had planted but wasn’t ready for eating yet. But (DOVCU) came and bought for us some posho and beans” (reunified child, remand home, Gulu). Children reunified from these situations are more likely to indicate their improvement as relative, i.e. “it was bad there [at the home] but here also we go to bed hungry, but not always” (reunified child, remand home, Gulu). Importantly, children emphasize that while they may eat less regularly than when they were at the remand homes, they eat more of a balanced diet. This is similar to perceptions of children reunified from CCI. The data around children previously living on the street is more in line with children from destitute households, where the situation was bad and it is still not secure, but better.
- **When children previously at CCIs assessed their subjective well-being, they emphasize the regularity of meals prior to reunification.** The majority of children reunified from CCIs perceive their food security and nutrition to have been better prior to reunification (while in the CCI) but consider the situation at home to be better ‘now’ than when they first came back home. This thus indicates that the prevention strategies of the project, especially the financial support package has, in the majority of cases, been able to contribute to improved food security and nutrition situation within family-based care.

Education Opportunities

There has been an improvement in households’ ability to send children to school. As highlighted in the baseline, lack of access to basic social services such as access to good quality education is strongly associated by respondents with children separating from their families, in particular to go live in a CCI, where parents think that they will receive education. This “pull effect” of CCIs is important, as end line findings around admission state school/education as one of the main reasons (together with poverty) for children to be admitted. Baseline quantitative analysis showed how children in destitute and struggling households were more likely to miss school. This is consistent with qualitative end line findings which see respondents highlighting ‘ability to pay for school fees’ as a major change in their wellbeing. The FSVI assessment shows 49% of households now have all children (of school age) attending school, as compared to 33% at baseline (see also “Annex V: Statistical Tables”, Table 20). This said, while the majority of reunified children state they are now able to attend school following reunification¹³, several children in at risk households stress that they are still sent home from school due to unpaid school fees: “It is school that is a challenge because I am always sent back home from school because of school fees” (at risk child, Gulu).

¹² For children who have been reunified, it is important to note that they reference two points in time in changes to their food consumption and perceived food security and nutrition. Children who have been reunified refer 1) to when they were in the previous CCI/remand home/on the street, 2) to when they were reunified, and 3) to when the end line was conducted (‘now’).

¹³ Several CCIs have continued to support reunified children’s education. DOVCU’ cash transfer has reportedly also contributed to support children’s continued education.

Psychosocial well-being, care and protection

In terms of psychosocial well-being, care and protection, including for children, respondents perceive the family situation to have improved. Similar to the baseline, negative household dynamics, such as domestic violence or spousal quarrel which were often quoted as a situation that could lead to separation, were prevalent across districts also at end line. During baseline, the qualitative component noted the particular widespread absence of mental health services. This is highlighted at end line as somewhat addressed through DOVCU, in particular with reference to PSWs. Caregivers refer to PSWs as “listening when I need” (caregiver, Mbale), and “they even guided me to a group” (caregiver, Kabarole). Furthermore, at baseline child respondents across districts widely cited corporal punishment, or ‘overbeating’ as an accepted norm that can lead children to leave home. This was not highly prevalent in the end line findings amongst children in all respondent groups.

The majority of children at risk and children reunified, all cited violence against children to have been something they experienced previously, in particular the reunified children, but that this was not something they worried about now. When children did refer to violence, this was mainly in reference to fears of violence such as “if you get robbed” (reunified child, CCI, Kamuli), “some older people in the community may beat on you” (at risk child, Luwero), and “there are stories of people that take children” (reunified child, CCI, Mbale). Respondents continuously highlighted these project interventions as essential in improving the overall well-being of the household. Notably, very few children in the sample raised alcohol consumption as an issue, and there were low reports of violence in all households.

Findings indicate that children who have been reunified from CCIs perceive their access to services and food to be more precarious following reunification and this adds to stress and reduces psychosocial well-being. Children in all categories highlight that they feel less stressed than two years ago or prior to reunification. Children at risk are, the majority of times, linking this to “no longer being chased from school” (child at risk, Kamuli), and “we have some money for food” (child at risk, Mbale). While children who have been reunified feel less stress with regards to experiencing violence, or maltreatment, they still perceive the situation in family-based care as stressful. In particular, children who have been reunified from CCIs emphasize that the stress is less at home now than at the point of reunification, but that they feel stressed about money running out, or accessing services, such as education, something that they did not worry about as much while at the CCI.

Evaluation question 4: To what extent, and which, systemic changes did the project bring about at community, regional, and national levels that are enabling children to live in family care and preventing inappropriate placements in institutional care?

The project influenced many systemic changes which are summarized here. More details are provided in Annex II: Lessons learned on the projects work with Child Care Institutions, Annex III: Lessons learned on the project’s work with various professionals and Annex IV: Lessons learned on case management.

The DOVCU project contributed to strengthening the knowledge base of MoGLSD on the number and standards in CCIs in the 12 project districts. The project had a strong data collection strategy and generated a significant amount of evidence on CCIs and their standards. Between 2015 and 2016, through a process that systematically supported the MoGLSD in identifying and assessing CCI which were previously not known or registered by the ministry, an overall 147 CCIs were assessed between March 2015 and June 2016 with MoGLSD involvement at baseline and 91 CCIs were assessed

with MoGLSD involvement between October and November 2017 across the 12 project districts (see also: “Annex V: Statistical Tables”, Table 21).¹⁴

Changes in district structures and services

At district level, the project piloted a new gatekeeping structures – Teams Around the Child (TAC) – in 11 districts. Informed from the experience from a national Alternative Care Panel (ACP) that was established under another project, the DOVCU project had planned to establish pilot district-ACPs to oversee alternative care placements and adoption, and a second structure called a Team Around the Child (TACs) to oversee reintegration processes. In 2015, DOVCU developed TOR both for district ACPs and TACs. Similar to the national ACP, these structures were supposed to be multi-disciplinary decision-making bodies. However, in the absence of a national agreement on the scope of these two different teams, and especially whether alternative care and adoption should be a district or national function, only TACs, to be in charge of overseeing reintegration processes, were set up in 11 out of the 12 project districts (all but Wakiso district). The first TAC to be set up was in Mbale district in September 2015, and the last one in Iganga, in February 2017 (see also: “Annex V: Statistical Tables”, Table 25). It took TACs between 2 and 5 months between their formation (appointment and training of members) and their first formal meeting.

Across districts there is evidence indicating that the project contributed directly to many changes in the availability of services provided by CCI and in the way they operate today as compared to the situation at baseline. In total, the project worked with 126 CCIs across the 12 districts. The following quote, from one district reflects well the full spectrum of changes that can be observed in many CCIs across DOVCU-districts:

“There are many changes: the biggest is that they have be able to register: they are officially known, they have reorganized themselves, they have employed qualified staff, like matrons, nurses; improved infrastructure. Before the project some of the institutions were managed by the director and his wife. Most of them now have a child care policy, they have also started reporting to the district about their operations, they provided information about the children. The quality of care for the children has also improved, they are well fed and go to school. They report about what they are doing, the core requirements of the child are being attended to. They are far better than before.””

Stakeholders furthermore attribute the fact that there are fewer CCIs as compared to baseline to the DOVCU project. Since the beginning of the project:

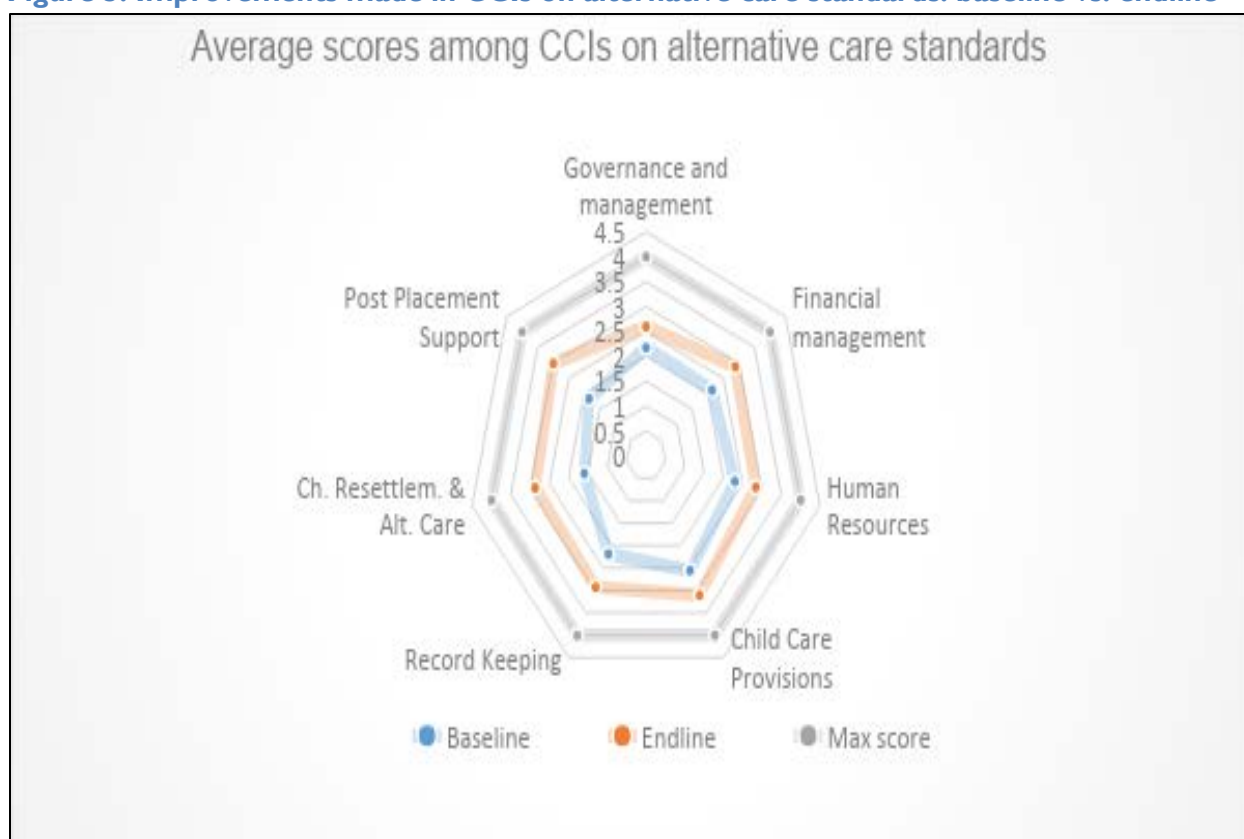
- A total of 21 CCIs have closed; and
- Another 14 had ended providing residential care and were operating either as a boarding school or a non-residential school or another kind of community-based organization (CBO).

In four of the six study districts for the evaluation, district officials confirmed that some of the CCIs that had closed or stopped operating as CCIs, had done so as a matter of urgency, a process that was often initiated by the CCI itself following the initial assessment facilitated through DOVCU, and not always accompanied by the DOVCU project.

¹⁴ At the end of the project a number of child care institutions that were assessed at baseline had closed (21 CCIs) or transformed into another type of service (11 had transitioned into becoming a school and 3 had transitioned into a community-based organization). A number of CCIs had also not been involved in activities supporting reintegration of children (21 CCIs across all districts were not involved in DOVCU). At end-line, the DOVCU project therefore chose to only assess the CCIs they had worked with, and furthermore did not reassess transformed or closed CCIs. This explains the difference in the number of CCIs assessed at baseline as compared to end-line.

The project has directly contributed to the fact that CCIs have made improvements in all areas covered by national standards. The areas where average scores have improved the most are in practices related to “child resettlement and alternative care provisions” which is also the area where CCIs scored the lowest at baseline. This data is captured in the project’s monitoring data from the assessment that scores CCIs across seven alternative care standards. The improvement is made from an average for 1.6 scores (out of the maximum 4) to 2.87 scores at endline. The area that comes as the second-best improvement area is in “post placement support.” This was the second poorest performance area at baseline and is now the best performance area at endline (average score across all assessed CCIs moving from 1.84 at baseline to 2.99 (out of a maximum of 4 scores) at endline (see also “Annex V: Statistical Tables”, Table 22)

Figure 3: Improvements made in CCIs on alternative care standards: baseline vs. endline



KII with policy level stakeholders, review of policy documents developed by CCIs, and case file reviews, could further confirm the changes in practices and operations in CCIs which are summarized here:

Between the baseline and end line evaluation, there are significant changes in the awareness and attitudes of CCI around the national alternative care framework and their role in the alternative care system. This mindset change has mitigated the risks of resistance to the change amongst the child care institutions that was observed at baseline. The following quote from the Chief Administrative Officer (CAO) in one of the study districts reflects well a sentiment that was expressed by various respondent groups across all districts: “Some child care institutions were hesitant to this project in the beginning but later they realized that it was for the good of children and in the best interest of children. They understood that they need to comply with alternative care standards. CCIs attend now most of our meetings and are working to improve their standards of work.” Furthermore, CCIs across all the study districts have made

significant progress in improving their policies. The evaluation team had access to copies of human resources policies, child protection policies, reunification policies, and emergency procedures, which had been developed since the beginning of the projects (although not in all CCI). Some CCIs have established management committees, while other CCIs had made improvements to their facilities to better comply with policies. Across all the districts, many of the CCIs visited have better human resource capacity as a result of hiring social workers and/or recruiting more qualified staff. Some CCIs had changed their management. Improvements in human resource capacity was also to a large extent attributed by stakeholders to the skills building activities of the DOVCU project involving management and staff.

Across all study districts, the evaluation was able to confirm that many CCIs are implementing better gatekeeping procedures, as a direct contribution of DOVCU's capacity building activities targeting CCIs. Interviews with different respondent groups (PSWOs, CDOs, CCI directors and social workers, TAC members) confirm that these improved “gatekeeping procedures” often involve significant changes to admission and reintegration practices, and to what many CCIs now establish, through case planning, as the objectives of children's stay.

The evaluation also documented that not all CCIs changed their views around their role in the alternative care system, and the level of engagement with the project, and the changes made in practices of the CCI varied significantly from one CCI to the other. The project's own monitoring data from the end line assessment of CCIs, confirmed that in all CCIs visited, there is room for improvement in at least one, and in many cases in several standard-areas and most CCIs are yet to receive their license to operate. For example, even though many CCIs have strengthened their human resource capacity as compared to baseline, there are still significant differences between CCIs. If at baseline there were many CCIs that did not have any social workers at all, now there are more CCIs that employ staff to perform social work duties, such as being involved in tracing, reunification reintegration activities, and in providing support for the reintegration of the child, and in developing, reviewing and updating case files. However, qualification levels of the social workers now available in CCIs, vary a lot. From case file reviews and discussions with CCI-social workers on the follow-up they provide to specific cases, it was evident that many social workers who are available in CCIs do not have advanced skills in, for example recognizing delays in child development, or signs of stress in children who have been reunified.

The attitude of the director and of founders/funders of the CCIs seems to have been of significant importance to the extent to which each CCI embraced the project and the change it proposed. An attitude to this change also seems to be heavily influenced by the funding available to support changes in practices, much of which comes from outside Uganda.

As a result of DOVCU project activities all targeted remand homes and the national rehabilitation center have reunified children as per SOPs, and there are some improvements in professional practices (also confirmed by district stakeholders), for example in the use of individual case files based on SOP tools, and self-reported skills of staff to do tracing and engage in community dialogue on the issues of children in contact with the law. However, many of these changes are perceived as unsustainable (see also sustainability chapter), and for example case files observed still have a large room for improvement. In two of the remand homes visited SOPs were no longer in use because there was no budget for paper to print forms. The staff or volunteers that DOVCU put in place in these two remand homes were no longer there. In the third remand home most of the case files inspected were incomplete with empty or only partially filled forms. SOPs.

The service provider working with children on the street increased their knowledge and skills to provide services to reunify and support the reintegration of street connected girls. All in all, DOVCU trained 90 CRO staff on SOPs and data collection tools relevant for their reintegration activities and through the project and through this, supported CRO to reunify 204 girls from the street. Girls identified in street situations by CRO, were provided with case management services, skills training and income generating activities (IGA), literacy and numeracy classes, counselling, nutritional and health services, and support to re-enter school. The evaluation documented knowledge and skills amongst staff to provide services on trauma counseling & child preparation for reintegration, life skills for girls, psychosocial support and counselling, monitoring, evaluation and reporting of activities (e.g. to the OVC Management Information System (MIS)). The evaluation also documented a greater use of evidence in their case management practices when admitting and reintegrating girls from the street. A review of case files indicates that CRO is using the case management tools from SOPs and are particularly performing well on identifying child needs and risks through documentation captured in these tools.

Changes in awareness, knowledge and technical skills amongst district, sub-county and community professionals

As a result of DOVCU, awareness raising, skills building and training activities, the evaluation documented a number of changes in awareness, technical skills and professional practices across districts. These results are summarized below, and further detailed in Annex III: Lessons learned on the project's work with different professionals:

The project has contributed to a greater knowledge amongst professionals at all levels, of risks, response options and of the roles of various professionals in the response. A member of a District OVC Committee illustrated this finding with the following reflection: *"The responsibility of all actors is clearer. Child protection is not just about being good Samaritan. Now we know to ask about the PSWs and what they can do to help in child protection issues."* The evaluation furthermore found that the project contributed to strengthen the technical skills of staff in MoGLSD and district staff (mainly PSWOs and CDOs) to implement standard procedures for inspecting CCLs and in various professional's skills to facilitate processes for reintegration of children from CCLs, from the street and from remand homes. Stakeholders across various respondents' groups and districts also converge around a view that the project's training and skills building activities have improved professional skills of PSWOs, CDOs and PSWs to specific provide services to families and children. According to the CAO, the highest officer in rank in one of the districts, *"PSWOs and CDOs have become more serious"* as a result of the DOVCU project. This view, and the importance of DOVCU for *"skilling up Uganda"* was echoed also in other districts.

All of this has furthermore produced important changes in professional practices. District staffs are now more regularly and systematically involved in providing oversight and applying stricter gatekeeping procedures for children to CCLs: *"before when we were receiving almost every child for whom orphanhood was claimed, we just sent to CCLs without establishing the facts on ground; without social inquiry."* The evaluation evidenced that DOVCU has contributed to better identification of vulnerability and risk and a better functioning referral system between the four parishes, two sub counties in each district. Across all six study districts for the evaluation, a wide range of professionals and stakeholders express the sentiment that this improvement is linked to changes generated by DOVCU in the awareness, skills and knowledge on child protection risks of community structures and PSWs, and of sub county professionals and PSWOs at district level. This is exemplified by one DCDO who noted: *"Yes, especially now I will look at the para social workers. They can identify child rights violations and report them."* PSWs the other hand, described how the process of visiting, interacting, and speaking to families altered as a result of their training, and discussed this as an impactful shift as a result of DOVCU.

One area where the project has had mixed results is in the area of case management. The evaluation noted a number of challenges related to the case management, which have persisted since the baseline evaluation was undertaken. While many improvements have been made to community level identification and referral processes, the evaluation team tried to get access to review case files of reunified children and found that the process seemed poorly documented and as one professional noted: “There were a lot of tools – so many tools – it was time consuming and there is some duplication.” More details are provided in “Annex IV: Lessons learned on case management”.

Evaluation question 5: To what extent and how did the project contribute to implementation of national care reform measures?

DOVCU has contributed to sustained awareness, visibility and priority to alternative care at national level but not to significantly strengthening it. At the time when the project started in 2014, visibility of alternative care was already high on the MoGLSD agenda. A policy framework had been adopted in 2011, and an alternative care unit had been established within the MoGLSD. At central level, several stakeholders interviewed for the evaluation are suggesting that the project did not exploit lessons learned to the extent that it would have been possible and useful, to elevate the alternative care agenda further as a national priority. This quote from a national stakeholder illustrates: “DOVCU was a big project but I do not think that the Government has spoken about the project in an equivalent size as the project was.” DOVCU has contributed to some extent to changes in district policies and priorities. For example, it is felt that visibility and priority of alternative care in the 12 project districts as compared to the baseline situation has increased. The ability of higher-level officials in the six districts to speak about the priorities of national policy (the ACF) is evidence of this and they testify about the learning the project has generated for them. As one high-level district official reflected: “It’s really been a big learning for our district – for all those who work with children.”

The project has contributed to a significant change in mindsets, at all levels, around the role of child care institutions and the importance of family care for children. This is evidenced in interviews with a wide range of district stakeholders who testify of the fact that, at the start of the project, many stakeholders saw CCI as a primary source of relief in dealing with vulnerable children. Today they rather speak in favor supporting families so that children can stay at home. The following quote from the former director of a CCI that closed in one of the districts, illustrates: “I got some training from DOVCU, they visited together with the Elders, they trained me on child protection, filing and documentation. What touched me most was the need to take back children to home so that they can grow up appreciating their cultures, in their communities.” Stakeholders see that it is not necessarily in the best interests to place children in CCI and may be looking at the services provided with more critical eyes. A senior official in one district reflected on this: “Although those institutions do help, they had their intentions like maybe they are business oriented and also, they are biased with their religion (...) For me I think it is of importance that we take back these children to where they come from.” In the same district another high-level district official agreed that: “Instead of helping children in the care institution, it is better to strengthen the family so that they are able to look after their children as well and mitigating those factors which normally cause children to run away from their families.” In yet another district, another high-level district official reflected on how the change in mindsets had changed behaviors of stakeholders at all levels:

“In institutions there are schedule and programs, in the community you must adapt and learn from the society and become a well-working citizen. Mindsets are changed now. DOVCU gave support and training that benefit the success in the community. Also, families not supported by DOVCU have learned from DOVCU-families good practice, they adopt good examples (...) Our mind-sets have changed. We have now started to go slow on allowing institutions to

institutionalizing children (...) In the past it was an immediate and easy solution. Now community structures are first investigated and prepared for the child to hopefully be able to move back after a short-term stay.”

There is now greater involvement of higher-level stakeholders at district level in activities related alternative care and child protection. At the beginning of the project, higher-level district stakeholders were rarely involved in any activities related to alternative care. Today they are reported to provide oversight of activities related to alternative care, and also to be directly involved, for example on the TAC or in CCI inspection visits. For example, in three of the six study districts for the evaluation, it is the DCDO who takes on the role of chairperson of the TAC. In another district, the assistant CAO had been involved in visiting CCIs for the first time through the DOVCU project. In yet another district, district stakeholders clearly associated the work of DOVCU with the district policy improvements. A new district Child Protection Policy has been adopted too in this district to, as the CAO put it: “*complete the gaps in national policy, especially for example around children who are out of school and child labor.*” The policy provides direction for how alternative care for children should be implemented in the district and that CCIs will be a last resort.

RELEVANCE

The relevance section aims to unpack whether specific needs of beneficiaries’ match what the project offered, to assess whether there were gaps in interventions and whether there is any evidence of potential adaptations needed to strengthen the project and if these were headed. The evaluation included four relevance questions.

Evaluation question 6: To what extent and how did the project’s integrated model, which links family strengthening, child protection and economic strengthening measures, offer examples and approaches for expansion, adaptation, and/or replication? What combination of interventions within this model could be adapted expanded?

The project’s integrated model, which linked family strengthening, child protection and economic strengthening measures was relevant in Ugandan context. It can be usefully be replicated in other districts of the country. However, lack of access to quality education and health services, as noted in the baseline evaluation of DOVCU, are key drivers to separation for many children, and an expanded model of the project could usefully include stronger elements, especially of the financial support component to bridge the gaps that remained for beneficiaries of support. For example, cash support could be provided for a longer time period, with larger amounts. In addition to each of the components within the integrated package for support, there are some examples of approaches used by the project that the evaluation documented as particularly relevant for expansion. For example:

- ***The combination of the tools used (FSVI and CSI indexes) and the process designed by the project to identify households for the project’s prevention component was perceived by many stakeholders across districts as very relevant and useful.*** This process, respondents felt, allowed for a fair and transparent identification process of the most vulnerable families. The process combined community assessments, the use of FSVI to objectively categorize vulnerable households and to identify programmatic areas, and qualitative information gathering through community discussions to triangulate information and identify households. A CDO in one district reflected on the relevance of this process with the following words: “*We did community assessments and the community participated and identified the most vulnerable. The project also had their own indicators, so I think that the most vulnerable household were chosen,*” and in another district the CDO praised the tools used by the DOVCU project to support these assessments: “*In the project we had the right tools and they were used properly this contributed to success*” (CDO).

Some stakeholders went as far as suggesting that this process had helped communities accept the final selection of households to be supported in such a way that it prevented jealousy between community members: *“Community meeting was also about showing how they (households) were selected because everyone wanted to be supported and there would have been problems”* (CDO). The limitations of this approach were that the project, because of its own funding restrictions, was only able to support a selection of the families categorized in the destitute category with cash transfers while the difference between a destitute household and struggling households in many cases was very small. In addition, vulnerability in a country like Uganda can be fluctuating with time and therefore, as one respondent stressed, *“there are those that fell into vulnerability after the start of the project”* (CDO).

- **Another example of an approach perceived relevant for replication in other districts is the step by step sequencing in of different types of support to destitute households.** Many stakeholders described how this approach had allowed families to progressively address the root, underlying and immediate causes to their vulnerability. Stakeholders expressed how it had been relevant to first provide counselling and advise, for example to address alcohol abuse, followed by skills building activities to strengthen financial literacy and planning. Cash transfers were provided after this to stabilize the household economically. If necessary this was followed by a second and third transfer to allow the household to plan economically for their future. Many stakeholders reflected on the fact that, had cash transfers been provided too early in the process, families would not have been able to make good use of them. Once provided, cash transfers combined with the training on how to grow family income, and the setting up of VSLAs, gradually sequenced in support to families in a way that is perceived as having allowed households to gradually and incrementally address the factors that contributed to their destitution status. As a CDO and a PSWO reflected: *“The integration of all activities is key, including the communities. It was a very good design of the program”* and *“It is very important that families are first trained how to use the money before the money is received.”* Stakeholders made similar reflections regarding the reintegration of children. First the project addressed family attitudes and then, if needed, they were provided with cash transfers: A CDO explained: *“The most important were the packages that were targeting to changing the attitudes of the care givers to enable the children to stay and be reunified. The cash came second, so parents have understood that there are small things that can make children run away. Skilling parents on parenting better were the most important (...) You can give packages, but if you haven’t changed the mind-set and got some new skills the package will not do much difference in the long-run.”*

The elements of the integrated package, the process and approach taken to its implementation allowed for flexibility and attention to the individual circumstances prevailing in each family, or as one PSWO explained:

“When these households were assessed, they were linked to para social workers. Each para social worker was allocated a number of households to work with. They had household plans for each of these households, they identified the problems within each household and how they would support households. They gave them cash transfers to help them address the immediate needs in the households (...) you find that somebody had received 200,000. Now they are in position to buy some food, to buy a mattress, to buy a blanket and to start up some, maybe like charcoal selling. (...) and they were not given only one cash transfer, some of them have received three cash transfers. Then also they were sensitized on parenting, on how to they would also get to other service providers (...) so what they would not get under DOVCU, they would do under (another project).”

Evaluation question 7: To what extent and how was the integrated approach model, which links family strengthening, child protection and economic strengthening measures to maximize prevention for children at risk of separation from family, and support those returning to family-based care, relevant and sufficiently adapted to the communities where the project operates?

The integrated approach is assessed as relevant to address different categories of risk that are present in the communities where the project operated. The financial package, parental trainings, community groups, and home visits focused on actively reducing risk for separation. The financial package increased the chances of children attending school, was perceived to improve nutrition of children, and reduced family stress caused from a lack of income. Parental trainings helped parents know effective ways to speak to their children, diffuse conflict, encourage children to stay at homes, as well as taught them about community structures they could call on for assistance. Community groups were seen by beneficiaries and community stakeholders to create changes across the community, and specifically decrease alcohol consumption, the rate of domestic violence in households, and increase chances for savings.

Furthermore, the integrated model was perceived by respondents to address the primary risk areas for child separation. Respondents revealed an appreciation for the parental trainings and an active utilization of the information gained in trainings. Interviews revealed participation in community groups and a resulting decrease in alcohol consumption and conflict within families; and both para social workers, caregivers and community members perceived that home visits helped support family cohesion in a number of areas.

Even though the evaluation cannot assess directly if the project prevented the separation of children in the targeted households, respondents believe that the package did help families in their communities to support children to stay in families. Furthermore, there is no evidence from this evaluation suggesting that any child from the targeted prevention households separated from his/her family during the lifetime of the project. This result was attributed to increased school attendance, better nutritional opportunities, and decreased violence in the household. People also believed that the vocational trainings gave children the tools to start making money. One women described the shifts taking place in the community where she lived and were DOVCU focused its support: "There used to be many children at home without going to school and also domestic violence was at its peak but now those cases are rare, and many children have been enrolled in schools and they are in good health. I just urge them [DOVCU] to gather more energy and resources and they continue with helping us and also we the community members will have to put more effort in utilizing the funds they have provided us by making use of the land and supporting the children with food and other requirements that may be needed."."

Findings from the qualitative component of the evaluation suggest that the integrated package did have some gaps in services provided, as perceived by the beneficiaries and community stakeholders in the areas where the project operated. The most reoccurring comment about gaps in services was about housing and the fact that people felt that housing was an issue that went unaddressed by the project. A caregiver in Luwero exemplified: "The way we see it, we are still very poor...we are still poor because if you don't have your own place you remain low." In addition to housing, respondents said they would appreciate specific support such as livestock or seeds for planting. When asking for farm animals and seeds, people made these requests because they felt it would lead to more sustainable ends: "give us cows, goats, so that we are able sell and be able to pay with fees, without having to beg or wait for someone like World Vision or (DOVCU) to support us."."

Most perceived gaps in services do not relate to new components that need to be added but expanded ones. Respondents highlight the precarious nature of their environment that continues to

put households at risk of separation. They stress that it will take longer to move away from this situation than the current project's time frame: *"I think they need to support us until we are stable enough to start an income generating activity. They also need to train us on IGAs first, and only then give us money when we know how best to use it in business"* (Caregiver, Gulu). This quote is important as it stresses a key point highlighted by respondents: they received training, and feel they learned from training, but the cash transfer was in many cases spent on immediate needs. Respondents also remained concerned about the vulnerability of households where one or more parent was disabled. While those with disability expressed appreciation for the financial support provided by DOVCU, they also expressed that it did not meet all their needs.

For the children returning to family care and families receiving children back from CCI and remand homes, stakeholders provide mixed reviews regarding the relevance of the support provided. For children returning from CCIs, specifically management and social workers of CCIs, CDOs and PSWO sometime felt that the preparation, both in terms of dialogue with families and specific material support to families could have been better to build a solid foundation for the continued reintegration process. This was especially the case for children returning to parishes or districts where DOVCU was not operational. Such preparation also varied a lot depending on where the child was reunified from. In terms of the specific support provided by DOVCU to families receiving children for reintegration, the material supply items included in the reintegration package were very appreciated, especially the mattresses. Several policy level stakeholders also felt that DOVCU very relevantly extended support to other children who were already in the family in the households where children were reunified. However, while the project's interventions very relevantly addressed several of the perceived push factors to separation in the parishes where it focused its prevention work, families who lived in parishes or districts outside of the DOVCU focus areas did not benefit from similar interventions. Furthermore, while the project overall addressed push factors in families that lead them to abandon children, it did not address directly the pull factors, especially unavailability of quality of education close to where the child lives and special health needs which lead families to bring children to CCIs. These needs were left to be addressed by CCIs which in many cases they did, but also in many cases did not. Specific gaps were perceived when the CCI could not continue supporting the child's education and health needs. As one policy stakeholder explained: *"For the reunified children that will continue getting support especially in terms of school dues from the CCIs that kept them, I think it is promising and there will be permanency. For those that have to depend on UPE for education, and also place in homes that are not well of socio-economically, the risk of separation is still a reality."* Furthermore, for the children who were reunified from remand homes the reintegration package and support were perceived as insufficient: shelter, school fees, specific support such as catch up-classes, was felt to be missing to bring these children back to school. Remand home staff expressed a certain level of frustration since the project did not *"meet expectations or address the reasons why children end up in remand homes (...). Our cases are a manifestation of the lack of community programs."* Finally, for children returning to family care, needs are not only linked to socio-economic situations, but in some cases, children need legal support. This, was identified by some stakeholders as a gap in the DOVCU project.

Evaluation question 8: Based on what are found to be the **most common risk factors** to separation, to what extent and how did the project manage to address these in an appropriate manner, including for boys and girls?

The evaluation assesses that the various project activities align with, and arguably successfully identify community needs, though may not able to comprehensively address these. The project focused addressing financial and other vulnerabilities of households, some of which was tackled through the financial support package, and there are some positive findings in terms of the financial components potential to help recipients cope with financial vulnerability. Yet, the main question is with regards to

tackling long-term financial vulnerability issues, and the extent to which current indicated improvements in access to basic services may be affected following project end. Project recipients live in highly volatile contexts, and though VSLA groups are an important step towards insurance against shock, in small and close-knit communities where multiple respondents are likely to experience shocks simultaneously, VSLAs might have difficulties to be sustained if multiple respondents are affected at the same time by challenges that limit their ability to pay back. These types of root causes to separation such as an economic climate that offers limited financial opportunities, or highly volatile contexts, may be beyond the project's control, however, it is important to consider the findings with this in mind.

Parenting skills training appears to have provided caregivers with enhanced ability to cope with stress and overcome some of the psychosocial barriers to being good parents. Yet, respondents highlight the need for refresher trainings. This was particularly the case in communities where parent groups are not as active. Respondents also link the reduced need for parental groups and support with improvement in financial vulnerability but highlight that if the financial situation gets worse again, stress in the household might increase making it more difficult to “continue to be a good parent” without support.

There are furthermore some indications that the project did not disaggregate or differentiate between the risk factors for boys and girls in being separated. This was particularly the case for children placed in CCI. TAC members in one district reflected on this with the following words: “When we look at families where children are received, families are more keen to receive children who are older and are more keen to take girls than boys. Because boys should have land.” However, project monitoring statistics do not indicate that this affected the project's ability to reintegrate both boys and girls to an equal extent.

Evaluation question 9: How did the political environment and context of the project influence operation and impact, and to what extent was the project able to mitigate risks and leverage new circumstances/opportunities which arose?
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The project is assessed as very relevant, both in terms of its alignment with policy environment, community values in which it operated, and in terms of its timing. It is aligned and pilots some of the provisions of the national policy on alternative care, and many stakeholders also referred to the fact that family care, and thus preventing separation and supporting the reintegration of children, aligns very strongly with traditional community values which are very favorable of children growing up in family environment. There was furthermore overwhelming agreement that “the project was very timely”, and in some districts even addressing an acute problem: One PSWO reflected on this from the perspective of how the system before the project had failed to get alternative cares priorities right: “This project came at a time when we needed it most. In Uganda, the issues of institutionalization of children were very rampant. This had become a way of surviving, homes for children were coming up and many children were going there. Most children even went to these CCIs without knowledge of PSWO. It was timely because there was some kind of disconnect between CCIs, PSWO and other stakeholders at the time.” in another district, another PSWO reflected both on the project's timeliness in terms of the acute needs because of increasing abandonment rates, and because of the inadequacy of CCIs in that context: “There was a time when they abandoned babies, there is even one month we got about five newborn babies abandoned. It was that month of April, and then we were like “Oh, God, what is this?” (DOVCU) came in at a time when there were so many children's homes that were not meeting the standards. And when they came in there were so much needed. When they did these assessments in these homes, you would go to a home and it was so horrible you would not even want to hear anything (about what is going on there), you just say close now.” (TAC member)

DOVCU was relevant to address the attitudes and types of resistance that prevailed amongst some CCIs at the inception of the project. In some of the project districts (e.g. Kampala, Kamuli and

Luwero) there has been a greater increase in the numbers of child care institutions prior to the project's start, than in other districts (e.g. Kasese and Kabarole). Nevertheless, in all districts, the project addressed and has managed to break a negative dynamic around the expansion of CCI and also brought the public eye to the bad practices of some of the CCIs. A PSWO from a district with previously high prevalence of CCIs reflected on this: *"At the inception, of course one of the challenges was that, the whole attitude was that they are going to close our institutions and the issue of child care institutions is more personal than them thinking they are complementing the efforts of government - This is my business, this is what I want to do, these are my children, I took these children from the community, you are not supposed to take them away, their parents have given them to me, these are poor children - There was that kind of resistance."*

Over the life of the project there were some contextual factors that may have influenced the impact and the effectiveness of the project and its approaches and support. For example, food insecurity is an important push factor leaving children to separate from their families, or parents leaving their children to child care institutions. Drought may have contributed to some families not being able to progress from its destitution level as much as the project had hoped for. There were several stakeholders who referred to the absence of strategies in DOVCU to mitigate the effect of drought on families, as an important weakness of the project. In one of the drought affected districts the CDOs reflected on this situation with the following words: *"All the people who benefited appreciated but want more. If there is drought, the household need to learn some water saving techniques to allow them to irrigate the crops also during drought.."*

The project very relevantly and successfully leveraged existing formal system stakeholders to get further involved in alternative care. This was a specific strategy employed by the project, which was highly appreciated and referred to as very successful across districts. Stakeholders were mobilized from all levels, national, district, sub-county down to community level, formal and informal structures, public and non-public actors (such as CCIs). As already reported in the impact section, formal district stakeholders referred to DOVCU having *"activated their mandates"*, community child protection structures and para social workers were connected with formal district structures in referral trajectories and felt more connected as a result of the DOVCU strategy, resulting in a significant capacity strengthening of the stakeholders to be involved in the alternative care systems. The step by step approach of involving CCIs in supporting the implementation of the project's second goal, namely the reintegration of children, was often referred to as very relevant. Identifying and assessing CCIs in the district helped illuminate the conditions under which children were living. The training and coaching of staff of CCIs progressively helped mobilize these stakeholders for involvement in the project, and also to mitigate some of the fears about being *"closed down"*, or about a too rapid reunification of children. If there is anything in this strategy that several stakeholders felt should be re-considered for any future similar project, it is the *"stick approach"* that especially CCIs in some districts felt in some districts. With this they meant that some assessment teams, it was felt, came with a *"threat"* of closing the CCI if they didn't comply. This put the CCIs on the defensive, and in some cases made CCIs feel pressured to start reintegrating children before safeguards had been put into place. One national stakeholder made the following reflection, in relation to this: *"What should be taken into account and changed in all this, would be to reduce the stick approach, or to have stronger national and district capacity ready to facilitate closure of really poorly functioning facilities, be clear about the accountability framework and ensure formal stakeholders (national and districts) are strong enough to quality assure the process of reintegration, and again monitor and act upon cases that did not work well. A plan needs to be in place for that."*

The project's interventions within remand homes were felt as less relevant to address all the issues that are leading children to being placed in remand, often for petty offences and often over-staying in the system. Even though the project mobilized many more stakeholders than originally

planned (incl. magistrates and police), across more districts than the DOVCU-coverage, the reunification and support to reintegration of children from remand homes should be more relevantly addressed in the context of broader justice system reforms and support the development of understanding for, development and implementation of strategies for diversion in the first place.

EFFECTIVENESS

This section will discuss the effectiveness of the DOVCU project. Effectiveness is understood as whether the right activities were implemented with the quality required for the project to achieve its goals. The evaluation was guided by five effectiveness-questions, which are reported here:

Evaluation question 10: To what extent have the targets of the project to support 43,000 children in vulnerable households and 2,000 children to be reintegrated been reached and how were they achieved?

Regarding the project's objective 1: To prevent separation through supporting 43,000 children in vulnerable families, the project's monitoring data does not allow for a conclusion on whether this target was fully reached. The target to reach 43,000 children in vulnerable families included an assumption that the project would reach children both directly, through supporting specific families, assessed as "at risk households", and indirectly reaching children from many more households through various community group sessions and volunteers which were trained to do outreach work. This component of the project was implemented in 4 parishes per district¹⁵ and included for example VSLA, parenting groups and post treatment groups which were focused in the parishes selected for the prevention component. The project reports that:

- 3,878 households were trained in business skills, savings and credit investment;
- 5,812 households were visited annually per parish by CDOs or PSWOs;
- 3,617 households participated in parent's groups support sessions.

It is likely that several families benefited from more than one of these activities and are therefore counted in more than one of the output indicators. It is not known how many children were reached as an extension of these activities. More importantly, the project supported directly a total of 2,234 households to reduce the specific risk identified in these households that was identified when the project at baseline assessed a total of 3,297 households using FSVI. Of the directly supported households:

- 1,252 were assessed and categorized as destitute households at end line;
- 974 were categorized as struggling households; and
- 8 were categorized as growing households at end line.

It is not possible to establish directly if the risk that the family would disintegrate reduced in the 2,234 directly supported households, as a result of project activities. However, as reported in the impact section, the support provided by the project was matching most of the identified needs and the causes of separation. Many stakeholders and beneficiaries believed that the direct support provided to families, especially the cash transfer, was of critical importance even though the amount and length of the project was perceived, in many cases, as insufficient for families to stabilize economically, and to change behaviors toward significant and sustainable coming out of household poverty and improving upon family disintegration. Testimonies from some supported families and district stakeholders suggested that in some cases, poor uptake of project support could be linked to size of families, suggesting that families with many children took longer time to stabilize or that supportive or non-supportive community environments could influence to what extent families could thrive as a result of

¹⁵ The 4 parishes/district were located in 2 different sub-counties within the district.

the support provided by the project. This suggests that DOVCU support to prevent separation served as a trigger but did not yet or alone prevent separation.

Regarding the project's objective 2: To improve the wellbeing of children through supporting the reintegration of approximately 2,000 children, the project reunified 1,743 children who have been found to stay in the place they were reunified to at least 6 months following reunification.

Of these the qualitative component of the evaluation as well as triangulation of different methods established that:

- most children are believed to be living in families;
- 1045 children who were reunified outside of the 12 DOVCU districts were not reassessed or visited by the project at end line and the extent to which they are to be considered as reintegrated is not known;
- some children (un-known number) have stayed with the same service provider (CCI) that transformed into a boarding school, or the child moved to boarding school facility provided by another service provider.

The director from one CCI explains in the quote below how his CCI transformed into a boarding school where children could stay on for education, while going home for holidays: “(name) first was an orphanage home at the same time having a primary school. As such all the beneficiaries were boarding scholars including our secondary students. Since our involvement with (DOVCU) and the probation officers making sure that the CCIs follow the Ugandan law which changed, I think in 2012 to make orphanages just to be a short-term thing, whereas most of us were operating like a long-term home. But that was not the Ugandan government's aim (...) and then officially from the beginning of last year, we were only a primary school, we are a boarding primary school, we are registered and we are no longer registered as a CCI.” In interviews with reunified children, some children described how they had not actually left the CCI while the corresponding caregivers said that they had been instructed that children would now live with them, but the CCI had let them know the child could stay in the facility for education but the caregivers would now have to pay school fees. In these cases, as explained by some caregivers and stakeholders at the CCI, children had previously spent holidays with their families, even when admitted to the CCI and as such children perceived very little to have changed in their lives. Caregivers on the other hand felt confused that they now had to pay for children to attend what had previously been free.

The wellbeing of the 1,743 children that the project has reunified seems to vary and while most have remained in the family where they were reunified, reintegration is for many children not yet fully achieved.

As already illustrated in the impact chapter reunified children perceive their overall care and support to have increased following reunification, and many reunified children say that they are happy to be at home. Yet, children who have been reunified from the street or remand homes, mostly consider their food security to have improved while the majority of children who were reunified from CCIs perceive their food security to have been better prior while in CCIs. Furthermore, while the majority of reunified children state they regularly attend school, children from CCIs perceive their access to services as more precarious following reunification, and for this to add stress.

The process towards reintegration of children from CCIs and the transition to family-based care was challenging for some children and the documentation on the follow-up provided to children who experienced stress during the process of reintegration has not been documented and completed properly to allow for a systematic review of this process.¹⁶ Respondents state how

¹⁶ As per DOVCU information, case plans existed for all reunified children and case files for placement follow up existed at the project's satellite offices. However, in spite of requesting and looking for such files, the evaluation team could not gain access to a sufficient enough sample to be able to state that follow-up had been systematically documented. The evaluation team reviewed a number of casefiles at each CCIs, PSWO office visited and discussed the documentation in FGDs with TACs, CDOs

children are used to certain norms and behavior in the CCI, and in particular with regards to responsibilities around the house. A caregiver in Luwero explained:

“His situations changed cause he was used to the conditions of “a home”, in “a home” a child grows up without knowing that he can be told to wash dishes alone, cause he is used to doing things in a group, he expects food to be just cooked for him, also he expects not to work such as digging and welcoming visitors since he stayed in “a home” he didn’t know but now he learnt and takes responsibility when left home alone”

This sentiment is reflected across respondents, with the idea that children who have previously been living in CCIs often are perceived as “spoiled” and are not used to carry out their chores. This is reflected in some of the interviews with children but is largely dependent on the conditions in the CCI from where children were reunified, and whether children were used to carrying out chores from their time in the institution. Some children bring up ‘digging’ at home as something they do not like about being back. Also when it comes to nutrition, children’s subjective well-being is largely dependent on where they previously were. Children who were previously in CCIs with regular meals and fairly diverse foods complain that, although they get enough food at home and do not go hungry, they are not happy that it is always “the same food.” Caretakers acknowledge this, with one caretaker in Luwero stating: “he first felt bad [when coming back home]. They used to take care of him well in the ‘home’. When he came back he would sometimes now take tea with no sugar because we couldn’t afford sugar. Also, he didn’t find the things he used to eat in a ‘home’ so it hurt him at first and he ended up sick, but later he got used to it.” It is important to acknowledge that while this subjective well-being is real, and important, and can affect children’s emotional well-being, it does not necessarily mean that children are worse off after reunification.¹⁷ What is important to note, however, is that children and their caregivers may need to be counselled, may need referrals, and may need other forms of help to help children get over stress or negative feelings that they may experience as a result of the changes they’ve lived. From case file reviews it was very difficult to assess to what extent they had been given such counselling and referrals. While professionals across all districts explained that follow-up with reunified children was done, case records provided poor evidence of this statement. Furthermore, it was also clear that within the sample of reunified children interviewed, the team met with and interviewed several children who had been back home for a long time (more than 6 months) and were still having difficulties in adapting to their home environments.

Some parents describe the reunification process as rushed and complain about limited support to have been provided to support the process of reintegration of children with their families. The following comment from the caregiver of a child who was reunified illustrates: “I am not sure about the kind of support, but I think they were giving money and even food but am not sure of the details because it was the mother who was receiving everything and I was always away from here. The program is only targeting (name of the child) and not the other children in the home” (Gulu district). Coordination for emergency situations and follow up was a concern to some families due to transportation and communication limitations.

Staff in remand homes felt that the process towards reintegration of children from remand homes was a difficult, to a large extent due to persisting stigma in communities against children who have committed a crime. This was confirmed also by community members who stated having difficulties accepting children back if the child had been accused of murder or rape. For example, parents

and para social workers. The statement regarding documentation therefore is informed from the case files reviewed, observations on storing practices of case files, and the process and difficulties in the process of obtaining access to case files.

¹⁷ This evaluation was only able to capture children’s own summative experiences of their wellbeing status. Project monitoring data measuring quantitative changes are based on changes at family-based care level, and as such measure changes following reunification rather than a comparative analysis of child well-being prior to, and following, reunification.

would not want their children to play with them because they feel their 'bad' tendencies will impact their own children's behavior. As explained by women during a FGD in Kabarole: *"It depends on what crime the child has committed. If the child has stolen or such things you may want him to go away. But if he has raped a girl, I cannot allow my daughter to be near this boy because I will still think he can be having the habit hidden there. He might do it again. So, I cannot allow my child to be near him. But let's say if he stole a sugarcane or maize and got scared and ran away, when he comes back I can allow my children to play with him. It will depend on what crime the child has committed."* In was felt by remand home staff that the project could not do enough to help overcome this challenge.

The reintegration process and its effect on children's well-being

Across all districts, the selection of the children to be reunified into family care was mainly done by the service provider, namely CCI, remand homes, CRO. While DOVCU trained CCIs, CRO and remand homes on approved home regulations guidelines which included criteria for identification of children for reunification, CCIs report that they applied the criteria they found the most useful, for example: children who wanted to go home or children of specific ages; some reunified only "older" children on the basis that they could be consulted in the process; and other cases CCIs chose to reunify "children", who were turning or had turned 18. In one children 10-15 years of age were selected, and in yet another only younger children were reunified because younger children were found easier to reintegrate. One CCI reunified children who had maintained contact with their families or children who had expired care orders. Generally, children with disabilities were said to be excluded from reunification processes, according to CCI directors and social workers because these were considered as more difficult cases to reintegrate.

For children in remand homes and children coming from the street the selection was more targeted. It was the most vulnerable amongst the children who had completed their sentences and were to be released or those who were found to be not guilty but rather incarcerated for essentially being vulnerable and on the street, who were supported through the project. CRO specifically targeted girls to be reintegrated with the project's support.

The quality in the support provided to facilitate reintegration of children depended on where the child was returned from: remand homes, CRO, or which CCI the child came from. The reason for that was that each institution had varying capacity to support a reintegration process, monitoring and follow up of children, and DOVCU's main support to the process was training, coaching and skills building activities. The project could not and did not, with the exceptions of volunteers recruited to remand homes, bridge any of the institutions' gaps in social work staff capacity or funding for transport to support tracing and follow-up monitoring visits to children who had been reunified.

The ability of CCIs to support a process to facilitate the reintegration process depended on a number of factors. This included for example the perceived urgency of the CCI to proceed with reunification. Some CCIs proceeded very quickly with a rushed process that jumped some steps. For example, in one district a CCI closed and all children were sent home from one day to the other. Other CCIs took their time and embarked very progressively and carefully in the process to reunify children with their families. Quality of the process also depended on the willingness of founders and funders to financially support the recruitment of social workers to support the process and the turn-around of social workers. Some of the visited CCIs reported high turn-over of social workers something which reduced the sustainability of skills gained through training provided by DOVCU. According to CCIs, it also depended on whether funding was available to the CCI to support the preparation of families before the child was sent back, and on whether funding was available in the CCI to continuing support

the child's education or special health-needs once back in the family. A PSWO in one district reflected on this with the following words:

"There was one case when we started the resettlement and the conditions in the Household (HH) you could realize that these people are very poor. But of course, you are bringing this child and the child has been used to this kind of life in the CCI, and the child is now back to this HH... I started to question how this child is going to cope up. But thank God that some of our CCIs became so cooperative that during the process of reintegration of children that were in the CCIs, we involved their donors so what has happened is that most of the children resettled have been placed on an outreach program from CCIs and have been receiving school fees."

Stakeholders refer to a good quality reunification process, preparing for the reintegration of children, as a step by step process, starting with tracing and preparing families to take children back already at the time of admitting the child to the CCI. A TAC member in one districts described the process with following words:

"We begin when the child is admitted to the CCI. All Children going into CCIs should go through PSWOs, LCI and district officials. Immediately after admitting the child the social worker starts making the resettlement plan. They should immediately start in the tracing of the child – where did the child come from (...) The resettlement process is that after identifying the relative and guardian: you visit the home and you assess the status of that home, you identify the circumstances for resettling the child. Then there is the development the resettlement plan. If resettlement is not safe, you agree between TAC and the CCI on what to do with the child."

However, not all cases follow this process. A national level stakeholder involved in alternative care reflected on this with the following words: *"The caregivers said that they were told one day that the child would be reintegrated. The next day the child came back. There was no preparation. They were told that the Government had decided that all children should be taken back home. There was no question whether she (the caregiver) felt it was possible or not."* This statement was confirmed by some caregivers and children in HH receiving children for reintegration, many of whom were unable to explain the reunification and reintegration process. Parents and caregivers state that their child was brought back since *"she was too young and our home was near"* (Caregiver, Kabarole), without being able to expand on this explanation. Similar explanations were given by other caregivers and children interviewed who could not explain why they had been brought back home:

"...the Aunty (caregiver of the child care institution) came and told us that we were going. I remember it was very early in the morning and we were from digging. She mentioned our names and asked us to go shower, after bathing, we didn't know what we were going to do, when it came to evening, we started moving to our homes, some children reached their homes so late. When I reached home I was welcomed warmly. In the morning some men came on a motorcycle and asked me if I didn't have any challenges coming back home and I replied "yes." So that's when I started living home" (Reunified child, CCI, Luwero).

Though the TACs became involved after many children had already been returned home, their involvement seems to have influenced the quality of the reunification and reintegration process. Of the 1,743 children who were reunified from CCIs into families, a total of 356 (20%) were reunified following a process that was quality assured by TACs. While there is no quantitative project data available to compare the well-being of children reunified through a process that was overseen by TACs and those who were reunified without the process quality assured by TACs, qualitative data from

various respondent groups suggests that the quality of the process differed significantly before TACs were involved and after TACs got involved. One TAC member shared:

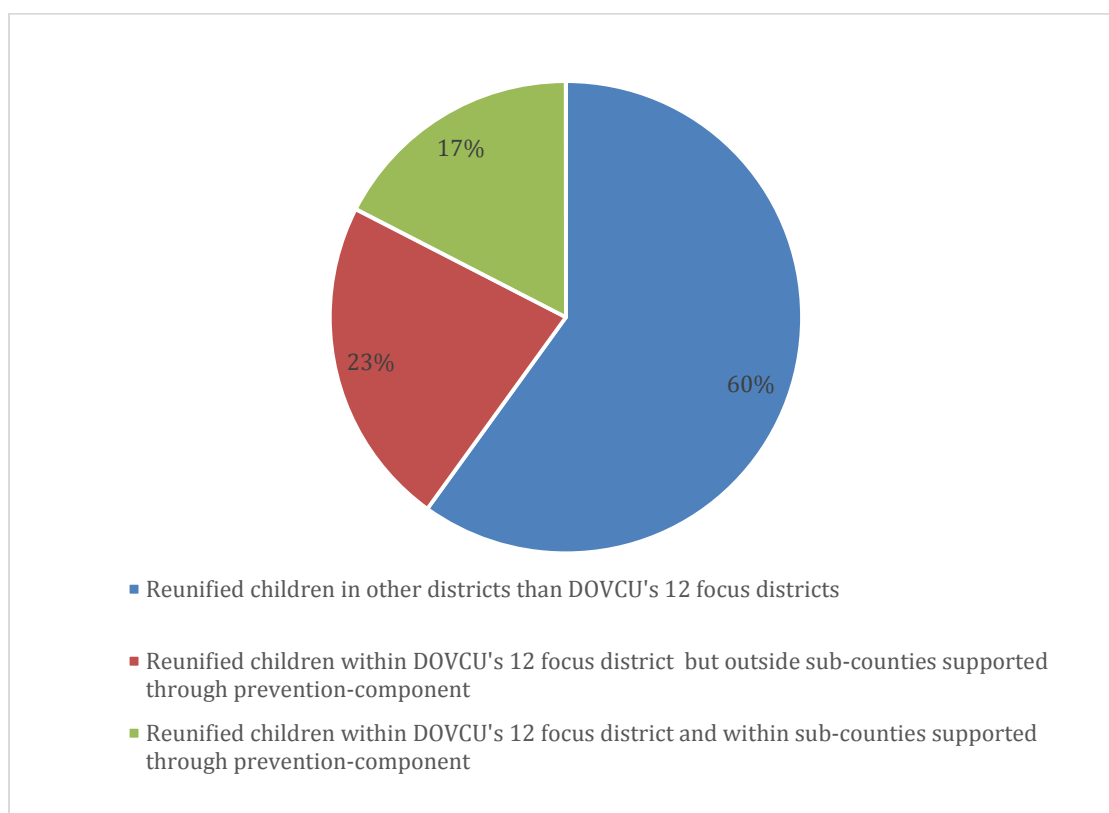
“Yes there is a difference. Those (cases) that did not go through TACs, there was no prior assessment of families where they were reintegrated. Some of these were so vulnerable so we had to recommend them for welfare support (...) There was a case where two children were defiled by their father and the CCI reintegrated the children in the community and the father was still in the community. The community was not prepared, and the children were not prepared, so abuse continued. The TAC recommended that the CCI took children back. Initially there were not this kind of checks and balances. Those who were reintegrated through the involvement of TAC, the assessment was done first.”

In another district, the PSWO confirmed that: *“There have been no failures in the reintegration cases since TAC started.”* A national stakeholder reflected on the quality that TACs provided to the whole reintegration process: *“Where TACs do well is that in complicated cases TACs went to families and triangulated information given in the initial assessment. They left no stone unturned.”*

There was significant difference in the “readiness” of communities, and in the support provided by the project to the communities and families where children were reunified and this seems to have influenced the quality in the reintegration processes. While families of 1,743 reunified children benefited from the same reintegration package¹⁸ there was significant difference in the level of mobilization and training of the community structures and para-professionals between prevention parishes and non-prevention parishes. Figure 4 below provides details on the distribution of children by place of reunification. In total 1,439 of the 1,743 children who were reunified with families through DOVCU, were reunified in households and communities which were less prepared to receive children back, as compared to the 304 children who were reunified with families in the parishes where DOVCU focused its prevention work. “Annex V: Statistical Tables”, Table 23 provides further details.

¹⁸ Types of items included in the reintegration package were: Mattresses, Blankets, Sugar, Soap, Beans, Sanitary pads, Knickers, Counter books, Pens, Clothes

Figure 4: Distribution of the reunified children by place of reunification



For the children who were reunified in families to parishes that had also been supported by the project's prevention component, the mobilization and training of PSWs and CPMs served as protective factors. In these parishes community members in FGDs expressed understanding and empathy for the conditions leading children to leave their homes, and they felt a responsibility for accepting these children, expressing 'mercy' towards them, disciplining them, and letting their children play with them. Many people expressed that it is the community's responsibility to look out for these children and ensure they stay on a productive path. Some parents described how they were sitting down with their children and reunified children to discuss the importance of staying within the family structure and behaving in positive ways. Additionally, community members described taking in children that were at risk and wanting to leave their families and supporting their wellbeing and education if financially possible until they could be reunited with their parents. This is corroborated in interviews with caregivers and children, with no one raising issues of the community not supporting the reintegration process.

In terms of direct visible support to families that received children for reintegration, respondents highlight the financial component in particular as important in influencing the reintegration of children. The cash transfer is continuously cited by caregivers and children in these households as an important contribution to facilitating reintegration, and even stated by para social workers as a key factor in families agreeing to reunification:

"There is a family who are destitute. The daughter ran away to work in town. When this project of (DOVCU) came, one of her aunties met her and told her about the project and how they were going to assist the girl's father. She told the girl to go back home and go back to school. At

first the girl refused. So, when the father got cash transfer, he went to look for the girl (...) she came back home and is now in Primary School.”

Beyond the support for schooling which was supported by many CCIs, respondents appreciated the reintegration package provided by DOVCU as important. For the 259 reunified children who benefited from vocational training, respondents also highlight this support as important in contributing to the reintegration process.

Evaluation question 11: To what extent did the beneficiaries of the project, including children, families and communities, appreciate the services provided? E.g. did the project incorporate sufficient participatory feedback processes to ensure that the interventions and services were the most appropriate for the needs of beneficiaries?

Families and communities appreciated the services provided and attributed them to an increase in school attendance, improved nutrition, decreased alcohol consumption, and decreased violence within the household. Aside from some specific comments on additional resources needed, the feedback from communities on the project was overwhelmingly positive and appreciative. People perceived that child protection mechanisms in the community were more effective now and PSWs and CPMs alike also perceived their work as creating more positive results within the community.

Community members perceived the financial package as crucial to the changes in wellbeing brought about by the program. While most respondents perceived the amount given by DOVCU as helpful, many respondents asked for the amount to increase to further support to education, nutrition, health, farming, and business opportunities.

Parental trainings were often cited as helpful. Parents, CPMs, and PSWs said the trainings both helped keep their personal families together as well as aided their fellow community members in successfully staying together as a unit.

Community groups were perceived as integral to creating changes within the community and there was energy around the groups with members making promises to continue beyond the DOVCU project. People particularly perceived them as helpful to fostering supportive household environments and decreasing alcohol consumption and family violence.

Home-visits by PSWs and the CPMs were appreciated by community members. However, some community actors felt that there was room for more communication between the different actors, and that phone credit or a cellular phone would be helpful for that.

The majority of caregivers and children indicate they are happy about being reunified, as long as DOVCU and/or the CCI continues to support them. As exemplified by one caregiver:

“The steps, they came and told me that the Government (...)wants them to care for children in their homes and it made me happy cause I was fearful that they will no longer look after him here at home but they assured me that they will continue with their responsibilities and they still do and this makes me happy...they talked to him (the child) and told him that at the end of the term you will go to your mother and study from there. He called me and told me and I asked him if it made him happy and he responded yes.”

This said, people interviewed felt that there was a lack of immediate support for children upon reunification.

Evaluation question 12: What were the most significant changes in the lives of the two target groups, which were achieved by the project, and what factors seem to have influenced these changes?

There appears to have been a greater shift in access to basic needs and services as compared to psychosocial well-being and care. As discussed in the impact-section, the mean differences in the vulnerability score of children based on all Core Project Areas (CPAs) indicate an overall shift in vulnerability, indicating an improvement in children's well-being¹⁹. However, this cannot be distinguished between households at risk, and households in the reintegration category. Instead data is based on two points in time. Within this, the most significant shifts can be seen in CPA3: health, shelter and care, and CPA2 (food and nutrition) followed by education and skills training (CPA4). Reduced vulnerability can also be seen with regards CPA5 (psychosocial support) and CPA6 (protection) but is less than for the other CPAs (see also "Annex V: Statistical Tables", Table 24).

The data from the FSVI tool around economic vulnerability shows changes in livelihood security and access to basic needs, with supported households shifting out of the destitute category. While this does not apply to all households, the monitoring data is in line with qualitative findings of respondents emphasizing the financial support component as significant in impacting changes in their lives. As stated by one caregiver in Gulu: *"It has been support from this organization in form of the money they gave us, and also the food that they provided. The training on how to manage finances is also important."* This said, it is continuously seen in the findings that the integrated aspect of the project has produced the most significant change in their lives: *"the most significant change was the knowledge (DOVCU) gave us about savings and doing business. That one opened my eyes because before I was doing nothing apart from farming and doing casual labor. But now I do farming and business"* (Caregiver, Kabarole). Yet, the financial component is credited more for changes, as this is seen as opening up opportunities for respondents in terms of how to allocate resources, by the cash transfer covering school fees for example, as well as reducing stress in the household.

Respondents also perceive improvement in access to basic services, such as education and health, which are attributed to DOVCU. Qualitative findings indicate that the support provided by DOVCU enables children to go to school and experience improved nutrition in households that were supported by DOVCU.²⁰

Evaluation question 13: How effective was the project in engaging with various structures and professionals involved in the project, including district authorities, child care institutions, probation social work officers, community development officers, alternative care panels, remand homes, CPMs, PSWs?

¹⁹ Negative means indicate improvement, considering the vulnerability score is less at endline than at baseline.

²⁰ As stressed throughout this report, the high emphasis on the cash transfer as a reason for changes needs to be carefully considered. Respondents attribute a lot of changes to be linked to receiving the cash transfer. For example, children emphasize a change in their subjective well-being as due to now being able to attend school. This cash transfer is also linked to the significant change in CPA3: health, shelter and care, and CPA2: food and nutrition. Respondents state that they are able to prioritize these needs once school fees are covered. Consequently, the most significant change seems to have been a change in access to basic needs and services, with qualitative findings associating this change largely with receiving the cash transfer. For reunified children and households, it is important to consider this in the context of the findings for EQ3 on children's subjective well-being. Whilst the wider data does not fully speak to children's well-being before and after reunification, these summative findings indicate that in the majority of cases children's access to basic goods and services were more prevalent, and perceived as less precarious, when children were in a CCI as compared to in family-based care. As such, though vulnerability may have reduced at family level where the child was taken to be reintegrated, children reunified from CCIs indicate a greater change in the psychosocial support and care (based on the summative subjective well-being interviews) as compared to the access to basic goods and services. In this area, reunified children indicate that they are worse off.

The project's engagement with district stakeholders (CAO, DCDO, PSWO, CDOs, members of TAC) was very effective. These stakeholders, across districts express a great appreciation for the project design, noting their involvement from the beginning and throughout implementation. Stakeholders such as CAO, DCDO, PSWO, CDOs testify how the project involved them in the process identifying the parishes to focus on for the prevention component. Professionals, such as PSWOs and CDOs, across all districts also had satisfaction about their involvement in the assessments of CCLs. Their involvement in the mapping and assessment exercise has facilitated their understanding of the significance of the problem and activated them in having oversight of the CCLs. District stakeholders stayed involved and informed during the entire implementation of the project. A PSWO in one of the study districts, illustrated what was heard by many other stakeholders across districts: *"First of all, I should say that the involvement of my office was right away from the start. When the project started we were involved in providing information to the project on the sub-counties that are most affected by children separating from parents (...) We agreed on where to focus the project (...) I have been part and parcel of this project, issues of resettlement, issues of assessing CCLs, issues of having discussions with management of the CCLs."* In another district the Assistant CAO shared how DOVCU was unique in how it involved district stakeholders: *"(...) there is no project that has involved the district like this project."* In yet another district, the Assistant CAO expressed his satisfaction: *"We are very happy for (DOVCU) work (...) What we got from (DOVCU) is a unique project that should be adopted by more organizations"*

The strategy to rely on and build the capacity of formal district stakeholders is perceived as effective as it has contributed clarifying to district stakeholders their respective roles in the alternative care system, to activate these stakeholders and to increase the legitimacy of the project. A CDO explained how she now better understands the complementarity between NGOs and government: *"NGOs come in to help us fill the gaps, it's up on us now to follow up – we were trained, we practiced it, it's up on us now"* (CDO). CDOs in another district expressed how the project had boosted their confidence when it comes to guiding the CCLs in their work or working with vulnerable families and children: *"They have professionally improved our ability, we have been empowered."* In one district the involvement of district officials ensured backing from law enforcement when the assessment team encountered problems with CCLs that were not collaborative. Political district stakeholders and Local Council members have been less directly involved but are aware of the project.

The engagement of the project with community level stakeholders was appraised as very effective and appreciated strategy. To a large extent the project's success is to be attributed to how community structures and especially the PSWs facilitated implementation at the grassroots. PSWs were seen by beneficiaries and district stakeholders alike to be effectively and actively working in the community and with the families. FGDs in communities reveal that men and women appreciated their input and sought out their help with family situations. Men and women seemed to trust, listen to, and alter their behavior according to the advice of PSWs. They were regarded by community members and CPMs to hold knowledge on child protection issues and specifically how to support children vulnerable to separation. CPMs and PSWs described increased collaboration and engagement with referrals, responses to emergency situations, and follow-ups with at risk families.

The engagement of the project with CCLs in many cases started off as a difficult experience for CCLs, but the quality of the engagement improved with time. Reflecting on this process of engagement between DOVCU and CCLs, an alternative care expert explained how the *"quality of engagement with CCLs, especially at the beginning of the process when assessments started"* differed a lot as compared to later in the project. Baseline assessments of CCLs that were collaboratively undertaken by DOVCU and the government were used to make recommendations for closures, improvement and licensing of CCLs and as a national stakeholder explained: *"there were many people involved who got power and they used it differently: some well, others not so well."* Engagement with CCLs started off on shaky

grounds. In many cases, CCIs expressed that the initially felt “*threatened to be closed down*” and “*controlled*.” There are many stakeholders who were later involved in the project who felt that “*the name ‘deinstitutionalization’ was very problematic – and targeted, first impression leaves a lasting impact.*” In several cases, this resulted in CCIs rushing to send children home in order to comply with what they felt was the message of the project and government. Other CCIs simply closed and sent children home without preparation and without due process.

With time the project’s investments in continuous coaching, training and dialogue with CCIs aided building the relationship into a constructive partnership. This, many CCIs expressed, helped CCIs to appreciate that what they were doing previously was not in line with government policy. A few different CCIs reflected on the effectiveness of training: “*Trainings were good to prepare the minds of what is coming. Our minds were prepared*”; and in another district: “*Training made us change our minds – the project was not well thought of at the beginning*”; and in the same district but in another CCI: “*Our eyes were opened that families are the best, and that we need to be considering other forms of alternative care.*” In yet another district, the manager of CCI reflected on the quality of this training: “*The people who trained us. They knew well what they were talking about.*” The training approach, as well as the involvement and buy-in of formal government officials in the processes supported by the project, has been referred to by many as very central in reducing the friction between the project and the CCIs, something that helped many CCIs overcome their initial resistance and suspicion of the DOVCU project. Ultimately, with only very few exceptions, the CCIs visited by the evaluation team felt that the implementation of the project as a partnership approach was effective. They felt listened too and referred to their engagement with DOVCU as a constructive and an effective collaboration leading to impacts on how they operate their CCIs and how they supported reintegration processes and where they will focus in the future. The management from one CCI that during the baseline evaluation expressed negative feelings about DOVCU, at the endline summarized the experience as follows:

“The project was backed from the government. This was important (...) At the beginning the feeling was fear and (name of the CCI) was concerned about the speed for the work (reunification of children) to be completed. But the fear and uncertainty disappeared after about 6 months. The timeline (of the project) was tough but OK. The requirements were OK, with room for dialogue (...) When the timeline was too tight, it could easily be adjusted.”

In spite of this partnership there is evidence suggesting that CCIs to a large extent felt that they were “left alone” in the process of reunifying and supporting the reintegration of children. Even though TACs, once they had been established, got involved in providing oversight of the process leading to the reintegration of children, TACs and CCIs expressed that: “*a lot depended on the CCI*” who were the sole responsible for implementing reintegration decisions and following up cases, and as a TAC member reflected: “*not everyone is able to do good work.*” Up until the end of the project there is no agreement amongst PSWOs, CDOs, CCIs, nor amongst DOVCU consortium partners who is the ultimate accountable for ensuring quality in the reintegration of children over the long run. The quotes below from two CCIs in two different districts illustrate:

“No, we worked with the LCs, so we went district by district, we are the ones who drove, not me myself, but the workers from this place they are the ones that escorted them to their homes, got the papers signed, checked their... you know, to see if the home situation had changed in some cases, and that is how they were resettled. But these the community development officer, child protection officers, those other organizations, they did not assist in that. All they did, they checked that we were doing it;”

“No support was given by government, only by NGOs. Government tells what needs to be done, but they do not give any funds to support to manage. The probation officer has often no vehicle. The (CCI) need to providing a vehicle. It is time for government to support more.”

Furthermore, there is still low awareness amongst CCIs, on how to graduate from the status “recommended for improvement” to being approved to operate under license by MoGLSD. Several of the visited CCIs were yet to receive the formal approval to operate and in several cases the CCIs expressed the feeling that it is up to them to go and submit the papers to MoGLSD to get approval status, rather than the district authorities responsible to do this for all the CCIs in the district.

Although remand homes appreciate the tools, training and the support received from DOVCU, remand home staff express frustration with the fact that this support was insufficient to the extent that it became irrelevant to help solve the challenges faced by children placed in remand.

There is a general feeling was that the DOVCU project did not help with meeting psychosocial needs of children, with urgent essential needs, or to help moving cases through court, something which is needed before children can go through a reintegration process. Children still get stuck in the justice system and while, as one remand home expressed: *“Expectations were high for this project (...) it was too rigid and did not listen to us. It was about deinstitutionalization but we needed help to move cases through court before we could look at reintegration”* and a similar sentiment was expressed in another district where the in-charge of the remand home explained that: *“Our major objective is the court process and work, and after that our relationship ends with the child.”* If remand home staff and management, who are close to and suffer daily from all of the challenges that children who enter the justice system face, and felt that DOVCU couldn’t help solve this, some district level stakeholders felt grateful for the little that the project did. In one district, the CAO who at baseline expressed concerned about the poor conditions for children in remand in his district, at endline felt that DOVCU had given some relief and, as he expressed: *“responded to our plea for help with the remand home”* by supporting both children and the staff for at least a short time. Similarly, CRO, working with children coming from the street in Mbale district, expressed a sentiment of having felt listened to: *“We were always being consulted and we were a part of the constant revising”* and reflected on the capacity building the project had achieved for them: *“We were working on this before but this project helped us to standardize the process and include more stakeholders in our work.”*

There is evidence suggesting that DOVCU could have been more effective in its engagement and capacity building of national MoGLSD.

For example, in spite of DOVCU’s significant efforts to collect data and strengthen the knowledgebase on alternative care in the 12 project districts, the MoGLSD database on CCIs remains weak. The CCI directory is not systematically updated. One challenge is the fact that the system remains manual and this challenges data-flow from district to national level. Another challenge is staffing in the ACU that is hosting the database. There are no dedicated personnel with solid data analysis skills and such skills were not transferred through the DOVCU project. None of the sophisticated data storage and analysis capacity that was available in the DOVCU consortium seems to have been transferred to Government. A MoGLSD-official expressed frustration with this situation: *“We still have the database over institution, anybody can easily access it. When we go and do the assessment, when a PSWO does an assessment we want them to enter into a system and that the system is updated, like for the OVC MIS. We want the same. We now have to do the updating manually.”* Another stakeholder involved in alternative care reflected on the fact that: *“DOVCU has possibly supplied data, but did not support the ACU to enter and use the data (...) Capacity of MoGLSD to manage and use data has not been sustained or built”* There are national level stakeholders who feel that DOVCU could have been more effective in exploiting the experience from the pilot in 12 districts to strengthen the national capacity to provide oversight, enforcement and replication of best practices. A stakeholder in MoGLSD

expressed this: “When you look at the regulations, the ministry should work with CCLs to help them close. We have draft guidelines for closures (...) that we need to finalize, but the DOVCU project did not help finalize this.” Some stakeholders perceive this as a missed opportunity: “We make those recommendations (of CCLs to close) but we do not have the guidelines to close CCLs in a way so as to safeguard the best interests of the child (...) So CCLs were left to self-close, or the CCLs in the pipeline for closure that didn’t self-close are still around.”

Evaluation question 14: To what extent did the project manage to disseminate information regarding lessons learned from its activities and strategies? How did the project adjust its own strategies to take into account any learning that derived from the implementing process?

The project organized a number of events to promote the project and share lessons learned and although not commented on separately stakeholders interviewed for the evaluation these are likely to have contributed in an important way to the overall change in mindsets, which is reported to have happened in the impact section of this evaluation. The project worked closely with PSWs to cascade information on child protection, parenting to other community members through organized community events such as dance, drama performances at traditional ceremonies and community events, during church services and at market. Radio talk shows on child protection, substance abuse, and parental responsibility were implemented. Community groups like mother’s and women’s groups were engaged to learn and share messages. The project also supported the “Ugandan’s Adopt” web page and promotional materials. The project had children’s sensitization activities and children’s groups on child rights, placed stickers on bicycles and motorcycles promoted the project. The project produced a short video on “My Father’s House” about how the CCL was transforming the way they care for children. There was an awareness campaign with faith-based actors and networks on preventing separation and promoting family care.

District professionals and CCLs generally express appreciation for the project’s community awareness and sensitization activities. This, they report, has contributed to a change in attitudes, not only around the importance of family care, but also around importance of parenting skills and psychosocial issues which, they feel, has contributed to reducing domestic violence that is an important factor contributing to children leaving home. One CCL exemplified: “The project has really brought about big community sensitization. People in the community are beginning to see their responsibility in caring for children”, a message that is reinforced and confirmed by a CDO in the same district: “The district is slowly phasing out CCLs – this has started with the participation in this project. The CCLs understand that taking children home is better for children.” In another district, the PSWO reflected on the effects of DOVCUs community sensitization and made the following conclusion: “Violence Against Children (VAC) is lower in the two parishes where the project concentrated. There is better handling of situations at the PSW level and also increased community awareness”

The project included many learning elements, which it used to inform interventions. For example, the preparatory process which assessed communities, households, CCLs and children was again and again referred to by stakeholders as a very useful strategy to inform the project’s targeting. Several stakeholders testified positively about the project’s ability to flexibly adapt the timing and sequencing of the activities in order to allow for quality in interventions. The impact chapter and effectiveness chapter provide evidence of the fact that resources to mobilize the involvement of stakeholders who were crucial for the successful implementation of the project were well invested. One district-level stakeholder noted with satisfaction that: “DOVCU brought the entire force: government, NGOs, child care homes, community, behind the effort. The evaluation team furthermore could document at endline that he project had adjusted its strategy with remand homes significantly, and involved many more stakeholders, and also recruited volunteers to support children psychosocial wellbeing and support reintegration efforts, as a direct follow up to the baseline evaluation recommendations.

EFFICIENCY

This section will discuss the efficiency of the project, defined as how well the project was implemented and whether the implementation was optimal in terms of time and resources. The evaluation was guided by four efficiency questions.

Evaluation question 15: To what extent were the project strategies, to reduce vulnerability of households and to reintegrate children, efficiently implemented? Were there any implementation gaps?

There is evidence suggesting that the overall impact of the project's strategies to reduce vulnerability was affected by the late start of the project and especially so in phase 2 districts.

The project' start was initially delayed by a few months, and then saw a relatively long preparatory process was undertaken to target activities. While this was perceived as a thorough and necessary process, it also meant that direct implementation with beneficiaries did not start immediately. Furthermore, because of the significant scope of the project, covering 12 districts, districts were divided up in two groups: phase 1 and phase 2 districts. Stakeholders and beneficiaries in phase 1 districts benefited from a longer implementation (2 full years). Phase 2 districts had a similar start-up phase as phase 1 districts, replicating the assessments that were used for targeting of activities but because of starting later direct implementation with stakeholders and beneficiaries took place only for one year and two months. The direct implementation phase, in both phase 1 and phase 2 districts was the phase when district, sub-county and community stakeholders benefited from coaching and training activities and when communities and targeted vulnerable beneficiaries received cash transfers, training in financial management, training on parenting, awareness building and reunifications. As a result of the short implementation period, also in phase 1 districts (where this evaluation focused its qualitative data collection) several stakeholders referred to the implementation period being "too short", or "not enough" to have a lasting and significant effect in the lives of beneficiaries especially (see also sustainability section for more discussion around this). The effect of this on project results is evidenced also in the project's monitoring data that shows an important difference in improvement in household destitution between phase 1 and phase 2 districts:

- In phase 1 districts 60% of households were assessed as destitute at baseline and this had reduced to 21% at endline,
- In phase 2 districts 51% were assessed as destitute at baseline and 41% had the same status at endline.
- Both in phase 1 and phase 2 districts most targeted households transitioned into the struggling category and only a few households made it to the growing category.

Figure 5 below illustrates and "Annex X: Lessons learned on the project's integrated package of support" provide further illustration in the difference in results between phase 1 and phase 2 districts.

Figure 5: Number/proportion of households in destitute, struggling and growing categories of economic vulnerability in phase 1 and phase 2 districts

Vulnerability level	Baseline			Endline		
	All Districts	Phase 1 District	Phase 2 District	All District	Phase 1 District	Phase 2 District
Destitute	1252 (56%)	739 (60%)	513 (51%)	670 (30%)	261 (21%)	409 (41%)
Struggling	974 (44%)	484 (39%)	490 (49%)	1534 (69%)	949 (77%)	585 (58%)
Growing	8	6	2	30	19	11

	(0%)	(1%)	(0%)	(1%)	(2%)	(1%)
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Once the direct implementation started it was found to have been implemented efficiently for most parts with only few exceptions. In spite of a short direct implementation phase, the changes achieved in community and stakeholder-perceptions around the importance of family care and the changes documented in professional practices and services provided by CCIs and CRO, all of which are documented in the impact section of this report were very good. This said, some aspects of support were perceived to have arrived late, in particular the stipend to volunteers who operated in support of remand homes, and of PSWs who sometimes complained that their stipend was often delayed due to reporting. While this does not seem to have had any effect on delaying their work, they felt that this incentivized them to undertake the challenging work they were responsible for under DOVCU. Moreover, PSWs also expressed that budget constraints affected attendance in trainings. One PSW illustrated this: *“It is really difficult because many times we invite people to come for the meeting and many do come expecting something that we don’t have but we have been open and always tell them we have nothing.”* Another example of support coming too late was the reintegration package. Given that this package originally was not planned, the late delivery to families was not a problem according to some stakeholders: *“When children were resettled first, we didn’t promise that there was any kit. The issue was focusing on the process. So, when they received the kits this was taken as a surprise and some households took that as a thank you – a gift.”* (PSWO). This was not a shared view and some stakeholders were critical of the fact that families initially were without much support after receiving the child. One CDO stated:

“... of course, there were some households that were struggling to take on an extra child and for them this kit would have been helpful earlier. The impact on the child in these households would have been better if the reintegration kit was provided at the beginning of the process. For these children they came with the experience of sleeping on the mattress, they had to adjust to a very different situation at home (...) in terms of transitioning from the welfare in the institution to the welfare at home, this package could have made the transition process smoother.” And another: *“They did not get the reintegration package immediately, it took about 8 months. By the time when the follow-up was provided the children was gone from home (...) The children disappearing had gone to look for jobs (...) none of them left their homes permanently.”*

The strategy foreseen by the project for safeguarding that reunification of children was done in the best interests of the children was only partially efficiently implemented and this is felt to have impacted on the quality of the process of reintegration of many children. TACs were formed and trained between September 2015 and February 2017 and came on board progressively to review the cases of children proposed for reintegration. In all districts except Iganga, reunification of children started before TACs had been formed and were operational. In Luwero, Kampala and Wakiso none of the cases of reunified children were reviewed by a TAC prior to sending children home. In total, only 20% of all the children who were reunified through DOVCU had their cases reviewed and approved for reunification by a TAC (see also “Annex V: Statistical Tables”, Table 25). Once on-board, TACs provided a multi-disciplinary review of cases prior to reunification, and, as discussed in other sections of this report, became very appreciated for their role in quality assuring reintegration processes.

Evaluation question 16: Which activities/strategies used by the project proved to be the most efficient in influencing the lives of children and vulnerable families? Were there any activities/strategies which were not at all efficient?

If there is one specific component of support that was often singled out as quickly having produced an important effect and a multiplier effect in the lives of children and vulnerable

families, it is the cash transfer. This component of the support was perceived as having a multiplier effect in that it allowed beneficiaries to access services, and to save money and start a business. The efficiency of this support also depended on the preparation that had been done prior to its delivery to vulnerable households. Across the districts, the integrated approach was referred to as having maximized the effect of cash transfer in the lives of the beneficiaries that received it. In one district, the PSWO reflected on how the project had made sure that beneficiaries, after receiving the transfer, made good use of it through monitoring families:

“There was a cash transfer, I was fully involved in handing over, in other places I witnessed, and then I was monitoring to see that the money was put to good use, sometimes people are given money and people just eat it. That is why NGOs score much better than Mr. Government. Mr. Government gives you and people just eat, never monitors. For this project, even if you were to go to the ground you would see something tangible from the DOVCU project.”

But at the same time as this support was perceived as of critical importance, several respondents in communities also expressed needs for larger amounts and more regular transfers to support education, nutrition, and income opportunities for their families.

Another strategy that was perceived as efficient and effective in the communities was the various community groups that were created. These were regarded by community members as having maximized their potential within communities and are also perceived as important for sustainability as they can easily continue operating after the funding package ceases within communities.

As much as all of the individual activities and the support package as a whole were appreciated and considered as important, many stakeholders also felt that the strategic package of support was insufficient. In one district, the DCDO reflected on the insufficiency of activities to reduce vulnerability with the following words:

“The support, like the loans and savings associations and the cash support... This is something, but when you look at the human being if you want to assist this person, there are many, many aspects that you need to do. The program gave the training, cash... but the program could have done a little bit more. For example, the trainings: if you provide a training on agriculture, and this was not provided, this would have allowed them (the families) to develop better livelihood (...) If you give a little more money say 200,000, of this you invest 50% and then you go for treatment, then you can have a greater effect. The program gave little money. Maybe focus on fewer families, districts, but make more significant impact.”

Evaluation question 17: Which strategies used by the project proved to be the most efficient in influencing the system reform? Were there any strategies / activities which were less efficient?

The strategies employed by the project and activities implemented with district policy and professional stakeholders to change mindsets, priorities and professional practices around alternative care, were by and large efficient. According to the project's own monitoring data, between the project's start and its end, 499 policy stakeholders and professionals were involved in different types of training activities across the 12 districts and nationally. These strategies and activities are perceived as having been implemented in a timely manner and with enough resources to produce change in the professional activities of the targeted stakeholders. This finding is on one hand evidenced in the impact chapter and is also confirmed directly by respondents from these stakeholder groups who converged around the view that the training received on alternative care that combined parenting, psychosocial support, financial literacy, child protection, micro-projects etc., coaching and skills building activities had been efficient for them to change their views around the importance of family care, and to change professional practices. However, some respondents also felt that these training activities had

been too short to produce a deeper change in how they do their work. They expressed a need for follow-up training allowing for deeper exchanges on the practical challenges in applying new practices and techniques in their everyday work. A staff from a remand home illustrated this sentiment *“Trainings are very short. Two days is not enough. It would be more useful if the training was repeated and run with reminders instead of in one shot.”* Several CDOs repeated a similar need: *“There was too little training (...) It would have been useful to get more training on parenting.”*

The strategies and activities to change practices of CCI towards deinstitutionalization were implemented over sufficient time, with an intensity to support many child care institutions to make significant changes to their admission, care and reintegration practices. Across the 12 districts, DOVCU assessed 147 child care institutions at baseline and worked with 91 of them over the project's life-time while these CCIs made important changes to their practices as evidenced in the impact section of the report, the significance of changes varied from CCI to CCI. Furthermore, a significant number of CCIs that are operating have still not received their license. For more equal effect across CCIs, and for CCIs to be fully compliant with govern standards, more time and resources would have been needed. In that sense, DOVCU can be seen as having triggered change but not as having completed the work.

The project expanded and over-delivered on its strategy with the four remand homes, the national rehabilitation center. The original plans for training and provision of technical assistance and supported supervision to the four remand homes and the national rehabilitation center, were expanded with exchange learning visits between remand homes. Furthermore, they were provided with additional support to improve counselling services through recruitment of volunteer staff, and the project expanded its work to include more district stakeholders, such as police and magistrates, in training activities around the prevention and reintegration of children from remand homes. Because children in remand homes and the national rehabilitation center originated from all over Uganda the project saw the need for involving stakeholders from many more than the 12 DOVCU districts in training activities. However, in spite of this very relevant expansion of the strategy it was not enough to influence more systemic reform in remand homes. As observed in the baseline and endline, remand homes, which are part of the broader justice system face many challenges which influence practices for the entry of children into the justice system and the reintegrating of children once they are released. The project did not have enough resources to address all these challenges.

Both for CCIs and remand homes, an area where more support would have been needed is in strengthening case management to fully ensure equal quality of the follow-up, effective monitoring, case plan implementation, and documentation of monitoring visits. In total, 237 policy and professional stakeholders from remand homes, the national rehabilitation center and CRO were trained on the use of SOPs for the reintegration of children, and 348 stakeholders from CCIs and district government were trained on alternative care. Even though the case files for children in CCIs more generally speaking have improved since baseline, the reunified children's case files which the evaluation team reviewed either on-site in the CCIs and remand homes, and sometimes also in DOVCU-district offices, had many weaknesses. For example, the evaluation team reviewed several case files and met children who had been reunified and who displayed physical signs of potential trauma or stress, such as frequent unexplainable stomach aches, anxieties and fears which had not been followed up sufficiently to find causes and solutions to the problems expressed by the children themselves. Across districts, follow-up visits to reunified households implemented by CCIs, and the documentation they hold on these visits have focused more on education and health issues, less on psychosocial issues of children. Furthermore, it is not clear to what extent CCIs and others doing follow-up visits have consulted with children systematically during follow-up visits. In some case files, consulting with children is reported, in other cases not. The evaluation team came across several reunified children who stated

that they were not consulted during follow-up visits and several of these had problems that they raised with the evaluation team. The regularity of follow-up of reunified children furthermore seems to have varied between CCIs and depending on which stakeholder did the follow-up. In some cases, this follow up was reported to be very regular (weekly, monthly, once every three months or for as long as needed), while in other cases follow-up by the CCIs was not done according to a specific schedule, or at all. The quality of the information collected and documented in case files, as well as the actions taken on any concerns observed during visits, seems to have varied importantly depending on who was involved in the follow-up, and how well-informed and well-resourced this person was.

Evaluation question 18: To what extent were the human resources, coordination mechanisms, time and financial resources invested in the implementation of the project efficiently used and were they sufficient to achieve the targets of the project?

The evaluation establishes that the project has been efficient in its use of human resources, coordination mechanisms, time and financial resources to achieve its goals. DOVCU was a complex project, with ambitious goals to reintegrate children and prevent separation, involving many stakeholders and beneficiaries at national, district, community and household levels in 12 districts where mindsets of the stakeholders that the project had to rely on, were not yet prepared. However, there were some challenges that surfaced during the implementation of the project as a result of the project's design, and resources available were not sufficient to fully achieve the targets of the project.

This said, it is felt that, of the overall time available for the project to be implemented, the time that the project was actively working in communities and providing support to families was not enough for the project to have a maximum and lasting effect. Indeed, the project had a long preparatory phase, and the second phase districts had a relatively shorter period of active implementation in communities than the phase one districts had. Illustrating the perceived insufficiency of time of the project, a CDO stated: "By the time the community was feeling the benefits the project was over," a sentiment that was echoed across districts, such as by the CAO in another district who stated: "Three years is not long enough for this kind of project but it seemed to have been well implemented." As the project was coming to an end when data collection took place for the endline evaluation, several stakeholders were still not aware of the fact that the project was about to end and stated: "This program was just a pilot and we learned a lot, but now we need the actual program to really roll out what worked" (CDO) All of this has influenced prospects for sustainability which are further discussed in the sustainability chapter.

The evaluation team documented some challenges with regards to the sufficiency in the number of project social workers, their level of training and retention in the project in order for these to be able to quality assure the case monitoring of reunified children. Given the weak social work capacity available through the Government structures in Uganda and the unequal level of commitment and capacity of CCIs to do regular follow-up with reunified and reintegrated children which have been evidenced in other sections of this report, the evaluation concludes that the project did not have enough complementary social work capacity to be able to train and support, and quality assure the work of other structures (such as CCIs, remand homes) and professionals (such as PSWOs, CDOs and para-social workers) to guarantee quality in the follow-up and case monitoring with the children who were reunified with families. Overall, the project employed three senior social workers at HQ level, 10 social workers that were based in the districts, and four regional social workers that each covered one region²¹.

²¹ North, south, east, west.

SUSTAINABILITY

This section will discuss the sustainability of the results of the project, of reintegration efforts, structures established and professional changes achieved. The evaluation was guided by three questions, which are reported below:

Evaluation question 19: For the children who have been reunified with their families or placed in alternative family-based care, what reintegration methods have supported stable and sustained placement of children and to what extent? Are children still in the homes and in school 6 months (and more) after placement? What makes these reintegration methods sustainable? If there has been relapse in reintegration, why has this been the case?

It is not fully known for how many children's reunifications with their families have resulted in stable and sustained placements. This evaluation relied on the project's monitoring data for quantitative data and triangulated this data with qualitative data collected as part of the evaluation's primary data collection methods. While the monitoring data of the project indicates that 100% of reunified children reassessed at endline by the project have been in the placement for at least 6 months, and 82% have been in family care for at least 24 months, this contrasts with information received from the evaluation's qualitative sample of households and the policy component of the evaluation. Through these different methods a few cases of households were identified where children were said to no longer be at home and in one interview with an ex-director from a closed CCI it was reported that a child had gone missing after the CCI was closed. The case was known to several stakeholders but had not been counted in the project's data. In addition, as elaborated in evaluation question 10, some families testified that their children had in fact never returned home, but had remained in the "CCI" that had transitioned into a boarding school. To this should be added that the project's monitoring data captured the endline status only of the 698 (40%) children who were reunified within DOVCU's 12 focus districts whom were visited by the project's endline monitoring assessment. For children who have been reunified outside of the 12 DOVCU districts, the evaluation does not have data.

For the children who are at home, a variety of factors, such as ability to pay for school fees, food security, and quality of care, appear to influence whether a child remains within a household.

For the households that were geographically located in the sub-counties where DOVCU focused its prevention work, the financial package was cited by respondents as the most significant support contributing to families being able to keep children at home. The financial package is used primarily for school fees, allowing households to spend more on food and other needs from their sources of income. Furthermore, the financial package also allowed family members to support farming inputs or their small businesses, even if they also wished for this package to be bigger. Parental trainings and community groups were also seen to directly reduce child separation risk factors. In terms of community mechanisms, the most utilized and effective mechanisms to reduce the chances of falling back into risk seemed to be home visits by PSWs and the community groups supported by the project. Respondents also attributed parental trainings with this opportunity to form supportive communities. In addition, caregivers and members of the community particularly highlighted a better understanding of how community protection structures operate, and for this understanding of how community protection services utilize each other for referrals and coordination to better support households and children. In FGDs, community members, PSWs, and CPMs alike expressed increased knowledge about child protection as a result of the trainings. Each group expressed that the trainings affected how they treated their own children and the community's children, and they all described passing on this knowledge to their fellow community members. Community members and PSWs said that the knowledge about child protection went beyond targeted households, as behavior modelling fostered better interactions between parents and children in non-targeted households as well.

All of these factors, which were addressed in the sub-counties where DOVCU focused its prevention work, thus contributed to reduce the risk for secondary separation, and to support the sustainability in placements and reintegration process of 304 out of 1,743 reunified children.

For the remaining 1,439 children who were reunified outside of DOVCU's 12 focus districts and sub-counties, the prospects for sustainability of placement are more precarious, given that the project did not support families and communities in these sub-counties and districts to address the factors which otherwise are reported as factors contributing to separation, and in most cases, there was no follow up.

For the children who were reunified within the DOVCU supported parishes from CCLs, while the findings around project interventions and improvement in well-being do highlight elements of sustainability while the project was still operational, there are indications that sustainability beyond the project end is vulnerable.

For example, amongst the households and children who were assessed at endline, monitoring data indicates that there has been consistent improvement in well-being for all categories of children over a period of 6-18 months follow-up, with positive shifts to less critical vulnerability categories. However, children who are in the households targeted by the prevention components of the project ("at risk children") show better improvement in wellbeing than reunified children. This is illustrated in Figure 6 below²². Between all categories of children who have been reunified, children who have been reunified from CCLs show less relative improvement in well-being as compared to children who have been reunified from remand homes or the street. The importance of this finding from the point of view of prospect for full reintegration and sustainability of such placements, especially for this category of children, is also illustrated in the qualitative findings regarding overall subjective well-being. Children who have been reunified from CCLs, while perceiving overall care and psychosocial well-being to have improved, stress the perceived precariousness of access to basic services. They still feel vulnerable something which affects their subjective feelings of well-being. While part of this may be that children who have been reunified from CCLs experience transitional stress that can affect overall well-being it is still important to note that children who have been reunified from CCLs perceive their access to services as more precarious than prior to reunification.

Figure 6: Comparative analysis of wellbeing of children at-risk, reunified children from CCLs, RH and street.

		Risk	Overall	Child at risk (prevention)	Reintegrated CCL	Reintegrated RH	Reintegrated Street
Baseline	Phase I district	Critical	49 (3%)	41 (3%)	1 (0%)	(0%)	7 (6%)
		Medium	1623 (86%)	1315 (88%)	190 (75%)	22 (100%)	96 (82%)
		Low	218 (12%)	143 (10%)	61 (24%)	(0%)	14 (12%)
Endline	Phase I district	Critical	6 (0%)	6 (0%)	(0%)	(0%)	(0%)
		Low	696 (37%)	504 (34%)	124 (49%)	8 (36%)	60 (51%)
		Medium	1178 (62%)	979 (65%)	128 (51%)	14 (64%)	57 (49%)

Respondents continuously highlight the highly precarious situation that they find themselves in and express a dependence on the continuous support by DOVCU in order to avoid separation or re-separation. This particularly speaks to households who have received cash transfers. While policy

²² As indicated previously, the monitoring data on well-being is from the point of reunification and then endline. Data was not collected whilst children were in CCLs/remand homes/on the streets. The data comparable points are thus not before and after reunification, but at the start of reunification and later on ('now'). We thus can't compare well-being before and after reunification.

level stakeholders appear quite positive about the sustainability of the financial support and training given to beneficiaries, beneficiaries themselves are more worried, and in all districts question what will happen if DOVCU no longer supports them. While the financial component appears to have contributed to some households being able to diversify their livelihood, and more respondents are accessing VSLAs, factors that are beyond project control, i.e. the root causes for separation such as a volatile environment and limited economic opportunities create a context in which respondents are highly vulnerable to fall back into a situation where separation occurs. This is particularly referenced with regards to access to basic services such as education. Moreover, while VSLAs provide a more sustainable function than cash transfers, the evaluation questions to what extent these mechanisms are resilient to shock which may affect the majority of households. For example, it is not clear whether the VSLAs are able to sustain if a large number of its members were to experience shock/be unable to pay back. Consequently, though households appear to have shifted gradually into less vulnerable situations, this shift appears precarious. As testified by one caregiver, falling back into vulnerability would increase risk for separation or re-separation: *“not being able to get the basic needs leads to stress for both the parents and the children themselves which leads to separation of the child so as to find a better living”* (caregiver, reunified household, Mbale).

Findings indicate that the psychosocial and community-based elements of the project are more likely to sustain reintegration processes after the project has ended. Respondents continuously cite ‘knowledge’ as something that will remain when the project ends. However, PSWs do emphasize the need for refresher trainings. Important to note is that potential effects of parent trainings at this stage are mainly noticeable in terms of ‘knowledge’ as compared to norms or behavioral change. Caregivers are able to explain what they learned in training but are less able to provide examples of how this has translated into practice. While parents may currently be able to explain what they have learned, this learning may not have been sufficient to change attitudes around parenting more deeply, and any direct behavioral changes following the training may thus not be strong enough to sustain without continuous reminders. Consequently, it may be too early in the change process to assess behavioral change and sustainability in behavioral change. However, continued change in norms and behavioral is likely to be reliant on the sustained operation of community groups such as fathers and mothers’ unions, post-treatment support groups etc. Similarly, PSWs are perceived as key in supporting the changes on community level. It is not clear to what extent PSWs will continue to receive sufficient support to be able to sustain their activities within the community.

Consequently, findings indicate that the project has sustained support for the reintegration of children in a number of cases throughout the life of the project, though the findings cannot show this is sustainable in the long term. The volatile environment in which families and children live makes sustainability a challenge and as stressed by policy level stakeholders, full reintegration of children and sustainability in family placements will also heavily depend on CCI’s continued support to the reunified children to access education and health services. While most of the CCIs interviewed by the evaluation team that had contributed with such support during the project’s implementation time also expressed commitment to sustain this support in the future, there were also policy level several stakeholders expressing worry about what would happen after the project’s end. This was particularly the case for the children who were reunified from CCIs that could not sustain the support for the child’s quality education. There were several CCIs that did not have this capacity also during the project’s life time: *“For the reunified children that will continue getting support especially in terms of school dues from the CCIs that kept them, I think it is promising and there will be permanency. For those that have to depend on UPE for education, and also place in homes that are not well of socio-economically, the risk of separation is still a reality.”* (PSWO)

Evaluation question 20: By project end, to what extent have structures been established or strengthened that can continue to provide, on an ongoing basis, adequate case management and support services for children at risk? Are these sustainable and what makes them sustainable?

The project established TACs in 11²³ out of 12 project districts, all of which the evaluation assesses as having good prospects to become sustainable, but under the name of district Alternative Care Panels. A number of factors contribute to this potential sustainability. Firstly, the national ACPF foresees establishment of ACPs in each district of Uganda. At the time of the endline evaluation, the MoGLSD was in the process of documenting the experience of TACs in DOVCU districts to feed lessons learned from this pilot into national guidelines for district ACPs. Furthermore, TACs were set up as a multi-disciplinary team, as per the TORs. However, in some of the districts the district leadership took the decision to go beyond this requirement and embed the functions of TACs in existing district community department functions. In these cases, given that several of the representatives on TACs are paid district staff, this will facilitate the sustainability of TACs in the future. In a couple of the districts, the district leadership furthermore has plans to integrate TAC functions with the duties of the existing District Orphans and Vulnerable Children Committee (DOVCC). The following quote from a CAO in one of the districts provides illustration: “At the end of the project we need to integrate the TACs in the DOVCCs (District OVC Committees). TAC is the structure of a project. The integration of TAC activities with DOVCCs activities will help sustain the work beyond the projects timeframe since departments already have budget for their activities” (CAO). While the integration of the tasks of TACs with the functions of district community departments and DOVCCs can facilitate the use of district budget for TAC activities, such earmarked funding is not yet available in any of the districts. Nevertheless, TAC members in several districts have been sufficiently empowered through DOVCU and express a strong commitment to sustain their work of these committees beyond the project’s life-time, regardless of the funding situation. In one of the districts, TAC members made the following declaration at the end of a focus group discussion with the evaluation team: “Come back! The way you found us is the way we shall be” (Joint declaration of TAC-members in one district). In another district, TAC members expressed their commitment to sustaining the activities with the following words: “(Through DOVCU the TAC has received...) so much facilitation that even right now, even if there is no facilitation I can be very sure that this team will continue to do its work (...) these people now, are very interested to really do their work and that shows that they will continue doing their work whether we are there, or the project has left” (TAC member)

The sustainability of case management and support to reunified children and children at risk is more questionable. The case management, follow up and support provided to reunified children to facilitate their reintegration have, during the project’s lifetime, been facilitated by a number of stakeholders and actors, ranging from project staff, PSWOs, CDOs, community child protection structures and PSWs depending on location. The project also relied very much on CCIs, remand homes and CRO to continue monitor the well-being and provide support to reunified children. As discussed in previous chapters, the capacity of CCIs to monitor and follow-up on children who have been reunified, has varies between CCIs and so has the capacity to continue supporting the child and his/her family to facilitate the reintegration process. It has depended on the availability of funds within the CCI to recruit social workers and to undertake monitoring visits. It has also depended on the geographical proximity of the CCI to the children who were reunified (many reunification cases were indeed in non-DOVCU districts). In the situations where CCIs during the project’s life-time had limited capacity to follow-up on and support the children they reunified, this capacity challenge is likely to continue also after the project’s life-time. For the CCIs that did demonstrate capacity to follow-up on children who have been

²³ TACs were created in 2015 in Mbale 09-2015; Kamuli 12-2015; in 2016 in Kasese 04-2016; Kabarole 04-2016; Gulu 04-2016; Luwero 07-2016; Jinja 08-2016; Lira 10-2016; Kampala 10-2016; Kabale 11-2016; and in 2017 Iganga 02-2017.

reunified, the evaluation documented that some of them have had a rapid turn-over of social workers during the project's life-time.

Thus, it is not sure that all CClIs can sustain the skills sets in case management and follow-up for reunified children that were built through the project's training and coaching activities, nor is it sure they can continue supporting and following up on the children until they are fully reintegrated. Given that the case management and follow up to the 1,045 children who were reunified outside of the 12 focus districts was questionable even during the project's life-time, there are concerns for these children in particular. A national level stakeholder summarized the challenges related to case management, monitoring of reunified children, and support to facilitate the reintegration of children, with the following words: "My worry is that we do not have enough social workers. The scope of DOVCU was huge. There were big numbers to reintegrate and almost no additional social work capacity."

For the children who were reunified from remand homes, the capacity of remand homes to continue being involved in monitoring and following up on cases until these are fully reintegrated is not likely to be sustained. Remand homes fulfill certain government functions as part of the overall justice system and they do not perceive it as their role to continue managing cases and monitor the well-being of children who have been released, once these have served their sentence. Furthermore, remand homes lack funding to undertake such activities. In one district, the responsible person for the remand home was explaining how the staff of the remand home indeed had been trained on how to use SOPs in the reunification of children, but that they already saw challenges in applying these skills: "The project did give us social workers and psychologists and we did do some reintegration. This was a help at that time." Thus, staff in at least a couple of the remand homes were reporting to no longer use the SOPs and explain the reason for that with the following words: "Reintegration has to be funded – and we don't have funding so we don't do proper reintegration" [Officer-in-charge (OIC) Remand Home] And in another district, the OIC for the remand home expressed that "We know how to do it but we do not have the resources to continue the process." Another national level stakeholder, expressed similar concerns: "There was a verbal declaration from MoGLSD to remand homes during the launch that they should use the SOPs. But remand homes need the facilitation and resources to implement these SOPs. So, the issue may be that MoGLSD may fail to give the facilitation resources to remand homes." (National level alternative care expert).

CRO, on the other hand, demonstrated good capacity to do follow up and case management for reunified children during the project's life-time. They have made the use of the FVSI / CSI for assessments of families and children prior to reunification, and to monitor well-being post reunification, as their standard tool also in other projects. Given the track record of this NGO in mobilizing funds for reintegration activities targeting children in street situations, their follow-up is more likely to be sustained.

The project has not built enough capacity of PSWOs and CDOs to mobilize them in having a role in monitoring and quality assuring the case management provided by CClIs. As discussed in other sections of the report, capacity gaps of PSWOs and CDOs are many and not necessarily only related to skills. Indeed, they face a number of constraints, such as lack of transport and funding for monitoring activities to be able to be actively involved in the continued follow-up of children who have been reunified. In order for PSWOs and CDOs to be actively involved in quality assuring the case management and follow up provided by CClIs, they would have needed more capacity built than what the project could provide through training. Given that the project's capacity building strategies focused on skills building, this was not enough to fully bridge the gaps in capacity of some of the CClIs and remand homes in their follow-up and support to children who have been reunified.

Because of their proximity to communities, para social workers, community child protection structures and CDOs demonstrate the greatest potential for sustained follow-up and support to children at risk and children who have been reunified. The evaluation documented (as reported in previous sections) that these personnel have had their capacities and skills strengthened significantly. The training received by para social workers and child protection mechanisms have for example increased coordination during referrals and follow-ups, and these strengthened relationships are perceived as likely to continue after the project has ended. Furthermore, the community groups created through the project seem to provide one of the most sustainable mechanisms for change within communities. The savings groups, alcohol support groups, and parental trainings have all created shifts in community knowledge and appear to have buy in from community members. These groups are reported by community structures and para social workers as having become self-sustaining and will continue beyond the project. Parental training has changed the dynamics between parents and children, but it is unclear if these effects will hold once refresher courses end with the program.

Evaluation question 21: For the different changes observed in the capacity and functioning of professionals, child care structures and coordination mechanisms (e.g. probation social work officers, para professionals, alternative care panels), to what extent are they likely to sustain the work, to continue meeting and to continue to apply what they have learned after the end of the project?

DOVCU built skills at many levels, including of MoGLSD to have a stronger role in national oversight of the alternative care system, of district officials and professionals and of community structures and para social workers to increase their involvement in alternative care priorities. This has resulted, across the board, in a strong commitment to sustain activities initiated by DOVCU. The sustainability of all these skills and of the activities that put such skills to practice, such as meetings, assessments of CCI, meetings of TACs, and also of undertaking refresher trainings depend to a large extent on funding.

At the level of MoGLSD, the knowledge and skills to undertake assessments of CCIs as per the national standards are perceived as sustainable. However, there is only a small team available in MoGLSD to undertake and sustain the CCI-assessment process launched by DOVCU at a larger scale. Furthermore, MoGLSD capacity to enforce recommendations for closure of CCIs that are below standard, or to proceed with criminal procedures against CCIs suspected to be involved in irregular activities was reported as a challenge already during DOVCU. In spite of this, a new comprehensive national child policy with a costed implementation plan was in the making during data collection for the endline evaluation. It includes, amongst other priorities, a sustained government priority to alternative care reform efforts. As such, it also provides an important framework within which additional resources can be mobilized to support this reform. A national government stakeholder expressed very good prospects for some additional capacity and funds to come MoGLSD's way in forthcoming budgets:

“Next year’s national budget will invest some money in the alternative care unit: money for inspections and making sure that reintegration is done (...) The budget is for training and to implement processes around inspections. Before the government did not have any such funds. The department gets the funds, and a lot of the money of the department goes to feeding children in remand home, but now it is the first time that the government will have some of its own funds to carry on with inspections and the processes around reintegration, like training and facilitation like fuel.”

In a few of the researched districts, the district leadership express commitment to mobilize sustained funding for priorities related to alternative care reform and for some of the activities that were initiated by DOVCU. In one district the CAO made the following reflection: “Now that the project is ending, we ask ourselves what to do as government. NGOs are supplementing our work. Now we

should be prepared to consolidate and sustain these activities. This is why we need to integrate these activities in our plans and budgets and make proposals to other partners” (CAO). In the same district, the PSWO had already made concrete steps to explore opportunities to get national government funds, and funds from other sources to support district priorities in alternative care. “I am happy that in the meeting I attended in Kampala yesterday I heard that there should be grant for children. That can facilitate TACs. This would be a national government grant. But also district local government have some funds from local revenue and some of these funds should be allocated for child care support.” Also, in other districts do professionals involved in district alternative care work, see the potential for sustainability, through government being more involved in planning and budgeting for alternative care priorities: “If the district can take up this work, with planning as well as with budgeting, then we will be able to do big things for children” (PSWO). But there were also voices of skepticism heard amongst district officials and professionals. In one district, the Assistant CAO expressed the following concern:

“The probation has a department. It is still having other constraints outside the project. For example, if they do not have a running vehicle, how are they, will they be able to follow cases? If the CDO at sub county does not have fuel to see where these children are; it means they will be in office they will not be able to supervise and get the real picture of what is happening on the ground (...) You see, our social workers have been trained but they cannot work without papers, pen, and fuel.”

In another district, the PSWO reflected on government’s commitment to address social problems and poverty at all: “Poverty and all that underlies it is still a challenge (...) There’s always concern that government programs won’t be there” (PSWO)

Mainly amongst front-line professionals, such as TAC members, CDOs and PSWs, the potential for sustainability is not necessarily associated with prospects to get funding for activities to be sustained. Instead, several of these professionals speak about how the project has contributed to behavioral change and changes in professional practices that can be sustained through passion and commitment. In one district, a TAC-members expressed this with the following words:

“I have learned that we need to be passionate and there needs to be love for the children (...) This is what has inspired the TAC. We sat together case by case and decided together so we are now colleagues. When it comes to children you sacrifice your time, because without time you cannot do good work with the child. You are putting in your own money and time for that child (...) Our commitment will just continue even if the project ends...”

District professionals put a lot of hope in PSWs for sustaining the work, since they live in the community, close to where problems occur: “The beauty of the PSW is that they live in the community and the community feels good about them” (PSWO). While it is unclear if the PSW will sustain their work in the same manner, indeed, they expressed a number of challenges related to monetary compensation and transport which were challenging them in their work already during project implementation, it is clear from FGDs that there has been a fundamental shift in PSWs understanding of child protection as a result of DOVCU training. This knowledge has reportedly strengthened their own families as well as the families of community members. Therefore, there is the possibility that this knowledge base will continue to support positive changes and the protection of children within the community. PSWs and CPMs discussed each other’s work and their coordination at length in interviews.

DOVCU training made the different actors aware of each other’s work and how they could work more effectively together within the community. Many interviews highlighted their joint work as

'colleagues' and showcased their knowledge of when and how to work together. For example, as one PSW noted:

"Working together with the office of the CDO has made us realize that we are also part of the CDO structure in the community. The CDO also seek advice from us and they allocate work to us, they can make a call that "please make follow up of this case that is in your community." The linkages are also very good and has made work very easy, plus it has improved policing."

All of this said, across all the districts, there seemed to be relative agreement across stakeholders that three years was not long enough to ensure the sustainability of project impacts. "Three years is too short. What can be the sustainability and how can we be assured that the work will not fall back?" (CAO). And several stakeholders expressed the need for the pilot to go to scale: "This has been a pilot – one we have learned so much from. We have come really far. Some people said that we should have been in all the sub-districts, but this gave us the opportunity to learn and to become more active as we take things to scale" (PSWO); "This program was just a pilot and we learned a lot, but now we need the actual program to really role out what worked" (CDO)

HUMAN RIGHTS

Given that the project under evaluation was working with the most vulnerable groups in society and that it aimed to address some of the human rights violations of children who were beneficiaries of the project the evaluation included a specific evaluation criterion on human rights guided by four questions.

Evaluation question 22: To what extent did the project manage to target those most at risk (e.g. children in institutions and children on the street), including tailoring activities to accommodate needs of the most vulnerable children (children under three, girls, children with disabilities, street children)?

The prevention component of the project managed to target some of the most vulnerable families. This was confirmed by a number of stakeholders throughout districts, both among policy-level respondents and community level stakeholders who expressed their appreciation, both of the tools and the process through which vulnerable, destitute families were selected and assessed to be beneficiaries of the project's prevention component. This was felt to be a useful and transparent process, even though, as some stakeholders noted, the limited coverage of the project meant that not all those who were in similar destitute situation could be included in the project activities.

Amongst all children who were reunified from CCI, remand homes and from the street, the project partially included those most at risk. For children in residential care, there are some children who can be considered as "more at risk" than other children. For example, international research has shown that young children below the age of three, have greater needs for individual stimulation and opportunities to bond with a stable care giver, needs which are often difficult to meet for young children in residential care. The project-design did not convey any specific messages regarding the vulnerability of institutionalized children under the age of 3 years and as a result no specific attention was given to that consideration within the project. In fact, in most cases it was much older children who were reunified. Consequently, the monitoring data from the DOVCU project indicates that of all reintegrated children from CCIs, only approx. 9% of the total of 1,465 reunified children, were below the age of 5. Of all the children who were reunified from CCIs, 53% were boys and 47% were girls, most children (73%) were in the age group 6-14 years old, followed by (18%) children who were above 15 years of age.

The children who were reunified from CCIs through DOVCU were not necessarily coming from the CCIs with the poorest quality of care. Children who are living in CCIs with poor quality of care, can be considered more vulnerable or more at risk than children living in CCIs with at least high quality

of basic needs, health care and education. While the project monitoring data does not allow for a detailed breakdown on which individual institutions the reunified children came from, aggregate data per district suggests that, of the five districts that had the lowest average score for all CCI on child care provisions (Wakiso, Kasese, Kamuli, Luwero and Kampala), three of these district (Wakiso, Kasese and Kampala) were also amongst the five districts that reunified the least children (see also “Annex V: Statistical Tables”, Table 26). Instead, qualitative data collected through interviews with policy level stakeholders and stakeholders in CCI confirmed that CCIs “self-selected” and volunteered to start reintegration activities. Furthermore, within each CCI, the selection of children to be reintegrated was not based on set criteria or an assessment of who was most at risk. Stakeholders in CCIs and at district level indicate that the selection was driven by which cases seemed to be the “easiest” to reintegrate. This was, for example, children who had relatives ready to receive them, or whether the child was ready to go home. In one CCI, the management described how they mainly reunified children who were older and almost “aged out”, leaving small children, under age five and below, stay in the CCI. Several other stakeholders expressed a similar priority, and a preference to reunify older children, because according to these stakeholders, older children were considered by families as easier to take back in family care because they are relatively more autonomous than younger children who have greater care needs.

Monitoring data from the DOVCU project indicates that of all reunified children, 3% were children with disabilities (see also “Annex V: Statistical Tables”, Table 27). This is in line with international experience, which has often shown that children with disabilities are often the last ones to benefit from de-institutionalization efforts, in spite of the fact that they have similar needs for family care as children in general. In one of the districts, CDOs felt that the inclusion of children with special needs in reintegration efforts was a challenge to them because the project’s training opportunities did not, according to them, equip stakeholders enough to address the issues of families to children with special needs: “We have been having a challenge of children with special needs. The trainings do not consider children with special needs. When you have a child in the sub-county like that, it is so difficult to know what to do.” (CDO). Stigma and attitudes to children with special needs were reported as barriers to their inclusion in reintegration processes.

The project upheld gender parity between boys and girls who were reunified from CCIs, with 53% boys being reunified from CCIs, and 47% girls. This is in line with international child rights standards, which establish that boys and girls have equal rights.

With regards to children in remand homes, the project’s targeting of those children who had served their sentence seemed appropriate. In Uganda the minimum age of criminal responsibility is 12 years of age and there was no indication of the fact that any child below that age was held in any of the remand homes that the project worked with. Most reunified children from remand homes, 95% were boys and this can be explained by the fact that boys are disproportionately represented in the remand home population. As has already been discussed in previous sections of the report, findings suggest that the project’s package of support was not enough to address the specific needs of children from remand homes during the reintegration process. Remand home stakeholders often referred to stigmatizing attitudes in communities where children were reunified, that they felt were challenging to overcome.

For children on the street, the project purposefully selected and reunified girls, as they had been identified as underserved by existing services and with particular risks, which the project wanted to develop experience around how to address. Consequently 100% of all the children who were reunified from the street were girls. Of these, 27% were in the age range 6-14 years old, and 73% were above 15 years old.

Evaluation question 23: To what extent was the project able to prevent child protection issues and human rights violations (e.g. child labor, violence against children, neglect, early marriage, etc.) and mitigate risks for creating greater vulnerability (e.g. child labor and any kind of harm)?

The project seems to have contributed to preventing child protection issues and human rights violations in communities for a broader number of children than those that were particularly targeted by the project's prevention and reintegration components. This is evidenced in that the project has achieved a mindset change around child protection violations amongst beneficiaries. The better functioning of community-based referrals systems, improved connectedness between community structures and districts structures and professionals as well as changes in practices, especially in many CCI, are amongst some of the factors that have been facilitated by the project and will contribute to preventing child protection violations in the future. A CDO explained how this work had effect beyond the targeted households with the following words: *"The truth is the DOVCU has carried out training to parents, and the leaders like parish chiefs, councilors, religious leaders, PSWs, so they now know that issues like children spending time in sugar cane plantation is a violation of their rights. And they should work against it."*

For children who were living in supported households, interventions contributed to preventing perpetration of violations of several child protection issues within the targeted households. Monitoring data indicates that 13% of children in the age category of 14-17 years who were living in targeted households at baseline were engaged in full time exploitative unpaid work and this had reduced to 8% at endline. The proportion of households that reported incidences of various forms of violence against children in their family in the last 12 months reduced in all categories. For example, households that reported that a child was abused (sexually, physically or emotionally) and/or being subjected to child labor or otherwise exploited reduced from 6% at baseline to 1% at endline; households that reported that a child is "neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution" reduced from 17% at baseline to 4% at endline (see also "Annex V: Statistical Tables", Table 28 and 29). Children interviewed in household case studies by the evaluation team confirmed that violence against them has been something they experienced in the past (in particular children now reunified had experienced this more when they were just reunified), but that this was not something they worried about now. When children did refer to violence during household case studies at endline, this was mainly in reference to fears of violence such as *"if you get robbed"* (reunified child, CCI, Kamuli), *"some older people in the community may beat on you"* (at risk child, Luwero), *"there are stories of people that take children"* (reunified child, CCI, Mbale). Similarly, none of the children spoken with reported experiencing harmful traditional practices. Some children mention that these are present in the community, but to not have experienced these.

Similarly, the project mitigated some risks for creating greater vulnerabilities for children who were already living within the targeted households. Monitoring data captures that

- HH that were reporting to have had psychosocial distress most of the time in the last 12 months reduced from 18% of households at baseline to 8% at endline;
- The proportion of targeted households that seemed hopeless and sad (emotional distress) in the last 12 months reduced from 18% at baseline to 3% at endline;
- The proportion of targeted households that were reporting frequent or periodic signs of aggressive behaviors, domestic violence, child abuse or child neglect, reduced from 14% at baseline to 0% at endline; and
- The proportion of households where the caregivers in the past 12 months used discipline approaches that included punching, kicking, hitting, withholding a meal or basic needs, use abusive words/ language reduced from 60% at baseline to 55% at endline.

See also "Annex V: Statistical Tables", Table 28 and 29

For children who were reunified from CCI with families in view of being reintegrated, it is unclear if the project has prevented these children from becoming more vulnerable as a result of the DOVCU reunification activities. An important human rights principle to consider when working with vulnerable children and children at risk is the all child rights are equal and no right is superior to any other. This means that children have equal rights to protection, development, survival and participation. At any given time, when considering interventions for children, these should aim to maximize the potential for children to access all of their rights or as many of their rights as possible. Another important guiding principle in programming addressing human rights, including on child protection, is to “Do No Harm.” This means that it is the responsibility of all relevant stakeholders involved in the project addressing child protection concerns to ensure that vulnerable children and children at risk who are involved in a project do not suffer any additional harm from their involvement in the project. When project interventions will have the effect of changing the circumstances under which children will access their rights, such as changing the care arrangement for children, a best interests determination²⁴ needs to inform decisions for each individual child. In the context of this, it is important to assess separately the project’s ability to prevent child protection issues for children who were already living in targeted households, and for children who were not living in households prior to the start of the project. As illustrated in the figure below, monitoring data shows that between the three groups of children who were reunified (from CCIs, remand homes and street), and the fourth group of children who were already in family care and whose households were targeted for prevent support, children coming from CCIs were the ones who showed the greatest well-being when assessed at baseline. They are also the group of children who have seen the smallest shift between baseline and endline into the “low vulnerability” category. Even though there is an increase in the proportion of children reunified from CCIs that are classified in the low vulnerability category (from 24% at baseline to 39% at endline), the shift was the smallest for this group of children. An important point to note regarding these figures is that while the baseline assessed all children who were reunified, the endline assessment undertaken by the project only covered a sample of children. This sample was selected from the 12 districts where DOVCU was focusing its project activities. Given the difference in support given to community structures in DOVCU districts, as compared to non-DOVCU districts, there is a possibility that vulnerability levels are higher in non-DOVCU supported districts and this is not captured in the monitoring data. In fact, very little is known about the children reunified outside of DOVCU districts and this is of concern. If this is considered in the light of findings presented in previous sections of the report regarding households’ continued vulnerability, concerns expressed, in particular by children reunified from CCIs regarding their continued access to services, and the child rights principles introduced at the beginning of this section, the evaluation cannot exclude that some children have become more vulnerable as a result of the DOVCU reintegration activities. This statement is furthermore to be considered in light of very limited documentation available on the case management follow up provided to these children.

Figure 7: Changes in the vulnerability level of children (endline compared to baseline)

	Risk	Overall	Child at risk	Reunified CCI	Reunified RH	Reunified Street
Baseline	Critical vulnerability	92 (3%)	84 (3%)	1 (0%)	0 (0%)	7 (6%)
	Medium vulnerability	3003 (86%)	2459 (89%)	426 (76%)	22 (100%)	96 (82%)
	Low	381 (11%)	235 (8%)	132 (24%)	0 (0%)	14 (12%)

²⁴ This is needed because the circumstances for all children are different and it is not possible to determine that one set of interventions is best for all children who are in the same situation. Best interests’ determination should look at the child’s individual circumstances where he/she currently is accessing some of all of his/her rights, the considered new arrangement, and assess how the specific child can access all or as many as possible of his/her rights. A best interests determination should also assess risks of any harm which may be caused by the intervention.

	vulnerability					
Endline	Critical vulnerability	14 (0%)	14 (1%)	0 (0%)	0 (0%)	0 (0%)
	Medium vulnerability	2482 (71%)	2071 (75%)	340 (61%)	14 (64%)	57 (49%)
	Low vulnerability	970 (28%)	683 (25%)	219 (39%)	8 (36%)	60 (51%)

Evaluation question 24: How did the project address child rights violations that required urgent attention?

The project put in place some measures to address concerns expressed in the baseline evaluation for children in remand homes. Given the precarious situation of these children, the project expanded its work with remand homes, supported the recruitment of volunteers who could help remand home staff address some of the psychosocial concerns identified for this group of children in particular.

For children in CCIs, the baseline evaluation particularly noted the risks to children during too rapid reunification, something that the project only partially managed to mitigate. As noted in previous sections of the report, many children were reunified through the project without a prior best interest determination of a TAC, which had been foreseen as a safeguarding mechanism. Furthermore, in four of the six study districts for the evaluation, district officials confirmed that some of the CCIs that had closed or stopped operating as CCIs, had done so as a matter of urgency, a process that was often initiated by the CCI itself following the initial assessment facilitated through DOVCU, and not always accompanied by the DOVCU project. It is not known how many children were sent home from these CCIs, without assessment, reintegration support or follow up. In one district several stakeholders referred to one particular case of a child who had gone missing after such rapid closure. There was no follow up provided to this case. The above said, the project did expand its strategy to support the 1,743 children that the project reunified through the project. All these children were supported with a reintegration package, as also noted in other sections of the report.

Evaluation question 25: To what extent did the project contribute to strengthening duty bearers' knowledge of their obligations and their capacity to meet those obligations?

Across all districts, the project has contributed significantly to strengthen duty bearers' knowledge about their obligations and roles in alternative care. Community members in FGDs confirmed that the parenting training provided by the project taught them about child rights, which in turn affected how they treated their children and other children in the community. As discussed in the impact section and also further detailed in annexes, district level stakeholders and professionals are now, to a much greater extent than at baseline, aware of the alternative care framework, the importance of family care, and what are the various roles and obligations they have to implement this policy framework. Professionals, CCI and community-based volunteers and structures have also changed their practices to work better together to ensure that rights of children to family and community life is upheld. If stakeholders had a better understanding in their roles and obligations, some of their capacity is unfortunately still constrained by limited resources to carry out their responsibilities. However, as documented in the sustainability section, there are some plans being made at district level, and at national level to mobilize resources for continuing to give alternative care priority in district activities.

Stakeholders across all respondent groups seem to have taken the message of family care and the primordial right, overriding other rights. This was expressed across districts and by many different stakeholders. In one districts, a CDO expressed this with the following words: "DOVCU, is

about ensuring that children in CCI go back too families because it's the best place to grow and anything you do it must be for the best interest of the child. It is intended to ensure that children are returned to home care, according to what we said it is the best place, ACF tries to solve the problems afflicting children, to ensure that they get the best care in the best place, for a child to live well, they must be with the family or the next of kin..” A PSWO, assessed the success of the project by the number of children who were reunified: “For me I see this, they (DOVCU) have scored 90%. Many children were resettled, a reduction in the number (...) an achievement.”

The project did not put in place a clear system of accountability for the case management follow-up of children who were reunified. Child rights standards call for clear accountability frameworks to be established between all stakeholders, including donors and international partners who are involved in work with children. Even though the project invested resources in the development, promotion and training on SOPs in order to resource different professionals to have a role in the follow up of the children who were reunified from remand homes, CCIs and from the street, this was not enough to ensure an accountability system for the best interests of the children who were reunified. The project relied on other stakeholders to carry the main responsibility for the regular monitoring and follow up on reintegration cases. This was most often done by the CCIs themselves and by community structures and volunteers. If CCIs to a large extent were *responsible* for implementing the reunification process and were often also committed to monitoring the extent to which this resulted in a safe reintegration, the feeling of accountability to ensure safe reintegration differed significantly between different CCIs. When CCIs did not develop this accountability, either because of a lack of commitment, because lack of resources, or when resources constrained them to take on this accountability because of distance to the reunified child, it is not clear who took on the accountability for ensuring close follow-up on these cases and for monitoring regularly that the reunified child was doing well. As discussed in other sections of the report, community structures and volunteers trained by DOVCU were only present in the parishes where the project implemented the prevention work and did not cover all areas where children were reunified. Furthermore, across all districts where a TAC was established, these had a clear *role* and *responsibility* in multi-disciplinary review of, and decision on cases prior to the child returning to family care. Their role in the follow-up of reviewing these cases after the child had been reunified, and on deciding on case closure because the child was considered as reintegrated was not as clear. In some cases where TAC members stated that they were involved in monitoring the well-being of reunified children, this function was often blurred with the understanding of individual professional roles. In some cases, for example, a CDO or a PSWO who was a member of the TAC had been involved in a follow-up visit in his/her individual professional capacity, but there was no systematic evidence found of TACs being regularly involved as a multi-disciplinary group in monitoring and reviewing the success of reintegration processes. Finally, the investment of DOVCU in training, coaching of various district and sub-county stakeholders on the use of SOPs, was no enough to result in PSWOs or CDOs becoming involved in quality assuring the reintegration process facilitated by CCIs. For example, across the study districts, PSWOs and CDOs did not have easy access to copies of case files of children reunified from CCIs, and it was not clear when was the last time they did any quality assurance of CCI's follow-up on reintegration cases. In interviews, it was often stated that these case files were kept at PSWO office something which upon verification turned out to be untrue. In terms of the project's own follow up, resources did not allow for enough follow-up to fill the gaps in other stakeholder's follow-up. The project's own follow-up to reintegration cases first took place when the reintegration package was distributed and when child status data was collected mid-term and at endline. However, the timing of this was not regular enough to detect and address challenges in the reintegration process. Furthermore, due to logistical and financial constraints the project only covered 40% of the households with reunified children in the end-line assessment of reunified children²⁵, thus it did not take

²⁵ The reason for this low coverage was that the majority of the reunified children were outside of the 12 DOVCU-supported districts. The reported logistical and financial limitations of the project did not permit a rigorous end-line assessment in households outside of DOVCU

accountability for reassessing the wellbeing of children reunified outside of the 12 project districts. It is not clear who was accountable for assuring the regular monitoring and follow up of the wellbeing of these reunified children.

supported districts and therefore the 698 children within reach were taken by DOVCU as a representative number for the 1743 reported cases of children reunified with families. However, the conditions for the reintegration process varied significantly for the children who were reunified within the project supported districts and parishes and those who were reunified outside of these districts and parishes and therefore it is questionable to what extent this "sample" can be considered as representative.

CONCLUSIONS

The DOVCU project was a complex and ambitious project that aimed to demonstrate how separation of children can be prevented in a highly vulnerable context and how children can be reintegrated into families in a safe and sustainable manner. As such it addressed very relevant and urgent needs in the Ugandan context.

The evaluation concludes that the project to a large extent has demonstrated an effective and relevant package, methods and strategy to prevent separation of children. This strategy included a very thoughtful process of targeting vulnerable communities and the most vulnerable families, a relevant package of support which addressed many of the needs that communities have expressed as necessary to prevent separation. The project furthermore sequenced activities in a way that these created a positive effect in the up-take of the support. If targeted households did not graduate to the growing category to the extent that what had been expected, the cause for this is likely related to the highly vulnerable environment in which beneficiaries live, which necessitated support over a longer timeframe, and for some families, larger amount of the support.

The project faced some challenges in the design when it came to combining the prevention and the reintegration components of the project. In practice, it was not possible to fully make sure that the children who were reunified or placed in family care benefited from the full package of support and community mobilization that DOVCU generated in the communities targeted by the prevention component. At the time when the project selected the areas where it focused its prevention work, the origin of the children to be reintegrated was not known, and the project interventions for prevention, which could have contributed to prevent secondary separation of reintegrated children only benefited a few of the children who were reunified. This created some risk for the quality and sustainability of the reintegration process for a number of children which this evaluation documented indirectly.

This said, some of the greatest successes of the project have been that it has contributed to a significant mindsets change around the importance of family care for children. It has contributed to breaking the trend of an increasing number of CCLs opening up in the 12 focus districts, the number of children in CCLs have reduced in these districts, and many, many CCLs have significantly improved their practices and work with children as direct result of the project. This is a great achievement. The project furthermore significantly strengthened knowledge, skills and professional practices of district, sub-county and community stakeholders involved in alternative care, and overall has contributed to create a very favorable environment for continued work on alternative care in Uganda. In spite of some of the challenges which have been documented in this evaluation report, especially around the reintegration of children from CCLs and remand homes, the project is by most of the stakeholders consulted, perceived to be a success. The below quote from a TAC member illustrates well the enthusiasm created around the DOVCU project:

“I think that it is a success. To me, I have seen this project as a success (...) I am actually proud of it like I was implementing it, to the extent that when we had the child forum we were requested as the district to present a model that has worked well for the district and in fact it was me who said: “I think DOVCU has worked“ (...) because you know, you go to (region), you find that because of the project the children that were resettled have stayed in their homes.”

ANNEXES

ANNEX I: LESSONS LEARNED ON PROJECT'S INTEGRATED PACKAGE OF SUPPORT AND STRATEGIES FOR PREVENTION OF SEPARATION

Background

The DOVCU project aimed at testing interventions to prevent separation of children and the institutionalization of children. Prevention activities focused on identifying destitute and struggling households that might be at-risk for separation. The process included raising awareness about family-based care and the alternative care framework and preparing community support structures (CSS) to identify households. Vulnerability and needs assessments used the CSI and FSVI tools, adapted for Uganda based on international best practice models. A focus of the prevention work was on providing cash and asset transfers and linkages to other supports, establishing and training VSLA groups, cash management and income generation training, vocational training for youth, parenting education and parent groups, PSS, substance use support groups, and monitoring family improvement through home visiting (using the same tools as above). Linkage to other services began with a service mapping looking at health, nutrition centers, schools, law enforcement, disabilities unions, social protection, livelihoods programs and others. According to reports the need for mental health and substance abuse services became apparent and activities were added. Initially the project intended to use mobile money for cash transfers, but most households were without mobile phones so a separate process for cash transfers was established.

The integrated package of support consisted of a several measures aiming to strengthen households economically, given that poverty is identified as a major contributing factor to separation. However, not all poor families send a child to live in residential care. It is therefore key to further identify what the additional triggering factors are, that combined with poverty, can lead a child to become separated from his/her family. To support this process, the baseline evaluation of DOVCU identified three different layers of causes to separation, namely immediate causes, underlying causes and root causes that are contributing to the separation of children from their families.

*“Immediate causes are those causes which seem to be more directly associated with risks that lead to the decision of a child to leave, or the decision of a parent, community member or a professional to refer a child to a child care institution or report him/her to the police”*²⁶. The baseline evaluation identified such causes to include high levels of food insecurity; negative household dynamics, violence and child labour; drug and alcohol abuse in the family, and lack of access to basic social services.

*“Underlying causes are those causes which contribute to a specific vulnerability that make such a situation more likely to happen”*²⁷, such as poverty; psychosocial vulnerability and barriers to good parenting.

*“Root causes are hierarchically the underpinning societal situation contributing to a general overall vulnerability”*²⁸, such as lack of financial opportunities; lack of land and assets; social and cultural norms; political instability and displacement.

²⁶ DOVCU baseline report

²⁷ Ibid.

²⁸ Ibid

The integrated package of support at work

The components of the integrated package addressed many of these identified causes in a sequenced manner. Counselling and advice, for example to address alcohol abuse and to build parenting skills were provided first and were meant to help address some of the more immediate causes to separation, such as negative household dynamic, violence and child labor, drug and alcohol abuse. Addressing eventual drug and alcohol abuse was furthermore necessary early in the process to address some of the root causes to the poverty situation the family was living in. This was then followed by skills building activities to strengthen financial literacy and planning. The first cash transfers to “at-risk” families were meant to stabilize the household economically. This allowed families to address immediate causes such as acute food insecurity which, as an extension of poverty, can lead to the separation of a child. If necessary, depending on the destitution level of families, the first cash transfer was then followed by a second and a third transfer to allow the household to plan economically for their future, addressing poverty, and as such an important underlying cause leading to the immediate cases for separation of a child. In parallel, families and communities were receiving training on how to grow family income, and the setting up of VSLAs. This was meant to support families to grow economically, sufficiently for them to become, not just less poor, but to become more resilient, addressing the root causes: such as creating financial opportunities, opportunities for generating some assets and make families more resilient to the shocks that may plunge them into poverty again. The gradually sequenced support to destitute families allowed households to incrementally address the causes that can lead to separation. In parallel, the DOVCU project also had awareness raising activities in communities, addressing underlying social norms that can lead to separation, and successfully changed community attitudes around child care institutions and the importance of family care. Furthermore, linkages were created to other services and as such, addressing an immediate cause to separation, namely lack of access to basic social services.

The package was holistic and as a CDO and a PSWO reflected: “*The integration of all activities is key*”, and the strategy designed to sequence activities to incrementally address first immediate, then underlying and root causes was felt to be “*very important that families are first trained how to use the money before the money is received.*” (PSWO).

Detailed analysis of the results of the integrated package of support on causes for separation

Economic well-being

Financial vulnerability is caused by several situations, such as unemployment, limited access to land (including conflicts around land ownership), lack of productive assets and labor constrained households. Some regions have continued to be more vulnerable to poverty due to natural disasters, political instability and conflict. In the baseline findings, the data collection illustrated a high prevalence of destitute households in the six study districts for this evaluation. The findings from an analysis of quantitative monitoring data show an overall shift in households from *destitute* (baseline: 60%) to *struggling* (endline: 77%) categories. This shift seems to have occurred to a similar level in both male and female headed households. The change in destitution status of households in all districts shows a similar pattern. However, changes in destitution status are smaller in phase 2 districts as compared to phase 1 districts. Table I below details changes.

Table 1: Shows number/proportion of households that belong to; destitute, struggling and growing level of economic vulnerability; data disaggregated by gender of household headship, all districts and phase I districts results

Household headship	Vulnerability type	BLV		ELV	
		All Districts	Phase I District	All District	Phase I District
Total	Destitute	1252 (56%)	739 (60%)	670 (30%)	261 (21%)
	Struggling	974 (44%)	484 (39%)	1534 (69%)	949 (77%)
	Growing	8 (0%)	6 (1%)	30 (1%)	19 (2%)
<i>Male headed</i>	Destitute	476 (21%)	292 (24%)	246 (11%)	94 (8%)
	Struggling	543 (24%)	248 (20%)	758 (34%)	437 (36%)
	Growing	8 (0%)	6 (0%)	23 (1%)	15 (1%)
<i>Female headed</i>	Destitute	776 (35%)	447 (36%)	424 (19%)	167 (14%)
	Struggling	431 (19%)	236 (19%)	776 (35%)	512 (42%)
	Growing	0 (0%)	0 (0%)	7 (0%)	4 (0%)

Struggling households thus represent the great majority of households (77% in phase I districts, 69% in phase I and phase II districts combined) at endline while at baseline the great majority of households were classified as destitute households. Similarly, although female headed households remain worse off than male headed households on average, the percentage difference in households at the destitute level has decreased by 6 percentage-points and is thus half what it was at baseline. In absolute terms, more female headed households have thus shifted out of the destitute category. This may be explained by the cash transfer provision, as nearly twice as many female headed households (532) to male headed households (289) received cash transfers in phase I districts. On average, households that were targeted for cash transfers received two rounds of cash transfers. In total cash transfers were distributed to 720 out of the 739 destitute households in the phase I districts.

Most growing households (less poor in relative terms) are located in Gulu and Luwero districts, however the numbers remain low. Gulu also sees the biggest shift in households out of destitute status (in relative terms), with 60% of households shifting from destitute to struggling categories, with Mbale seeing the biggest shift in absolute terms. Two phase 2 districts (Kabale and Kampala) show a negative shift from struggling to destitution levels.

Table 2: Changes in household's economic vulnerability classification by districts

District	Baseline			Endline		
	Destitute	Struggling	Growing	Destitute	Struggling	Growing
Gulu	96 (68%)	46 (32%)	(0%)	12 (8%)	127 (89%)	3 (2%)
Iganga	76 (41%)	108 (58%)	1 (1%)	37 (20%)	146 (79%)	2 (1%)
Jinja	110 (77%)	33 (23%)	(0%)	61 (43%)	80 (56%)	2 (1%)
Kabale	122 (52%)	111 (48%)	(0%)	153 (66%)	80 (34%)	(0%)
Kabarole	67 (50%)	66 (50%)	(0%)	46 (35%)	86 (65%)	1 (1%)
Kampala	63 (69%)	28 (31%)	(0%)	71 (78%)	20 (22%)	(0%)
Kamuli	87 (52%)	77 (46%)	2 (1%)	19 (11%)	145 (87%)	2 (1%)
Kasese	160 (57%)	120 (43%)	1 (0%)	34 (12%)	243 (86%)	4 (1%)
Lira	114 (36%)	198 (63%)	2 (1%)	66 (21%)	241 (77%)	7 (2%)
Luwero	89 (56%)	68 (43%)	1 (1%)	35 (22%)	119 (75%)	4 (3%)
Mbale	239 (69%)	107 (31%)	2 (1%)	114 (33%)	229 (66%)	5 (1%)

Wakiso	29 (71%)	12 (29%)	(0%)	22 (54%)	19 (46%)	(0%)
Total	1252 (56%)	974 (44%)	9 (0%)	670 (30%)	1535 (69%)	30 (1%)

To highlight these changes, all 6 phase I districts had over 50% of households in the destitute category at the baseline stage of the project, with the endline results showing over 60% in the struggling category. Three out of the six districts have over 80% of households now in the struggling category. The majority of households thus graduated to struggling level, and the findings show that this shift was significant.

Yet it is important to note that only about 1% of households graduated to the growing level, (i.e. in relative terms the less poor category of household vulnerability). There were no significant differences between the phase I and phase 2 districts. Very few households have thus been able to progress from *struggling* to *growing*. At baseline 6 households were in the growing category and at endline 19 households were in the growing category. As such, the grand majority of households have remained destitute or shifted to struggling. However, this may partially be explained by the fact that the *struggling* category was fairly broad. Monitoring data does not reflect the shifts within this category explicitly.

Moreover, the qualitative findings highlight the continuous vulnerability of households with regards to the volatile environment in which respondents live. As one caregiver in Luwero explained: “...it [the financial support] is working but you don’t prosper cause even though we farm sometimes seasons fail and rearing might also not go well meaning that we are still down cause we don’t have jobs that quickly boosts someone. Sometimes things are good sometimes bad.” Consequently, while the financial support may contribute to pulling households out of destitute economic vulnerability, the growing category may be too far off for the majority of households, in particularly considering the often highly volatile context and the short time frame of the project.

Table 3: Number and % of households scoring below 49 points on FSVI CPAI and 2; disaggregated by sex, age and all districts and phase I districts results

Sex / Ag Characteristics of the house disaggregated by age.	No. of households; all districts	No. of households; phase I districts	# and % Score ≤49 baseline all districts	# and % Score ≤49 baseline phase I districts	# and % Score ≤49 endline all districts	# and % Score ≤49 endline phase I districts
Total	2235	1228	982 (44%)	490 (40%)	1565 (70%)	968 (79%)
Male	1027	546	551 (52%)	254 (35%)	781 (70%)	452 (86%)
Female	1208	682	431 (32%)	236 (31%)	784 (66%)	516 (72%)
Male 50+	334	212	174 (52%)	100 (47%)	254 (76%)	174 (82%)
Female 50+	492	300	198 (40%)	119 (40%)	337 (68%)	235 (78%)

Still, the majority of respondents attribute a change in their economic vulnerability to the financial support provided by DOVCU. As seen in table 3, there has been a reduction in phase I households where the targeted caregiver has no income from 30% (371 households) to 5% (60 households). Similarly, a drop can be seen in households where caregivers have poor income. Households thus seem to have largely shifted upwards with a larger percentage (60%) of targeted caregivers now having a slight income.

Moreover, the project reports that 96% of the targeted households received business skills training, 79% were provided with financial literacy training and 83% with VSLA training. As would be expected, the cash transfer is highlighted as having contributed to changes in economic well-being by all respondents in

households that were targeted for this. In addition, respondents in all households emphasise the VSLA training as impactful. As one caregiver in Kabarole mentioned: “They took us and taught us how to save money and invest it so that it can keep on earning profit. We then formed a VSLA where we are 30 members and we are saving together...We save money every week. This has helped me to work hard because minimum saving is two thousand shillings a week. But if you can afford more it is okay because it goes to your account. This can help you to get more money when you are looking for a loan.”

Respondents also highlight that the training has motivated them in their everyday lives. While there has been no change in bank account ownership in phase I districts, households still state that they are now able to save, largely through the VSLAs with 44% of endline phase I households now having access to credit services (see table 4 below). Several respondents mention that the training has showed them the collective responsibilities associated with the VSLA and stress the importance of paying back on time so that the VSLA can keep functioning. This is marginally reflected in the monitoring data where fewer households have failed to pay, and a slightly larger number of respondents have paid back in full.

Table 4: Household monetary income

	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Household monetary income by status				
Family, especially the targeted caregiver has no income that supports family and children in the household	574 (26%)	371 (30%)	118 (5%)	60 (5%)
Family, especially the targeted caregiver has poor income that does not sufficiently meet the needs of the family and children in the household	1265 (57%)	623 (51%)	852 (38%)	366 (30%)
Family, especially the targeted caregiver has slight income however it is not sustainable enough to meet the needs of the household	366 (16%)	218 (18%)	1179 (53%)	733 (60%)
Family, especially the targeted caregiver has a sustainable income that supports family	28 (1%)	16 (1%)	86 (4%)	69 (6%)

Table 5: Household capital and loans

	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Household headship ownership of bank account				
Yes	203 (9%)	121 (10%)	285 (13%)	122 (10%)
No Account	2027 (91%)	1107 (90%)	1950 (87%)	1106 (90%)
Household access to credit source and capital				
SACCOs	105 (5%)	61 (5%)	89 (4%)	64 (5%)
VSLA, or any saving group	527 (24%)	293 (24%)	1042 (47%)	537 (44%)
Private Individual	161 (7%)	98 (8%)	215 (10%)	165 (13%)
Household loan borrowers with good loan repayment status				
Failed to pay	111 (14%)	58 (13%)	95 (7%)	28 (4%)
Not yet repaid due to some reasons	232	118	278	142 (20%)

	(30%)	(27%)	(22%)	
Partly repaid (remittances going on well)	262 (33%)	163 (37%)	472 (37%)	264 (38%)
Fully paid	100 (13%)	55 (12%)	217 (17%)	137 (20%)
Not yet due	80 (10%)	47 (11%)	216 (17%)	124 (18%)

With regards to the business skills and financial literacy training, though respondents are appreciative, they highlight the challenges they face in applying the skills learned from these trainings. Key challenges highlighted are perceived insufficient funds and the volatile environment. Respondents argue that though training is useful, it can only be impactful if one has sufficient funds to start a business, as stated by one caregiver: *“That training can be helpful if you are earning and can budget for what you earn, because they trained us that if you get money you should save to start up an income generating activity. But if you don’t have the capital then you can’t start up the business. Among the things they taught was how to save and how create income, but it is very good information which I will implement when I get money”*

To this extent, respondents instead emphasize the immediate use for the cash transfer and how it has helped them in purchasing goods that they were lacking. Several respondents stress how they ended up using the cash transfer for these immediate needs such as medicine or food, and that they therefore ran out before they could invest it. However, importantly, respondents feel they have learned the skills and know what they would do with the money were they to receive another cash transfer, *“I would have bought chicken and goats that I would rear at home. I would also use the money to improve on my roof as well because the grass is old and it is leaking. Then I would use the rest to take my children to school.”* Consequently, respondents perceive the financial package to have put them on the path towards decreased economic vulnerability, but for more support to be needed in order for them to continue to progress. Elements of this may be due to respondent bias (where respondents wish to receive continued support). However, as seen in the monitoring data: though there is an upward mobility, there is a limitation to the pace of this shift. Households are shifting out of the destitute category and appear to be shifting upwards within the struggling category (though this cannot be teased out from the monitoring data), yet few households have been able to shift into the growing category at the time of endline.

Yet, there are some indications that the financial package has helped households diversify their livelihood options. With poverty as a key factor in making households more vulnerable to separation, poverty is closely linked to households facing limited economic opportunities. Table 6 shows a variety of characteristics used to unpack economic livelihood security status. In particular, a change can be seen in the number of households engaging in petty business such as vending, road side selling and kiosks, moving from 13% of households (155) in phase I baseline to 21% (264) in endline. The investment in this type of livelihood is consistent with qualitative findings where respondents report engaging in selling second hand clothes, sewing, having small kiosks amongst other things. However, in line with the abovementioned concern raised by respondents, there is a question to the initial investment needed to both start and continue this business. Respondents state that it is difficult as *“many people do the same things”* (Caregiver, Mbale). This reality that many respondents invest in similar small businesses within small communities, was also observed by the teams during data collection, and is reflected in the wider findings. This raises questions around market saturation, as for example the findings show 4 caregivers within the same community investing in the selling of second hand clothes.

Table 6: Shows household economic livelihood security status (characteristics) at endline compared to baseline characteristics

	BLV		ELV	
	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Household main source of household income by sources				
None	118 (5%)	75 (6%)	27 (1%)	14 (1%)
Remittances	85 (4%)	48 (4%)	70 (3%)	29 (2%)
Casual Labor	440 (20%)	193 (16%)	360 (16%)	149 (12%)
Informal/ Self – employment	240 (11%)	119 (10%)	201 (9%)	102 (8%)
Peasantry / hiring out labor on other farms	1014 (45%)	588 (48%)	1009 (45%)	620 (50%)
Petty Business e.g. vending, road side selling, kiosk	255 (11%)	155 (13%)	466 (21%)	264 (21%)
Formal Business e.g. any licensed business	17 (1%)	14 (1%)	25 (1%)	17 (1%)
Commercial Farmer	37 (2%)	17 (1%)	42 (2%)	15 (1%)
Formal employment	27 (1%)	19 (2%)	35 (2%)	18 (1%)
Household engagement in land cultivation by Size of land.				
0 – acres	678 (30%)	308 (25%)	426 (19%)	166 (14%)
0.1 - 0.24 acres	691 (31%)	428 (35%)	668 (30%)	313 (26%)
0.5 - 1acre	510 (23%)	327 (27%)	675 (30%)	442 (36%)
More than 1 acre	348 (16%)	163 (13%)	465 (21%)	306 (25%)
Household Livestock Ownership by type of livestock				
Cattle	284 (13%)	121 (10%)	300 (13%)	134 (11%)
Goats or sheep or Pigs	617 (28%)	370 (30%)	968 (43%)	650 (53%)
Small ruminants (Rabbits etc.)	55 (2%)	32 (3%)	100 (4%)	75 (6%)
Chicken and Other Birds	754 (34%)	426 (35%)	1112 (50%)	696 (57%)
Ox-traction (Oxen, Ox-plough)	74 (3%)	21 (2%)	67 (3%)	10 (1%)

In addition to investing in petty business, there is a slight shift in the size of land cultivation by households, with more households now cultivating land sizes above 0.5 acres (748 or 61%) as compared to baseline (490 or 50%). Yet, households still refer to not having access to land as one of the key challenges faced²⁹. Respondent feel that though cultivating land can help them with basic needs in terms of food, the land they have access to is not sufficient to sell beyond the household usage and as such

²⁹ Food security is discussed under EQ3.

cannot support wider financial needs. Though the quantitative data shows that more households have access to land, and that a majority of these own the land they farm, the qualitative data indicates lack of land to cultivate as a major issue still faced by respondents, in particular amongst destitute households. The baseline findings showed that destitute households were among the most vulnerable due to not owning or having access to land, whereas 80% of households classified as medium and low risk did own and have access to their land. Endline qualitative findings indicate that respondents perceive the financial package by DOVCU as instrumental in allowing households to access to land, both through the cash transfer as well as through VSLA. As stated by one respondent: *“It was last year, they taught us before giving us the money. They told us that this money is for feeding our families and for any other income generating activity or start saving in a VSLA or buy birds and animals for rearing. We also asked them that what if we use part of this money for farming, they said that as long as we think that it is a profitable venture they don’t have any problem with it, but the major aim is to stabilize our households. However, they cautioned us that agriculture is prone to change in weather so they wouldn’t advise us to use that little money for farming”* (Caregiver, Gulu).

This element of agriculture as highly prone to weather adversity is highlighted by respondents in all districts, and many state instead that they try to invest in livestock to be able to also generate some disposable income as well as meet basic food needs. As seen in table 6, 1,565 of phase I households now own some type of livestock, as compared to 970 during baseline. The most substantial increase can be seen in goats or sheep or pigs, rabbits and chicken and other birds, as compared to cattle or ox-traction. Respondents state that they would want to invest in larger livestock such as cattle or ox-traction but find that their available funds are not sufficient for these purchases as it is perceived as a large and risky investment: *“not much has changed because the cow we bought instead took us backwards. I am still the same as before I got the cash transfer because my savings were invested in a cow which was taken away”* (Caregiver, Kabarole). The respondent explained that they had purchased a cow as an investment for milk and daily income through selling this milk, but that the person selling it was a fraud and as such the actual owner of the cow came and reclaimed it. There are several stories similar to this from the sample, and in each case, respondents have chosen to invest in smaller, perceived to be less risky, livestock since such as goats, chicken or rabbits.

Overall, respondents positively connect the grants they receive from DOVCU with being able to invest in livestock and cultivation. As stated by one caregiver in Gulu: *“I think we are still struggling, but there is a slight difference because of that money. I bought hens which I am rearing. I also have crops in the garden which we cultivated using that money.”* To this extent respondents in all districts feel that the cash transfer has helped them diversify their livelihood to the extent that they are a little less dependent on one source either for income, or for basic needs. Respondents clearly link these decisions to invest to the training they received: *“the trainings I received enabled me to do business. At the time I got the money the business was a bit more profitable than it is today. I bought one small goat at that time, and not it’s a big goat”* (caregiver, Kabarole).

Psychosocial vulnerability and barriers to good parenting

As highlighted in the baseline evaluation, neglect or lack of awareness about how to provide proper care, supervision and attention to children in the household further increases vulnerability to separation. Baseline data indicates that poor psychosocial well-being of caregivers can moreover make a household more vulnerable to separation, and for these internal, psychological processes (e.g. feelings, emotions, perceptions) to be linked to the external, social contexts of caregivers³⁰.

³⁰ See further discussion in DOVCU: baseline report

Second to the financial support, respondents highlight parental training and support as key for preventing separation, “they have been teaching how parents and children should behave to ensure a stable environment for all to exist. They said that if a child does something bad, find time and talk to him so they understand. Those are the things (DOVCU) has been teaching us, plus business” (Caregiver, Gulu).

Table 7: Number and % of supported households participating parenting group support sessions; disaggregated by vulnerability type (70-116 scores or less on FSVI key domains)

Sex / Age	Total household assessed	# and % participating in PG; All districts			# and % participating in PG; Phase I districts		
		All	<70	70-116		<70	70-116
Total	2235	1396 (62%)	885 (40%)	511 (23%)	1228 (60%)	423 (19%)	309 (14%)
Male 50+	334	202 (60%)	135 (40%)	67 (20%)	212 (60%)	76 (23%)	51 (15%)
Female 50+	492	306 (62%)	190 (39%)	116 (24%)	300 (61%)	103 (21%)	80 (16%)
Male 25-49	621	407 (66%)	280 (45%)	127 (20%)	305 (58%)	107 (17%)	70 (11%)
Female 25-49	670	408 (61%)	236 (35%)	172 (26%)	357 (60%)	118 (18%)	95 (14%)
Male 15-24	70	41 (59%)	27 (39%)	14 (20%)	28 (54%)	10 (14%)	5 (7%)
Female 15-24	42	29 (69%)	14 (33%)	15 (36%)	21 (71%)	7 (17%)	8 (19%)
Male 6-14	2	1 (50%)	1 (50%)	0%	1 (0%)	0%	0%
Female 6-14	4	2 (50%)	2 (50%)	0%	4 (50%)	2 (50%)	0%

Caregivers perceive the parental training to make them more aware of their responsibilities and duties as parents. For example, they felt they knew a more appropriate way to respond to their children during conflict, and perceived these new strategies as decreasing the chances of their children leaving. One respondent in the child protection mechanisms focus groups discussion, who is also themselves a parent, elaborated on this: “When (DOVCU) came I have been included as a member of a parenting group and I train other parents on how they should parent their children, (DOVCU) has changed my life. My husband divorced me and left me behind with many children but I have managed to single handedly look after the children and cater for them.”

This quote highlights the sentiment across districts, where the parental training is seen to have provided caregivers with the tools to be ‘good parents.’ Contrary to baseline findings, where respondents perceived ones’ fundamental character and upbringing to significantly impact what someone was like as a parent, respondents now highlight that they themselves might have thought they knew how to parent, but training has taught them to view their relationship to their children in a different light. Caregivers state that while training has helped them in realizing this, the parents group aids in continuing to develop this and manage it in practice. One caregiver from Mbale stresses the communal support that parents groups provide: “This group is so good because it has helped us in developing the way we think and care for the children. It has done a lot in reuniting families [such as] counselling, advising other families to feed the children, stopping parents from mistreating their children. The main purpose of the group is to support families in avoiding child separation and reuniting children back to their families.

During baseline, the emphasis was very much on a parents’ ability to provide and meet children’s basic needs, in addition to care and guidance. Interestingly, care and guidance were primarily highlighted by respondents in the endline findings, with ability to provide as second. At endline respondents stressed that one could be a good parent even if one was poor. Yet, caregivers also linked their ability to be better parents to the financial support, as exemplified by this quote from Mbale: “There are things that I

have done differently after the training I have received which include; I am able to feed my children twice in a day, buy clothes, provide books, provide treatment when they fall sick whereby buy drugs for them, I love my children because I am not rude to them and we work together with, I know how to save my money, I can buy for them meat and rice when they want to change some diet, I am able to work with my children well”

All interviewees highlighted parental behaviour and abuse as a cause for separation, and neglect was particularly mentioned as a risk factor for step children within families. As during baseline, social norms and practices towards child protection were brought up as factors that may limit the harm to children that may result in separation through children running away or being removed. Parents treating their children harshly, make them work too much, abusing them, and neglecting them lead children to leave their homes. Parental training and home visits were viewed as decreasing violence in households and promoting the rights of children.

Domestic violence was consistently identified as a risk factor for separating families, with family discord between parents and/or parent and children to lead to separation. Descriptive findings from the endline shows a slight reduction in the frequency of psychosocial and emotional distress in supported households, with the frequency or periodic signs of aggressive behaviours, domestic violence, child abuse and child neglect having reduced from 15% to 1% in phase I households. Additionally, the proportion of caregivers who use harsh disciplining approaches for children has slightly fallen, from 66% in baseline to 55% in endline (phase I districts). This is consistent with findings from the qualitative cases, where children and parents do report to still use harsher forms of discipline, though stating awareness that this is not always the best approach. Overall, respondents were able to explain what they had learned in training provided by DOVCU, even though they were not able of accounting for situations when they had used this in practice. Thus, it is not sure that although training may have changed parents’/caregivers’ awareness, that it had changed norms and behaviours regarding child care.

Table 8: % of households reporting incidences of violence against children in their family in the last 12 months

Type of abuse	BL (PI)	EL (PI)
<i>Targeted child is abused, sexually or physically, emotionally and/or being subjected to child labor or otherwise exploited</i>	89 (7%)	8 (1%)
<i>Targeted child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution</i>	193 (16%)	44 (4%)
<i>There is some suspicion that the targeted child may be neglected, over-worked, not treated well, or otherwise maltreated</i>	454 (37%)	401 (33%)
<i>Targeted child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways</i>	485 (40%)	774 (63%)
<i>% of caregivers who uses humiliating or rudimentary approach (Punched, Kicked or hit, withheld a meal or basic needs, use abusive words/ language) to discipline a child in the past 12 months</i>	802 (66%)	670 (55%)

At baseline, monitoring data showed that the association between alcohol and drug issues and household risk status did not appear correlated, yet, respondents continuously highlight alcohol as a factor. In line with baseline findings, alcohol use was constantly mentioned as a risk factor to separation because this is perceived as linked with family conflict, abuse, and lack of financial income.

Monitoring data show that 28% (349) of caregivers in phase I districts are enrolled in a psychosocial support group and are participating in peer support post treatment groups. Respondents across districts highlighted post-treatment groups and support as significant in improving household situations and preventing separation/enabling reunification. One CPM focus group discussed the effect the training had

on his life as well as the lives of those he interacted with: “I am glad that (DOVCU) included me in this group. I used to drink a lot, but because of them [DOVCU] I have a good family. I am sending my children to school now and I am also ensuring that other families send children to school, that they stop drinking, they stop roaming around and I have done this because of what (DOVCU) has done in my life and for other youth of this community. Right now, I am a very smart man, I have also been able to educate other youth to stop drinking, to work hard and to provide for their families. (DOVCU) thank you for supporting mothers who are now able to feed children, to provide clothing, bedding and to educate them.”

Indeed, monitoring data show that 1228 caregivers in phase I districts are taking part in post treatment groups, with 30% (373) of these caregivers showing reduced substance abuse. While direct causality cannot be assessed, findings from the qualitative data indicate that the ‘AA-groups’, as referred to by respondents, are highly significant in reducing alcohol consumption, and stressed as a key impact by the project.

Table 9: Participation in post treatment groups

	Total number of households supported assessed at endline;		% and # of caregivers (at risk and reunified households) participating in post treatment group and showing reduced substance use	
	All districts	Phase I districts	All districts	Phase I districts
Total	2235	1228	672 (30%)	373 (30%)
Male	1027	546	334 (37%)	177 (36%)
Female	1208	682	338 (28%)	196 (26%)

Detailed analysis of the effect of the integrated package of support on the nutrition, education opportunities, care, and protection for children in targeted households

While the previous section focused on the perceived impact of interventions, this section focuses on the extent to which the integrated package of support and the prevention methods employed by the project increased food security and nutrition, education opportunities, care and protection of children in targeted households and as such, increased their well-being.

The evaluation was designed to allow for comparison over time, in particular with regards to subjective wellbeing of vulnerable households, and of children in every group targeted by the DOVCU project. The available quantitative data assesses changes in children’s well-being following reunification, or in the case of children at risk: since baseline, i.e. changes to well-being while in family-based care. Thus, this section combines changes in well-being for children at risk, and reunified children. In at risk households, increased wellbeing can contribute to prevent separation, while in reunified households, improvements in well-being may be necessary to ensure that the child is fully reintegrated and is not put through secondary separation (e.g. going back to the CCI, leaving for the street, for another placement etc.)

At the time of the baseline evaluation, children to be reintegrated had not yet been identified, there is a limitation in the study’s ability to speak to the wellbeing of these children specifically. Yet, the participatory exercise of assessing wellbeing across a number of dimensions over time (past, present and future) allows for children to give a summative perspective on the changes they have encountered before (while in a CCI, remand home or on the street), now (when reunified/reintegrated) and in the future. This allows for children themselves to assess contribution of reunification and reintegration on their wellbeing. Some of this will be discussed below.

Table 10 shows the mean differences between baseline and endline in the vulnerability score of children based on all Core Project Areas (CPAs). The results indicate that overall, there has been a reduction in child vulnerability scores indicating an improvement in children's wellbeing³¹. The most significant changes can be seen in Health, Shelter and Care (CPA3), followed by food and nutrition (CPA2) and education and skills training (CPA4). Psychosocial support (CPA5) and Protection (CPA6) also show an improvement, though slightly lesser so. Each of these core project areas are discussed in the relevant sections below.

Table 10: Shows the significances in the mean differences in the vulnerability score of Children based on all CPA (EL - BL) – an indicator of changes in the wellbeing

Diff in CPA scores EL – BL	Mean diff	Std. Deviation	Std. Error Mean	95% CI of the Difference		t	dof	Sig. (2-tailed)
				Lower	Upper			
EL - BL CPA 2	-1.336	3.754	0.064	-1.462	-1.211	-20.893	3444	0.00
EL - BL CPA 3	-1.578	2.831	0.048	-1.673	-1.484	-32.721	3444	0.00
EL - BL CPA 4	-1.293	4.33	0.074	-1.438	-1.148	-17.525	3444	0.00
EL - BL CPA 5	-0.947	2.782	0.047	-1.04	-0.854	-19.982	3444	0.00
EL - BL CPA 6	-0.694	1.743	0.03	-0.753	-0.636	-23.388	3444	0.00
EL - BL CPA 2,3,4,6	-5.849	10.801	0.184	-6.21	-5.488	-31.783	3444	0.00

Food security and nutrition

The findings indicate that the financial support package has aided in households' ability to smoothen consumption. Respondents perceive saving groups and diversification of livelihood as having contributed to enabling households to cope with shortages for longer periods of time. This appears to have translated into increased food security and nutrition in vulnerable households, with FSVI findings indicating that households have improved access to food and nutrition, with an increased number of meals households have a day. The great majority of households (77%) in phase I districts fall within the 2-3 meals a day category, as compared to a lesser majority 52% of households in this category at baseline. Importantly, the number of households having 0-1 meals a day has decreased significantly, from 560 households in baseline to 210 at endline. Yet, as with findings around economic vulnerability, shifts into the relative lesser vulnerability category (more than 3 meals a day) had seen the smallest shift, with a percental change of 4% (2 to 6). Importantly, these findings show access to meals per day during the worst month of the year.

Yet, as with economic vulnerability respondents still perceive food security as precarious. Respondents across districts continuously refer to the volatile environment in which they live, and how this impacts on food security. There appears to be a fear of relying too much on agriculture due to weather adversities and as a consequence, households aim to invest in petty business or other livelihood

³¹ Negative means indicate improvement, considering the vulnerability score is less at endline than at baseline.

opportunities that are perceived as less precarious: “I can say our welfare is not stable, it fluctuates. Sometimes we are doing well and sometimes we are economically badly off. My husband is a trader of bananas. There is scarcity of bananas now. It is rare to find and we end up eating/using part of the business money. Our incomes are now miserable, there is scarcity of food, school fees for children in school is difficult to come by now. We have encroached and used money for business and spent it on home consumption” (Caregiver, Kabarole).

The above quote is indicative of multiple households in the qualitative sample. Households still state there to be a scarcity of food, despite monitoring data showing households to be relatively better off. Yet, it is important to acknowledge that households do highlight that they have better access to food that before, in spite of perceiving there to be scarcity. There is an indication that respondents do not consider the financial support to have necessarily brought them out of food insecurity, but rather has aided in coping in the now. Respondents emphasize how the cash transfer helped them buy food and cater to basic needs, but not necessarily allowing them to invest in businesses or livelihood opportunities (or that they were able to invest, but the investment did not work out). As such, most respondents are wary of stating that their food security status is better, instead stating that it is “better right now” (caregiver, Mbale).

Still, as seen in table 11 below, household’s access to food and nutrition appears to have significantly improved in phase I districts since baseline. The majority of households at baseline stated they frequently had less food to eat than needed, complaining of hunger (53%), and around 15% of households stated they rarely had food to eat, going to bed hungry most nights. On the contrary, endline findings show the majority of households (67%) to now have enough to eat some of the time, depending on season or food supply. Hence, while there is still a high presence of food insecurity perceived, and likely experienced, by households there are indication of a positive shift that respondents to attribute to the financial support component of the project.

Table 11: Shows household access to basic needs status (characteristics) at endline compared to baseline characteristics

	Baseline		Endline	
	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Household access to food and nutrition				
Rarely has food to eat and goes to bed hungry most nights	335 (15%)	182 (15%)	82 (4%)	35 (3%)
Frequently has less food to eat than needed, complains of hunger	1218 (55%)	656 (53%)	706 (32%)	254 (21%)
Has enough to eat some of the time, depending on season or food supply	585 (26%)	324 (26%)	1280 (57%)	818 (67%)
Well fed, eats regularly	95 (4%)	65 (5%)	165 (7%)	121 (10%)
Household # of meals per day in worst months of the year				
Had 0 - 1 meals	1167 (52%)	560 (46%)	641 (29%)	210 (17%)
Had 2 - 3 meals	1028 (46%)	638 (52%)	1495 (67%)	942 (77%)
Had More than 3 meals	36 (2%)	27 (2%)	99 (4%)	76 (6%)
Household resilient source on food consumed in the households				
Donated	103 (5%)	49 (4%)	17 (1%)	6 (0%)
Given in return for work	296 (13%)	153 (13%)	68 (3%)	34 (3%)
Bought from the market	1118 (50%)	539 (44%)	1315 (59%)	668 (54%)
Home grown	702 (32%)	477 (39%)	833 (37%)	520 (42%)

Household months of food shortage in the last 12 months				
6 or more Months	668 (30%)	372 (31%)	321 (15%)	144 (12%)
3 - 5 Months	1120 (51%)	629 (52%)	1274 (58%)	712 (58%)
0 - 2 Months	423 (19%)	214 (18%)	594 (27%)	370 (30%)
Household shelter				
No stable, adequate, or safe place to live	469 (21%)	272 (22%)	115 (5%)	49 (4%)
Place needs major repairs, crowded, inadequate, not weather protective	831 (37%)	472 (38%)	591 (26%)	251 (20%)
Place needs some repairs but is fairly adequate, dry, and safe	678 (30%)	344 (28%)	1105 (49%)	646 (53%)
Place that is adequate, dry, and safe	255 (11%)	139 (11%)	423 (19%)	281 (23%)

As for children's subjective well-being on food security, the majority of children in the qualitative case studies of at risk households perceive that they now eat better than before (two years ago). Children highlight diversification in the type of food consumed: *"we eat good food these days and it's always enough food at home. There is a very big change in the way we feed; these days we eat more nice foods like meat"* (child at risk, Kabarole). Still, children are acutely aware of the precariousness of the food situation, referring to *"it depends on if mom has money"* and similar statements to explain that while the food situation is slightly better now than before, this is not always the case. Moreover, several children in households that received cash transfers highlight how there was food *"for a while"* (child at risk, Gulu) but not anymore. In many cases, the same respondents emphasize that their parents now have a small plot of land and that *"we planted, but it is still in the garden, it is not yet ready"* (child at risk, Gulu). Importantly, the cash transfer here appears significant in influencing children perceptions of food security and nutrition. Households in the sample that have received cash transfers are more likely to have children mention an improvement in food consumption, but equally to have children mentioning that this has not lasted. On the contrary, in households that did not receive cash transfers, children perceive food consumption to either have improved, or not changed. This raises questions regarding the ability of the financial support package to support the most vulnerable households, that may have spent a large amount of their cash transfer on meeting immediate needs and been less able to smoothen continuous consumption through the investment.

For children who have been reunified, it is important to note that they reference two points in time in changes to their food consumption and perceived food security and nutrition. Children who have been reunified refer 1) to when they were in the previous CCI/remand home/on the street, 2) to when they were reunified, and 3) to when the endline assessment was conducted ('now'). There is a significant variance in children's responses around subjective well-being. Some of this appears related to household vulnerability status, with children returning to destitute households more likely to state that they now *"eat less than when I was at the home"* (reunified child, Mbale). However, children in this situation, similar to children in at risk households, highlight how the cash transfer provided by DOVCU helped their families buy food, in several cases *"this food is no longer"* (reunified child, Luwero).

Children who have been reunified from the street or remand homes, consider their food security and access to nutritious food to have improved in the majority of cases, though for this to still be precarious: *"there was a time when we completely did not have anything to eat, we had potatoes that we had planted but wasn't ready for eating yet. But (DOVCU) came and bought for us some posho and beans"* (reunified child, remand home, Gulu). Children reunified from these situations are more likely to indicate their improvement as relative, i.e. *"it was bad there [at the home] but here also we go to bed hungry, but not always"* (reunified child, remand home, Gulu). Importantly, children emphasise that while they may eat less regularly than when they were at the remand homes, they eat more of a balanced diet.

This is similar to perceptions of children reunified from child care institutions. The data around children previously living on the street is more in line with children from destitute households, where the situation was bad and it is still not secure, but better. Importantly, when children previously living in child care institutions assess their subjective well-being they emphasise the regularity of meals prior to reunification. The majority of children who have been reunified from child care institutions perceive their food security and nutrition to have been better prior to reintegration but consider the relative situation at home to be better 'now' than at the point of reunification. This thus still indicates that the prevention strategies of the project with regards to the financial support package has, in the vast majority of cases, been able to improve the food security and nutrition situation within family-based care, though this however does not necessarily mean that this is overall better for children as compared to prior to reintegration.

Education Opportunities

As highlighted in the baseline evaluation, lack of access to basic social services such as access to good quality education is strongly associated by respondents to children separating from their families, in particular to go live in child care institutions. This 'pull effect' of child care institutions is important, as endline findings around admission to CCIs state school/education as one of the main reasons (together with poverty) for children being admitted into residential care. Baseline quantitative analysis showed how children in destitute and struggling households were more likely to frequently miss school. This is consistent with qualitative endline findings which see respondents highlighting 'ability to pay for school fees' as a major change in their wellbeing. Findings from the FSVI assessment show that 50% of households in phase I districts now have all children (of school age) attending school, as compared to 34% at baseline.

Table 12: Shows household access to basic needs status (characteristics) at endline compared to baseline characteristics

	Baseline		Endline	
	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Child access to age appropriate education; Pre-School / Basic Educ.				
None of the children is attending school	192 (9%)	100 (8%)	65 (3%)	36 (3%)
Some children not attending school	1078 (49%)	601 (49%)	895 (40%)	507 (41%)
All children attending school	738 (33%)	408 (34%)	1087 (49%)	612 (50%)
Children not of school going age	196 (9%)	106 (9%)	183 (8%)	69 (6%)

As discussed above, the financial package is perceived to have stabilized families, with caretakers able to purchase animals, invest in cultivation, or support small businesses. As highlighted by one woman in Gulu: *"Since I am weak I can't go digging in people's garden so when I later got some little money I begun doing some small business and that is where I began paying them in school bit by bit. And later (DOVCU) came and supported me. . . I struggled with these children like that but the support (DOVCU) gave was the boost to me."* To this extent, the financial package is considered to have expanded options and opportunities within households. Primarily, respondents in the endline evaluation described a real increase in their ability to send their children to school, *"I received this support one time but before this, I didn't have food, sending children to school was a challenge, clothing them was difficult, but now with this support I am happy and two of my children have joined a secondary school with the support I received two times"* (Caregiver, Luwero). All children interviewed (at risk and reunified) highlight education as a main aspect of their well-being, and this was similarly raised at baseline as a reason for separation. Several of the reunified children state that

the reason they left their parents/caregiver to begin with was so that *“I could attend school”* (reunified child, Mbale). However, while the majority of reunified children state they are now able to attend school following reunification due to the support from DOVCU, several children in at risk households stress that they are still sent home from school due to unpaid school fees: *“it is school that is a challenge because I am always sent back home from school because of school fees”* (at risk child, Gulu). Though not conclusive, there is some indicative evidence that this is more prevalent in households that have not received the cash transfer component of the financial package. Monitoring data for phase I districts shows that 65% of targeted households have children attending school regularly (4 or more days per week), as compared to 44% during baseline. While this is a positive shift, there is still a significant number of children who do not attend school on a regular basis.

With the money for school fees, parents state they are able put an increased amount of money towards household spending on food, putting less strain on their food budgets and increasing the food intake of their children. Having to prioritise the cost of school fees and supplies at the expense of other household spending is stressed by respondents as a challenge, and thus all respondents who have received the cash transfer emphasize the effect this has had on their sense of wellbeing by no longer having to worry about school fees. This is further linked to the project with respondents perceiving a lack of education opportunities as a risk factor for children leaving. Importantly, as with food and nutrition, the sustainability of the contribution of the project on enhancing the number of children able to attend school is questionable through this reliance that respondents’ emphasis on the cash transfer, and comments by children regarding how they view their future schooling as dependent on continued DOVCU support. To this extent, for children who were separated due to lack of access to education, there is a question regarding whether the reunification will be sustainable if households are no longer able to cover school fees.

Psycho social wellbeing, care and protection

Respondents in all districts raised that the behavioral responses to situations of poverty and negative household dynamics are often impacting negatively on children. Negative coping mechanisms to the “stress” associated with poverty and negative household dynamics was highlighted by respondents to include alcohol and drug consumption, as well as sending children away. As with baseline, these factors were prevalent across districts, and respondents. However, while at baseline, women were more likely to see alcohol as a family issue causing separation, and men more likely to view it as an individual problem, male caregivers continuously emphasized how they had realized that their alcohol consumption affected the whole household *“the drinking, it made me a bad parent, it made me a bad husband”* (caregiver, Kamuli). Alcohol consumption has now reduced slightly amongst recipients who take part in post-treatment support groups. Respondents continuously highlighted these project interventions as essential in improving the overall well-being of the household. Notably, very few children in the sample raised alcohol consumption as an issue at endline, and there were low reports of violence in the household. However, this may be partially due to children feeling less comfortable to discuss these issues while at home (with their caregiver next door). Yet, child respondents across districts during baseline widely cited corporal punishment, or ‘overbeating’ as an accepted norm that can lead children to leave home. This was not highly prevalent in the endline findings amongst children in any of the respondent groups. The majority of children at risk and children now reunified all cited violence against children to have been something they experienced in the past (in particular children now reunified), but that this was not something they worried about now. When children did refer to violence, this was mainly in reference to fears of violence such as *“if you get robbed”* (reunified child, CCI, Kamuli), *“some older people in the community may beat on you”* (at risk child, Luwero), *“there are stories of people that take children”* (reunified child, CCI, Mbale). However, children mentioning these fears of violence said they did not know anyone who had experienced this. Similarly, none of the children

spoken with report experiencing harmful traditional practices. Some children mention that these are present in the community, but to not have experienced these. Yet, this is something that some of the children who have been reunified now state to fear, which they did not while at the CCI: *“I fear some relatives because they believe in witchcraft and they can be harmful”* (Reunified child, CCI, Gulu).

During baseline, the qualitative component of the evaluation noted the particular widespread absence of mental health services. This is highlighted at endline as somewhat addressed through DOVCU, in particular through help from para social workers. Caregivers refer to para social workers as *“listening when I need to”* (caregiver, Mbale), and *“they even guided me to a group”* (caregiver, Kabarole). This perception of respondents of para social workers as fundamental in helping them cope with stress was further highlighted through a vast majority of caregivers stating that they would turn to a para social worker if they were feeling emotionally distressed. However, para social workers still emphasize, as in the baseline evaluation, that there are challenges with living in a hard to reach areas where accessing services becomes difficult both for caregivers and community members themselves, but also for para social workers to connect people to appropriate services. Some para social workers indicated that they have to *“listen a lot”* and that this can at times be overwhelming (para social worker, Mbale). Respondents highlighted how the support they receive in dealing with emotional distress helps them be a better parent. As with the violence above, children perceived their experiences of stress to be either the same, or better at the stage of endline. Some of the qualitative findings indicate that children who have been reunified in many cases are less responsive than children at risk who have remained with their families. The data is unable to unpack this fully, but it is important to keep this in mind when considering the findings presented.

Respondents furthermore consider the parental training was instrumental in improving child protection both within the home, and within the wider community. Caregivers highlight how they *“spend more time”* with their children, and this is echoed in the responses from children themselves. Most children spoken to now list their mother, father, grandmother or grandfather as their key important relationship. In some cases, children who have been ‘reunified’ are still attending boarding school. These children thus report similar challenges as children in institutions at baseline, feeling they are not always able to speak with the person closest to them *“as they are not here”* (‘reunified’ child, CCI, Mbale). Most children stated that their parents/caregivers provide adequate care for them and perceived their overall care and support to be better or the same.

Overall, monitoring data show that 52% of supported children (both at risk and reunified) in phase I districts show reduced psychosocial distress based on the child status index of core project component 5 (psychosocial support and basic care) and CPA6 (child protection). However, findings indicate that psychosocial distress is slightly more prevalent amongst children with disabilities. This was not evident through the qualitative sample at endline, but disability was emphasized in the baseline research as a factor increasing stigma and affecting overall care and support for children.

Children in all categories highlight that they feel less stressed than two years ago/prior to reintegration. Children in “at-risk” households the majority of times link this to *“no longer being chased from school”* (child at risk, Kamuli), and *“we have some money for food”* (child at risk, Mbale). With children who have been reunified, while they emphasize feeling less stress with regards to experiencing violence, or maltreatment, as compared to prior reintegration, still perceive the situation in family-based care as stressful. In particular, children who have been reunified from CCIs emphasize that the stress is less at home now than at the point of reunification, but that they feel stressed about money running out, or accessing services, such as education, something that they did not worry about as much while at the CCI. Findings indicate that children who have been reunified from CCIs perceive their access to services and food to be more precarious following reintegration, and for this to add stress.

Lastly, due the work of para social workers and CPMs, community members perceive an increase in the level of protection of children within communities. CPMs largely credited DOVCU's parenting training with reducing children's dropout from school and separation from families due to increased knowledge on child protection: *"I received training from (DOVCU) and it was so good that they added me more knowledge on child protection because I have worked with the community for a very long time now, this was important and because of the training, I have been able to reduce on the number and rate of school dropout by the children, some parents even when their children go wrong they want to beat the children and hurt them but I have been able to sensitize them too with the knowledge I got and as a Child Protection person in the community and children plus parents have started behaving well because they were able to listen to me"* (CPM, Gulu).

Summary comments

The nature and prevalence of vulnerabilities identified in the baseline evaluation, pointed towards a need for services that support vulnerable households in overcoming challenges and becoming more resilient to risks which may lead to separation. Overall, respondents perceived the combination of the financial support and training as helping to produce both immediate changes in household financial health as well as continued changes in the psychosocial wellbeing of the household due to trainings and resulting changes in household dynamics. Respondents furthermore felt that the financial support and parental trainings resulted in more supportive household environments that enabled children to stay with their families.

The project seems to have achieved some smoothing of income through the financial support, with households now being able to save some income to access in case of shocks. Yet, the financial support is perceived as insufficient for sustained income-generating activities at this stage. Respondents explained how they have spent most of their support on addressing immediate needs and been less able to invest in sustained activities. Psychosocial and parental support is equally perceived to have targeted needs in the community, with highly positive responses from caregivers and the wider community. Parents/caregivers are clearly more aware of alternative norms and attitudes towards child care. Yet it is important to acknowledge that at this stage, it is difficult to assess norms and behavioural change due to the short time-frame of the projects.

In addition to this, the financial support component appears to have enhanced household's abilities to cope with some aspects of vulnerability that increases the risk of separation. It seems to have contributed to improvements in the access to basic services, and specifically, as illustrated by the findings from the qualitative component of the evaluation, that the support enabled children to go to school and to have an improved nutritional status in households that were supported by DOVCU.

Similarly, findings indicate that respondents (including children) largely perceive the family situation to have improved in terms of psycho social well-being, child care and protection. Yet, there are some differentiations in between categories of children. Children in "at-risk" households show the greatest shift in wellbeing, as compared to children who have been reunified. Moreover, children reunified from remand homes, or from the street show a greater shift in well-being than children who have been reunified from child care institutions. Children who were reunified from child care institutions stress the perceived precariousness of access to basic services.

All in all, a key conclusion is that if the integrated package did not have full effect, it is felt that this was not a problem of design of the intervention, rather an issue of sufficiency in time and money to allow families to graduate to a status where the family income was growing sufficiently to create resilience against shock and unforeseen events. Some stakeholders also suggested that the package could have

included a few more elements for which poor communities have a need. This furthermore leads to some questions of sustainability around changes in financial vulnerability, in particular. It is unclear if the positive developments created as a result of the financial package will cease or begin to regress when the financial support ends.

ANNEX II: LESSONS LEARNED ON THE PROJECT'S WORK WITH CHILD CARE INSTITUTIONS

Background

When DOVCU started, most CCI were operating according to their own rules and priorities and were disconnected from the formal system of oversight. There was little awareness amongst CCIs about the national government policy, the alternative care framework, and little accountability to follow it. When the process of assessing CCIs started at the start-up of the DOVCU project, and the project was introduced to CCIs, some CCIs immediately embraced the project's goals, others reacted with fear and suspicion. Overall, at baseline, there were an important number of CCIs that expressed concern and reluctance to be involved. CCIs for example expressed fears that reintegration processes would be forced upon them and the children. Some CCIs were suspicious of the DOVCU NGOs-consortium and were questioning the fact that other NGOs “were coming to impose decisions on the CCIs” on matters which were not of their concern.

Overall results of collaboration with CCIs

To a significant extent the project managed to raise awareness of CCIs and contributed to a change in attitudes amongst them in favor of supporting children in their families first and foremost. The project has also managed to create positive attitudes amongst this important stakeholder group towards engaging not just as an alternative care service provider receiving children, but to collaborate with other stakeholders within a larger alternative care system to first and foremost prevent the entry of children into care. As has been detailed in other sections of this report, child care institutions that were involved in the project, have to an important extent changed their admission, care and reintegration practices, something which has contributed to fewer children being placed in residential care in the DOVCU districts, as compared to baseline.

Facilitating factors

One of the things which made CCIs change their minds, was the fact that the trainings provided by the project opened their eyes to the fact that they were breaching government laws and policies. A former CCI director in one district reflected on this eye-opening experience with the following words: *“I received visits from DOVCU and the office of the probation, they talked about the situation of the children in the orphanage and convinced me to resettle them. There were issues because the beddings were not enough for all the children, and also by that time the dormitory was not ready, I used to have all of them stay in the family house. My orphanage was not up-to-date, I had not yet registered, and the process that I went through to get these children was not proper.”* Another factor that has facilitated CCIs in embracing the change proposed by the project has been the readiness of funders and founders to allow the CCI to use funds for supporting reunified children in their families instead. A significant number of CCIs that engaged in supporting the reintegration of children, with more successful results, had provided support to children's education, health and other needs, once children were reunified. It was not all CCIs, however, that had this capacity. One CCI-director reflected on this: *“Although it's not yet implemented, we are also thinking about changing the approach, it is still my idea that I am yet to sell to the donors of identifying children and supporting them from their communities, this somehow reduces on the expenses of the home, for example money to keep one child in a month can be used to support three children in the community. We have registered as an NGO but we have not yet gotten our approvals.”*

Changes in practices of child care institutions:

With few exceptions, *CCIs across all the researched districts have made significant progress in improving their policies.* The evaluation team had access to copies of human resources policies, child protection policies, resettlement policies, emergency procedures which had been developed since the beginning of the DOVCU project with support from coaching activities implemented by the DOVCU project consortium partners. In some cases, the CCIs were explaining how staff and children had also been involved into the development of these policies (although this was not the most common practice). Policies did not just exist on paper, but a number of changes in CCI practices and processes were also documented during the visits to CCIs selected in the evaluation sample.

The evaluation team documented, for example, that some CCIs has *established management committees*, other CCIs had made *improvements to their facilities to better comply with policies.* E.g. in one CCIs visited changes had been done to the dormitories and a new building had been constructed to create separate dormitories for girls one boys. In the same CCI, the space was increased for each child and privacy of each child improved as compared to baseline.

Across all the districts, many of the CCIs visited have *better human resource capacity* as a result of hiring social workers and/or recruiting more qualified staff compared to prior practice. Some CCIs had changed their management. Improvements in human resource capacity was also to a large extent attributed by stakeholders to the skills building activities of DOVCU that had involved management and staff. Amongst CCIs there was overwhelming appreciation of the fact that this training was the first time they were involved in a purposeful and thoughtful training on alternative care, making them see their role in an overall system, but also learning about their specific accountabilities in case planning and alternative care of children. The following quote for a director of a CCI provides a good illustration: *“It (DOVCU) emphasized organizations to employ qualified workers, this has happened and such a person plays their role very well, not like the former director. The project followed up on this. The reduction in the numbers, the child situation has changed seriously, the issue of resettlement of some children from this home is attributed to the project. Through the trainings and sharing ideas with others, I came to appreciate the need for resettling children. Using the (DOVCU) training, I was able to convince the donors to take up resettlement, so now they are aware that the children are now here for only a short period and they will have to be reunited with their families.”*

Even though many CCIs have strengthened their HR capacity as compared to baseline, there is still significant differences between CCIs. If at baseline there were many CCIs that did not have any social workers at all, now there are more CCIs that employ staff to perform social work duties, such as being involved in tracing and reintegration activities, in developing, reviewing and updating case files. However, qualification levels of the social workers now available in CCIs, vary a lot. From casefile reviews and discussions with CCI-social workers on the follow-up they provide to specific cases, it was evident that many social workers who are available in CCIs do not have advanced skills in, for example recognizing delays in child development, or signs of stress in children who have been reunified. For example, in one of the CCI, perceived as the “best practice” in that district, casefiles for several reunified children documented “*ulcers*” which, upon probing from the evaluator, was defined further by the social worker as “*stomach aches*.” In none of these cases did this condition trigger any suspicion or follow up of eventual psychosocial issues linked to the reintegration experience, even though the medical check-ups were not able to confirm health or nutrition issues as a cause.

Across all study districts, the evaluation was able to confirm that many CCIs are implementing better gatekeeping procedures. Interviews with different respondent groups (PSWOs, CDOs, CCI directors and social workers, TAC members) confirm that these improved “gatekeeping procedures” often involve significant changes to *admission practices and reintegration practices*, and to what the CCIs establish as the *objectives of children’s stay*. For example, across all districts, CCIs describe how

they first try to counsel parents who bring their children to a CCI, that home is the best place for children and advise what they can do to take responsibilities as parents. Furthermore, as compared to the situation at baseline when many CCIs did not have any admission criteria and some were recruiting children from communities, various respondents' groups now confirm that CCIs have stricter admission criteria and are only receiving children who are assessed as the most vulnerable. The following quote from a responsible person from a CCI in one of the districts illustrates what was echoed by many CCIs across all districts: *"Gatekeeping has improved – maybe we have had 20 come for admission but we have admitted only 5 of them – before we would have accepted all (...) Before DOVCU the first question was do we have the money to care for this child? Now it is "does this child really need to come here?"* Furthermore, stakeholders across various respondent groups, and case files for children placed in CCIs, confirm that many CCIs now make more systematic use of the FSVI tool to evaluate which children meet the criteria to be admitted to the CCI. Several CCIs across districts are describing the admission of children, not as a one off event, but as a process involving several steps and including care planning with an objective of reintegration established already at the stage of admission and initial case assessment: One CCI director described this process as follows: *"Now each time a child is admitted, from day one we should do resettlement plan so we already have a vision for the child (...). The child passes through a process. The PSWO recommends him to come here. Then the child should also have a letter referring the child here. This can be the LCI chair recommending the placement, or a church-worker or a government worker at sub-county level. We ask for a death report, a birth certificate (...) Once a child is received we take the history of the child, like circumstances of the child and who is the next of kin. This information is for the resettlement plan decision. If the child can be cared for by a relative, we enroll him for the outreach program that can last for 6 months. Then the caregiver gets training here on nutrition and health."*

CCIs refer to their residential care for children to *"be more temporary"*, and to *"children staying for shorter periods of time."* This is confirmed by other respondents too. In one district the PSWO, for example expressed what was felt by many other stakeholders in other districts, that *"CCIs understand that they are a temporary solution for children."* If CCIs had experience of children leaving their CCI also in the past, many CCIs have speeded up their reintegration activities and are more actively involved in preparing the families to receive children back. DOVCU has thus contributed to making CCIs being involved in reintegration of children at a larger scale today as compared to before the project started. In one CCI, a social worker described how he was involved in training and preparing households for reintegration of children: *"Training of the homes was done by me, social worker. To prepare them I used a tool to identify what is missing, as well as what to eat and what to grow (...) My estimation is that takes about 2 years to prepare a family to be fit to receive a child."*

It was difficult for the evaluation to objectively confirm to what extent and how DOVCU has contributed to improvements in care practices of CCIs, but several CCIs referred to such improvements. One CCIs, for example, felt that they now pay more specific attention to individual needs of child: *"There are so many changes that have occurred and continue as result of DOVCU, one of them is about the screening of the children. Before the project, we did not mind about categorization of cases. You could find that an orphaned child was together with one with multiple disability. During the training we appreciated the categorization and individualizing of the children and what are the specific needs of a child. For example, (name) has a lot of disabilities, not standing, no feeding, does not feed with physical food. Many of the children used to miss special attention (to their specific needs)."* Many CCIs referred to their children now having better connections with families because of bonding visits and because of children going home for holidays. Even though the quantitative endline assessment established that improvements in care practices had been made in many cases, casefiles available for review in CCIs are still not at a level where it is possible to evaluate to what extent children have their individual needs met.

All of the above said, the evaluation also documented that *not all CCI changed their views around their role in the alternative care system, and the level of engagement with the project varied*. As also confirmed by the DOVCU endline-assessment of CCIs against alternative care standards, the evaluation confirmed that in all CCIs visited as part of the evaluation sample, there is room for improvement in at least one, and in many cases in several standard-areas and most CCIs are yet to receive their license to operate. The attitude of the director and of founders/funders of the CCIs seem to have been of significant importance to the extent to which each CCI embraced the project and the change it proposed. Attitudes to this change also seems to be heavily influenced by the funding available to support changes in practices.

ANNEX III: LESSONS LEARNED ON THE PROJECT'S WORK WITH DIFFERENT PROFESSIONALS

Background

In order to be able to facilitate the reintegration of children and to prevent separation of children from families the project was to contribute to “systemic changes” in the 12 project districts. Projects documents are identifying the priority to support child care institutions to “*re-conceptualize their role*”, to strengthen *gatekeeping* of child care institutions and other agencies, and to support the development of a *continuum of care services* as a contribution to implementation of national alternative care policy (ChildFund, 2013). This was to be achieved by raising general community awareness on child protection and building the capacity of community volunteers such as para social workers and community-based child protection mechanisms. In addition, the use of vulnerability assessment tools the CSI and FSVI, aimed to strengthen identification and response to vulnerable families and children. Targeted household economic strengthening activities such as cash transfers, financial literacy training, micro enterprise, VSLA groups were used to support destitute households. A number of manuals were developed to guide the work, including a VSLA field officer training guide, a manual for financial education, a household economic strengthening guide and a manual for parenting learning sessions. DOVCU developed the guide, *Working with Child Care Institutions: A strategy for the engagement with child care institutions to improve practice* as a way to encourage consistency in oversight of CCI. The strategy relied heavily on training as a method to build capacity and involved professionals at all levels: Staff at the MoGLSD and the Alternative Care Unit, PSWOs, members of TACS, CDOs, para social workers and members of community. As one district level stakeholder appreciated: “DOVCU brought the entire force (government, NGOs, child care homes, community) behind the effort.”

Experience of establishing “Teams Around the Child”

TACs were established at different times in different districts between 2015 and 2017 and played a role in reviewing casefiles from the CCIs to decide on which children would be reintegrated. The idea was to diversify this responsibility which previously was mainly held by the PSWO or CCIs. Given that these teams were established some time into the project implementation, not all cases of children who were reunified as a result of the project, were reviewed by a TAC. TAC was set up as a multi-disciplinary team, as per the TORs. In some of the districts the members were appointed from existing DOVCC. Chairmanship varied between districts. In some cases, chairmanship was taken by the DCDO, in other by the PSWO. Other members most often included representatives from education and health departments of the district community service; the police in charge of child and family protection unit and a representative of a CCIs.

Scope and representation

The scope of TACs varied slightly between districts. Although TACs were supposed to mainly be in charge in reviewing and approving reintegration cases, in some districts TACs were also involved in assessing child care institutions and providing recommendations for improvement and approval. Furthermore, in at least one district did the TAC also, at its own initiative, get involved in approving cases of children to be placed in foster care and adoption.

Overall, it was felt that 7-10 members was a good number, and that the current representation included most of the relevant disciplines. However, some stakeholders have suggested that TACs would have become more effective if they had included some expertise in child psychology and legal affairs.

Results of TACs

It is felt by many stakeholders that the TACs established in DOVCU districts served to **pilot the design and operations of gatekeeping procedures for cases of reintegration**. To-date, there is no plan in MoGLSD to sustain TACs under their current name, but possibly to absorb these as district ACPs once the (draft) national Guidelines on Establishment of Alternative Care Panels in Uganda (supported by DOVCU in 2017) have been finalized and formally adopted. In an important way the pilot experience with TACs is feeding into these national guidelines and will allow for replication of these structures across Uganda. In summary, even though TACs are not recognized as a formal structure by government they are seen (as one national stakeholder put it) as a: “*fantastic contribution*” to “*pilot gatekeeping through TACs.*”.”

Furthermore, **TACs served an important convening role and facilitated inter-sectorial collaboration**. In the past, coordination between departments in community services at district level has not been common practice. Each department is used to work independently. With the establishment of TACs different sectors within the district community service realized that all their work feeds into the wellbeing of children. In several districts, TAC members for the first time made home-visits as a team to families who were supposed to receive children for reintegration or had received children for reintegration. In one district, a representative of the TAC expressed his view on the team-spirit that had emerged as a result of the TAC, with the following words: “*The TAC really is a team – all of us offer a bit different services and so we can see how the child can be best served.*”.”

TACs facilitated a better understanding of roles, responsibilities and mutual professional respect of various professionals and as a result, facilitated referrals to health and education departments: In one district, a CCI representative on the TAC reflected on this ability of TACs to mobilize different sectors: “*TAC is able to mobilize people to go to families if more is needed like health reports, family situation, community support and community organizations, education plan.*” In another district, another CCI representative appreciated how TACs had helped shed light on the difficult aspects of alternative care work, something which generated mutual professional respect: “*TAC helped people to appreciate some of our challenges – through the project people did some tracing and realized that our work is not so easy.*”.”

Many policy level stakeholders and members of TACs themselves feel that TACs helped ensure that reintegration cases were better managed and went through due process. Unfortunately, there is no monitoring data available to compare if there are any differences in wellbeing and reintegration status of children who were reunified through a process that was quality assured by TACs and those who were reunified without TACs being involved. However, many stakeholders across districts reflected on the fact that there had been a difference, and that quality of reintegration improved with the involvement of TACs. As one district authority puts it: “*TAC has helped to regulate reintegration in the district*”, and in another district, the PSWO reflected on the fact that TACs had made the process more thoughtful: “*TAC allowed us to say “hold on, let’s take another look; let’s make sure this can work.”*.” We looked at why the child went into the child care institution and how they will be safe coming out. Since TAC there have been no failed reintegration.”.”

Challenges

The effectiveness of TACs has varied between districts. All seem to have met regularly, but in some TACs the team spirit and team work has developed into something very strong, while in other districts, specific members are taking a great role than other members. A factor that seems to have affected the effectiveness of TACs is the membership, who chaired it, how rapid the turn-over of members has been

and the overall commitment that was built amongst the members over time. If, for example turn-over of members was high, the team did not function so well as a team but was rather driven by activities of specific members. In other cases, even though turn-over of members was not high, specific members were dominating and this seems to also have influenced the overall direction taken by TACs.

In some district there seems to have been confusion around the specific role of the TAC vis-à-vis the role of specific individual members of the TAC. Beyond the specific meetings when TACs got together to review cases that were being suggested for reintegration, TAC members in several districts have not been distinguishing between their specific professional role and their role as a member of the TAC. For example, PSWO and CDOs in particular often describe their role in following up on the CCI on the CCI assessment recommendations as something they have done as members of TAC, as well as the follow up they have done in specific cases. But it seems to not always have been clear if/how this follow should be fed back to the TAC as a team, and whether the specific activity was undertaken by the PSWO and CDO as individual professionals. Also, to other members it has not always been clear what should they do as a team, what individual members should do as part of their job, and how to report on that professional role to the TAC or vice-versa.

Even though some stakeholders stated that case documentation had improved as a result of TACs the evaluation could not find any evidence of TACs having played a role in improving case documentation. This “improvement” seems to refer mainly to the meeting files which contained papers on the cases that were prepared for TAC members ahead of each meeting. However, these meeting files are not easily available (people talk about them but only in a few cases was the evaluation team able to see the files) and they do not seem to be in use for post-reintegration review and monitoring of cases.

There is not a shared understanding amongst stakeholders, and even within the DOVCU project consortium, on what is the ultimate measure of impact or success of a TAC. Several stakeholders, including TAC members themselves, seem to understand their impact and success by the simple fact that children are reunified. Their explicit purpose is understood as quality assuring the steps in the process of reunification until the time when the child is placed within a family. The role of TACs post-placement is less clear and their involvement in monitoring how children are doing after reunification and in deciding on case closure following reintegration, is negligible, as compared to their involvement in the preceding steps prior to the reunification of the child. Nevertheless, TACs’ seem to have been an important structure to demonstrate “the process to follow to safely reintegrate children into families”, as one stakeholder put it.

Experiences from the work with district, sub-county and community professionals

Something that summarizes the experience of the project’s work with different professionals is that the project has made district, sub-county and community professional’s work on alternative care more systematic and connected. In one district, the PSWO summarized well a sentiment that was echoed across districts by different professionals, with the following words: “I used to be involved in alternative care work before. Like before the project, if there was child who was found in the villages abandoned we used to take care of the child. But the project has made this work more systematic. Now it is not just me alone doing this work, there are many others involved. There are the CCIs, the communities, the families and also the children.”

Professionals furthermore felt respected and are proud, both of the project and their own role in it. In one districts the PSWO described this with the following words: “One lesson has to do with the issue of coordination that is very important. In this project it was demonstrated that through coordination, people with

specialized skills, if they bring it to the table, everyone benefits from these skills. (TPO, RETRAK, Child's I Foundation, ChildFund), each played a specific role. We had the best dancers in the hall and the project moved very well with that. If you discuss with leadership at sub-country, you may think that all of us have been project officers... The issue of the involvement of all formal stakeholders is very, very important. So, if I am talking about these things it is because some of us did not experience these things before. All of us are proud of the output and we are yet to be very proud of the outcomes of this project."

Results of the project on professional skills and practices

As a result of DOVCU, awareness raising, skills building and training activities, the evaluation documented the following changes:

There is a greater knowledge amongst professionals of risks, response options and roles in response. This is evidenced in interviews with various respondents across the study districts who converge around the view that professionals, such as district officials, DCDO, PSWOs, CDOs, staff in CCI, community child protection mechanisms and community volunteers have better knowledge the risks families face which can lead to separation of children. As such the project has generated an agreement amongst stakeholders on what the priorities in the response to these risks are (prevention over institutionalization of children) and a greater understanding of the respective professional roles in the referral and response. A member of a District OVC Committee illustrated this finding with the following reflection: "The responsibility of all actors is clearer. Child protection is not just about being good Samaritan. Now we know to ask about the para social workers and what they can do to help in child protection issues"). A CDO in the same district expressed similar views: "Now everyone is better at knowing who does what cases, and we are getting the more pressing issues at our level and have more time for them." In another district another district OVC Committee member explained how the role for CDOs and para social workers had not been clear before the project, nor had the working relationship between the two been clear. But the training provided by the project in referral, child protection and reporting mechanisms, it is felt, has helped to clarify their respective roles. Even within the LCI, knowledge of their roles in child protection and alternative care is strengthened: *My knowledge on child protection and on referral pathways increased* (DOVCC member)

The project contributed to strengthen the technical skills of staff in MoGLSD and district staff (mainly PSWOs and CDOs) to implement standard procedures for inspecting CCIs. While Approved Child Homes Rules and the Assessment toolkit were already in place prior to the project's start, DOVCU has trained and provided technical assistance to the MoGLSD team and the professionals charged with overseeing CCIs in their districts, in the use of the toolkit. For assessments of CCIs. Consequently, the MoGLSD staff could be heavily involved in the DOVCU baseline and endline assessments of CCIs. Each PSWO office in the researched districts for the evaluation has been involved in such assessments and have forms available in their office from these assessments. The following words from a high-level MoGLSD official illustrate the satisfaction of MoGLSD and district professionals with how DOVCU have skilled them in this area: "The technical skills in the government to accompany and lead such processes related to inspections, accompanying CCIs to improve and to support reintegration of children, is there now."

The project has generated improvements in professional skills to facilitate processes for the reintegration of children from CCIs, from the street and from remand homes. This finding is valid for several different professional groups, including CDOs, PSWOs, DCDOs, social workers in remand homes, CCIs, social workers in the CRO in Mbale. A testimony from a CDO illustrates: "The project built the capacity of the CDOs to follow up the resettled households including the children from CCI and CRO" (CDO).

Stakeholders across various respondents' groups and districts also converge around a view that the project's training and skills building activities have improved professional skills of PSWOs, CDOs and para social workers to provide specific services to families and children. According to the District Chief Administrative Officer, the highest officer in rank in one of the districts, "PSWOs and CDOs have become more serious" as a result of DOVCU. This view, and the importance of DOVCU for "skilling up Uganda" (Assistant CAO) was echoed also in other districts. The skills that have been quoted by various stakeholders, including these professionals themselves, as the skills that have professionalized these workers, include different skills to support vulnerable families and families at risk. Professionals for example feel empowered with skills to educate families and community members on parenting, microenterprise development, financial management, child protection (training rolled out to para social workers, CPMs and parents/caregivers); on the importance of family care for children, and in providing psycho-social support to vulnerable families, to help with problem solving within the communities, and to help set up VSLAs. A para social worker noted: "From the parenting training we even learned what are our own gaps – from this we can counsel parents – parenting does not separate between rich and poor." The person in charge in a remand home noted: "I learned how to handle children. Very interesting to work with them, the problem solving in the community, with complete collaboration, school, community, church, everyone. Different families have different perceptions, we need to work with changing their attitudes in order to not push their children away."

Changes in professional practices of district and sub-county professionals

As a direct contribution of DOVCU's involvement of district staff in assessing CCI, there is now more regular and systematic oversight of child care institutions by district authorities. In the researched districts, district professionals have carried out at least two comprehensive assessments of CCIs, and in several cases have done follow-up visits and partial assessments of CCIs to follow up on previous recommendations from assessments. However, even if this assessment frequency is an improvement as compared to district's involvement in providing oversight of CCIs prior to the project's start, the national standards call for an assessment of CCIs every 6 months. While CCIs in the researched districts reported continuous and regular interactions with the district officials especially the PSWOs, there was no evidence that this interaction was about formal assessments or a reassessment of CCIs. Furthermore, it seems to not be fully clear, neither to district professionals nor to CCIs, whom amongst various stakeholders are responsible ensuring that CCIs receive the "approved status" once they have complied with national standards. Furthermore, districts and national MoGLSD are not systematically involved across districts in ensuring that CCIs are closed or investigated if they are found non-compliant or involved in irregular activities. The evaluation came across examples where CCIs scored poorly during the baseline assessment and did not initiate any improvement work, and this did not trigger any targeted actions by the district authorities or the MoGLSD towards these CCIs. Across districts the relevant professionals seem to be using the government approved tool for assessments, however the quality of documentation and record keeping on CCIs varies between districts. In one of the districts, for example, the PSWO holds files for all CCI assessments. Forms are signed by various people from the inspection team and files contain "improvement plans." But there are also examples of other districts where there is divergence between verbal accounts on the number of assessments conducted, and the number of documented assessments and reassessments to be found in record keeping. In none of the districts are professionals themselves doing any systematic analysis on the progress made against various improvement areas that have been changes in professional's involvement in supervising CCIs has generated evidence on the strengths and weaknesses of the CCIs operating in each district, even if they are not yet fully equipped to act on these findings. As one PSWO put it: "Before we were not doing the routine supervision and that is why the conditions were very bad. I at least now know that every CCI has some policies in place." In another district, the DCDO noted that: "We were able

to ensure that we get to know which the child care institutions in the district are because we mapped them all (...) so now at least we are consistent in what we are doing when it comes to the child care institutions. We are able to monitor them and supervise their activities from a known point of view. We know what to do.”

District professionals apply stricter gatekeeping procedures for referrals of children to CCl. In one district, the PSWO noted that: “before when we were receiving almost every child for whom orphanhood was claimed, we just sent to CCl without establishing the facts on ground; without social inquiry.” In several districts, stakeholders note that, to a larger extent now than prior to the project’s start, referrals to CCl go through the PSWO. In a couple of the districts, PSWOs and CCl now hold regular coordination meetings to discuss referrals. Stakeholders from the majority of researched districts also note that the cases that are admitted to CCl are now the more “difficult” cases of child abandonment, such as for example when parents cannot be traced.

The project has contributed to better identification of vulnerability and risk and a better functioning referral system between the four parishes, two sub counties in each district where it has implemented its prevention work. Across all 6 research districts, a wide range of professionals and stakeholders (CDOs, PSWOs, DCDOs, DOVCC-members), express the sentiment that this improvement is linked to changes generated by DOVCU in the awareness, skills and knowledge on child protection risks of community structures and para social workers, and of sub county professionals and PSWOs at district level. Community structures and volunteers are reportedly now better able to solve some of their own problems and know better when to refer cases up to the sub-county or district level. A CDO in one district expressed this with the following words: “We have structures who are our eyes on the ground (para social workers). We use those structures now and we have been doing more work to strengthen these structures to better understand our role and their role. They are then better able to support the family in the community” (CDO). In another district the DCDO noted: “Yes, especially now I will look at the para social workers. They can identify child rights violations and report them. That has been very good, they are giving information. When it comes to the Community Development Officers at least they are able to go and make follow ups; they are able to go and monitor; they are able to give direction on how to handle some of these issues in their sub counties because of the training that they have received.” In yet another district the PSWO felt that DOVCU had contributed to a “strong partnership between government and non-government organizations to transform the community.” And that “they (DOVCU) really bridged the gap between government, district, local, community and NGO” (PSWO). Furthermore, the availability of new tools for systematic assessment of vulnerability and more regular and higher quality home visits to families have led professionals and community stakeholders to being more systematically involved in alternative care cases and processes related to the reintegration of children in communities. A CDO in one district reflected that: “Our work has changed because we are in the community much more.” As a result of all these changes several stakeholders across districts have expressed a feeling that cases of abuse and neglect being received, registered and monitored in a more timelier manner. A PSWO in one district was of the opinion that in the sub-counties where DOVCU did not work, there was a lower level of child protection response, fewer people who know how to do referrals, and that people are less willing to report child abuse. A CDO in another district expressed similar views: “Our work is different compared to the other parishes (non-DOVCU), In terms of child protection we are more able to access service providers, know them better, and we know who to call. The linkages between us are better. Our work was simplified because the community works better” (CDO)

Changes in practices of para social workers and CPMs

Also, at community level practices related to identification and interactions with vulnerable families changed as a result of the project. In FGDs, para social workers described how the process of visiting, interacting, and speaking to families altered as a result of their training, and discussed this as

an impactful shift. Para social workers and CPMs that had already been operating in the community described the effect that their training and credited it with changing the process of their work, further developing their skills at supporting at risk children and families, and with implementing a more formal follow-up system into their work. One para social worker described the shift in family interaction and support as a result of trainings with the following words: *‘We started the work immediately after training and we would go to churches where there is a gathering and later when (DOVCU) came and trained us again. We then begun moving to households and the community in general.’* This shift to home visits and follow up visits allowed para social workers to more readily observe interactions in the home and identify at risk behaviors and situations. It allowed them to look at the environment, how clean it was, how parents spoke to their children, and also allowed the opportunity to view children’s behaviors and talk to them one-on-one in their home environment. Para social workers and CPMs described a shift in the effectiveness of their process after implementing lessons from their training: *“Let me begin from when we started, the community was in a mess, people would drink anyhow, the rate of defilement was high, fights were a common occurrence. But when (DOVCU) asked the district that give us your Para social workers so we can work with them. That was in April 2015, so when we started working, we begun with community sensitization.”*

Parental training was particularly effective at improving para social workers and CPM’s identification of children at risk of separation and providing support to families. As a para social worker from Gulu described: *“They trained us on parenting skills, then they sent us stop pretest the skills that we learnt during the training. They taught us processes and also gave us a tool kit for parenting skills, so when we go to a household we can observe what is happening and then ask that what does this picture show, is someone doing this in the community. So, if they are doing it, they may admit or simply laugh. So, they taught us to assess parenting skills with help of the manual, however we have it off head.”* Para social workers stated that eventually, after home visits were established, some parents would approach them to visit their homes; they credited this to the success of the program and stated that this was a sign the community has internalized the importance of training and the para social workers’ knowledge.

The frequency of contact with communities appeared to have increased as a result of the training and refresher course. Para social workers knew how often they followed up with families and stated that they would make two formal visits as well as informal visits. Interviews with community members and professionals clearly illustrate a change in the process of identifying at risk situations, an increased skill level and comfort in para social workers and CPMs work, and more structured follow ups with families.

Findings indicate that a process for referrals is in place and community professionals know each other and when to make referrals; however, while some improvement on referrals is mentioned in interviews there is no documented evidence of such. Some community professionals cite an improvement and credit it to the training they received. A CPM respondent described the effects of training on his ability to understand the different community partners and make appropriate referrals: *“I also got training from (DOVCU) as it was an eye opener to me. Right now, I am an area leader for LC I of this place. Because of this training, I have been able to refer children who have been abused to CPCs, Para social workers, police, (DOVCU) and other organizations... This is all because of what (DOVCU) has done in this area whereby even us the leaders, it has reduced on our work and that is a great relief.”*

In interviews, para social workers and professionals discuss referring to the CDO, LC, para social workers, police, the hospital, and other actors for the relevant needs. It is clear that training providing knowledge of who to refer to for what concern, and para social workers and CPMs said that the training and resulting changes have strengthened coordination. It is unclear if training increased the frequency of referrals, but the introduced forms did formalize the documentation of referrals. Some

interviewees highlighted the need for increased communication between community professionals, pointing to a need to develop communication capacity among the various actors.

ANNEX IV: LESSONS LEARNED ON CASE MANAGEMENT AND FOLLOW UP ON REUNIFICATION CASES

Background

DOVCU contributed to the development of standard tools to support a more consistent implementation for case management procedures for children to be reintegrated from the 12 project districts. For example, SOPs were adopted by the government for the reintegration of children from remand homes. The SOPs described the reintegration process to be followed and included tools to be used in the case management process. Furthermore, the project developed a Case Management Training Handbook (no date) and the DOVCU Case Management Tools (2015 draft), they trained, mentored and supervised CCI, remand and Child Restoration Outreach (CRO) in the use of these tools, and reported that case auditing was done to check if case management procedures were being followed. According to the project's quarterly reports, reunified children were followed up at least every three months in 75% of cases. Furthermore, according to project reports, DOVCU piloted the ChildLinks program, a mobile phone system that allows PSWOs to update wellbeing forms and referral forms that have been adapted from DOVCU tools directly on the phone capturing real time data as well as issuing alerts and referrals quicker.

Community level identification and referral by para social workers and CPMs to prevent separation.

Results

The evaluation captured many views that converged around the view that “case management in child protection” functions better in the “DOVCU parishes” and “DOVCU districts” as compared to non-project sites. To a large extent this seems to be valid statements for the community identification and referrals of cases of vulnerable families and children. For example, CPMs perceived para social workers as operating more consistently within communities and for them to coordinate their work better. Men and women described para social workers coming to their house, reinforcing parental trainings, and supporting them in cultivating positive relationships with their children and in following up on cases of domestic violence, alcohol abuse, and treatment of children. As one CPM described the work of para social workers: “They go and report these cases to police (...) and they make follow up. Now they use us to find out how such families are coping up. They target children who are very vulnerable and are unable to support themselves and homes with domestic violence.” This said, the one area that parents and community members described as needing more support is with children directly after they have reunified with families. When children return home, people do not always come to see how they are doing. Therefore, community members perceived the prevention measures as more consistently circulating in their communities than visits to follow up on reintegration cases to prevent secondary separation.

Training, it was felt helped generate a better understanding of the roles of various players and for what purpose they could turn to each other for support and coordination. Para social workers and CPMs each highlight their work with each other and confirm that coordination for referrals and follow ups are in place. As one respondent described: “After making my referral, I go back to them and find out what steps are taken about the referral I made, I need to get feedback from them and I don’t sit and wait for another problem or sometimes even they call me themselves to tell me what transpired after my referral.”

Training also generated a better understanding of when cases should be escalated and reported. One CPM discussed this with the following explanation: “(DOVCU) trained me that such cases should not

be resolved from home and I make follow ups with police for those other cases that need immediate intervention, when our bosses call us for a meeting, I attend and I give in my input and how people should live in the community, there should be no violence in families and I create awareness with what I learnt from (DOVCU).”.”

Challenges

Para social workers cite transport, mobilization, and lack of incentive as barriers to their work.

Para social workers testify of the fact that it is difficult to reach homes for follow up visits without transportation help, and also feel that without any financial compensation they had little incentive to do home visits. As one para social workers stated: ‘The other challenge is during monitoring, this kind of work requires a lot of motivation and (DOVCU) should really motivate us to work hard. They should give us money to move around and make follow ups.’ The lack of transport for para social workers also makes it a challenge to respond to emergencies. As one para social worker described: ‘Transport may not be at hand if something happens, the various institutions may not be in position to respond in time.’ Community members confirmed this with stressing the effects that delay in responding can have in successfully supporting families in times of emergency. One women illustrated this with the following words: “They need to be supported with transport, I am a single mother and HIV positive and there was a time I was really ill and this lady was visiting me and she kept advising me to take courage because at some point I even never wanted to go to the hospital and death was on my mind but because of them I am still alive. This lady would cover long distance on foot to check on the other people and me as well, so even if a bicycle can help with their movements.”

Moreover, transport and communication were often cited as affecting effective coordination between community partners.

As once CPM respondent stated: ‘Since (DOVCU) has put different groups of people handling children’s rights we need a mobile phone for easy communication.’ Para social workers and CPMs acknowledged the air time credit given to them by (DOVCU) but cited an increase in credit and possibly even a mobile phone to use would streamline communication between different child protection volunteers and professionals. CPMs would express that now that para social workers were integrated into services provided to the community, they need to be available to help more readily. Transportation and phones would help with this.

Case management of reunification cases

The case management for children who are reunified follow a different route. In these cases, DOVCU supported various institutions (CCIs, remand homes and CRO) to strengthen their documentation in case files, making sure these were up to date and that children (in the cases where the child was placed in a CCI) had valid care orders.

Results

There is more systematic involvement of various professionals in reintegration processes:

According to qualitative data, as a result of DOVCU, various professionals’ involvement in alternative care and reintegration work has now become more systematic: A PSWO in one district noted: “I used to be involved in alternative care work before. Like before the project if there was child who was found in the villages abandoned we used to take care of the child. But the project has made this work more systematic. Now it is not just me alone doing this work but there are many others involved. There are the CCIs, the communities, the families and also the children.”

There is greater inter-disciplinary way of working amongst district professionals: This is accounted for by many stakeholders, district authorities and professionals themselves. The evaluators also

observed this during focus group discussions with TAC members whom in several districts were very at ease in each other's company and had common stories to tell about cases they had been working on together. At district level, most influence is seen in the inter-disciplinary work between the PSWOs, the education department, the health department and Police of the district community services. The facilitating factor seems to have been the TACs which, according to CCI, CDOs, CAOs played a major role in referring and mobilizing support for cases within these sectors. A CCI-director expressed his experience and satisfaction with this multi-disciplinary team work as follows: *"We bonded with these institutions and they expanded our world."* In another district, the CAO felt that the project *"saw a role for every stakeholder,"* and in yet another district, the TAC team, in the FGD reflected jointly on their team work with the following words: *"We moved as a team, police focusing on child protection, health looking at the medical aspects."* In yet another district the collaboration between district professional colleagues, (police, judge, courts etc.) through the work on reintegrating children from remand homes had allowed professionals from different sectors to work together. Having been trained together allowed all professionals to better understand the respective professional roles and areas of expertise. This, according to the OIC of one remand home resulted in *"respect of everyone's work."* The concrete result of this team work was, in one district, the pooling of resources. TAC members reflected in the FGD that *"If one department does not have resource to support a successful reintegration, other members or stakeholders of the TAC can take on and support by providing vehicle or similar. In the past the work and responsibility was only on one person, the probation officer. Today the team has one voice."*

Challenges

The project had limited impact on strengthening the overall district case management system for children at risk. Each stakeholder seems to have continued doing their own case management (with varied levels of quality), and still today there is no shared understanding of the role of the PSWO and CDOs in the quality assurance of the case management and follow-up to reintegration cases managed by each entity. One national level stakeholder involved in alternative care illustrated this with the following words: *"DOVCU came at a time when Uganda does not have a case management system (...) there is an issue of social service workforce that is a challenge. Regulations are rarely implemented because they (PSWOs) are unable to do that. PSWOs have so many roles (...) In the end there is still no capacity in MoGLSD to help in reintegration processes. It was beyond the project to integrate this process in the Government."*

An example of the limited effect on the overall case management system is the fact that across districts, record-keeping for cases followed by PSWOs is still very weak. Even though the evaluation team was told that PSWOs in some districts kept copies of case records for reunified children, the evaluation team could not find evidence of that. Overall, for the cases that are followed by PSWOs, the filing system is poor, casefiles are often incomplete and a variety of tools are in use. Furthermore, the evaluation did not find any indications or references on the results of the pilot "ChildLinks" mobile phone system that was introduced for PSWOs.

Another example of the same issue is that the involvement of PSWOs and CDOs in case management varies depending on the type of case and on their individual interpretations of their professional role. In Mbale, where the project worked with all three child-target groups (children found to be on the street, children in CCIs and children in remand homes), the PSWO knowledge, involvement and documentation of cases differed for each target group. For example, all case files for children reunified from CCIs were kept by CCIs and the DOVCU project. For children reunified from remand homes (in both Mbale and Kabarole), case files were transferred to the PSWO in the district where the child had been placed in remand. Discussions had taken place on whether the casefiles should follow the reunified child and be transferred to the PSWO in the district where the child was reunified, but no agreement was reached on this point. For children on the street, casefiles were kept by the NGO without

oversight or knowledge of PSWO or CDOs. The working relationship with district and sub-county professionals on the reintegration of children from the street was described as a “difficult working relationship.”

There was an assumption made in the project that follow up to reintegration cases would be done by the service provider and community structures but it is unclear to what extent this has happened. Verbally, many CCI social workers testified: “We visit the children – we talk to them every week – we were like a family – they are like my children”, and another CCI stated: “Monitoring of the homes is done on a quarterly basis by the program manager and program team. The visits are surprise visits at home and at school. We also review the family home environment. Does the toilet work, kitchen, light? Working together with the district probation office. Discussions are also done with the children. The visits are documented with internal documentation tools/forms.” However, this is not a consistent finding and documentation of follow up is poor. Even though record keeping on children in CCIs and remand homes more generally has improved since baseline, it was difficult to get access to documentation that could substantiate the follow up provided to children who have been reunified. The case files for reunified children that were reviewed by the evaluation team were often incomplete. Where follow up visits were documented, these often focused on education and health issues, less on the psychosocial wellbeing of the child. Some professionals who were involved in follow up expressed frustration over the fact that the documentation process was very complex. As one professional put it: “There were a lot of tools. So many tools. It was time consuming and there is some duplication.”

ANNEX V: STATISTICAL TABLES

IMPACT

Evaluation question 1: To what extent and how did this project identify/test successful interventions that prevent and support reintegration of children at risk?

Table 13: Shows number/proportion of households that belong to; destitute, struggling and growing level of economic vulnerability; data disaggregated by gender of household headship, all districts and phase I districts results

Household headship	Vulnerability type	Baseline value		Endline value	
		All Districts	Phase I District	All District	Phase I District
Total	Destitute	1252 (56%)	739 (60%)	670 (30%)	261 (21%)
	Struggling	974 (44%)	484 (39%)	1534 (69%)	949 (77%)
	Growing	8 (0%)	6 (1%)	30 (1%)	19 (2%)
Male headed	Destitute	476 (21%)	292 (24%)	246 (11%)	94 (8%)
	Struggling	543 (24%)	248 (20%)	758 (34%)	437 (36%)
	Growing	8 (0%)	6 (0%)	23 (1%)	15 (1%)
Female headed	Destitute	776 (35%)	447 (36%)	424 (19%)	167 (14%)
	Struggling	431 (19%)	236 (19%)	776 (35%)	512 (42%)
	Growing	0 (0%)	0 (0%)	7 (0%)	4 (0%)

Table 14: Changes in household's economic vulnerability classification by districts

District	Baseline value			End line value		
	Destitute	Struggling	Growing	Destitute	Struggling	Growing
Gulu	96 (68%)	46 (32%)	(0%)	12 (8%)	127 (89%)	3 (2%)
Iganga	76 (41%)	108 (58%)	1 (1%)	37 (20%)	146 (79%)	2 (1%)
Jinja	110 (77%)	33 (23%)	(0%)	61 (43%)	80 (56%)	2 (1%)
Kabale	122 (52%)	111 (48%)	(0%)	153 (66%)	80 (34%)	(0%)
Kabarole	67 (50%)	66 (50%)	(0%)	46 (35%)	86 (65%)	1 (1%)
Kampala	63 (69%)	28 (31%)	(0%)	71 (78%)	20 (22%)	(0%)
Kamuli	87 (52%)	77 (46%)	2 (1%)	19 (11%)	145 (87%)	2 (1%)
Kasese	160 (57%)	120 (43%)	1 (0%)	34 (12%)	243 (86%)	4 (1%)
Lira	114 (36%)	198 (63%)	2 (1%)	66 (21%)	241 (77%)	7 (2%)
Luwero	89 (56%)	68 (43%)	1 (1%)	35 (22%)	119 (75%)	4 (3%)
Mbale	239 (69%)	107 (31%)	2 (1%)	114 (33%)	229 (66%)	5 (1%)
Wakiso	29 (71%)	12 (29%)	(0%)	22 (54%)	19 (46%)	(0%)
Total	1252 (56%)	974 (44%)	9 (0%)	670 (30%)	1535 (69%)	30 (1%)

Evaluation question 2: To what extent and how did the project contribute to the reduction in the number of children living in institutions and on the street in the targeted districts?

Table 15: % of remand homes showing reduced number of children their care and % changes in the number of children

	Total # of remand Homes	# of Remand Homes		% remand homes showing reduced # of children placed	# of children		% change on the # of children in Remand Home
		BL	EL		BL	EL	
Total	5	5	5	40% (2)	338	292	-14%
Naguru	1	1	1	0	104	106	2%
Gulu	1	1	1	0	38	56	32%
Fort portal	1	1	1	0	43	51	15%
Mbale	1	1	1	1	41	11	-73%
Kampiringisa National Rehabilitation Center (KNRC)	1	1	1	1	112	68	-39%

Table 16: Number of children reunified from CCI, remand homes and street (disaggregated by age)

		Male All Districts		Female All Districts	# of children reunified directly / indirectly under DOVCU
Total		1743	841	902	1743
Child Care Institution (CCI)	Age <5	125	98	27	125
	Age 6-14	1072	567	505	1072
	Age >15	268	105	163	268
	CCI Total	1465	770	695	1465
Remand Home (RH)	Age <5	0	0	0	0
	Age 6-14	19	19	0	19
	Age >15	55	52	3	55
	RH Total	74	71	3	74
Street Connected (SC)	Age <5		0	0	0
	Age 6-14		0	55	55
	Age >15		0	149	149
	SC Total	204	0	204	204

Table 17: % of CCIs showing reduced number of children in residential care and % changes in the number of children

	Total # of CCIs	# of CCIs		% CCIs showing reduced # of children placed in residential care	# of children		% change in the # of children in the CCI
		BL	EL		BL	EL	
Total	147	147	91	58 (64%)	6331	5016	-26%
Luwero	23	23	6	5 (83%)	347	82	-323%
Kamuli	10	10	4	4 (100%)	536	129	-316%
Iganga	4	4	2	2 (100%)	133	54	-146%
Mbale	6	6	4	2 (50%)	264	164	-61%
Lira	5	5	4	3 (75%)	161	103	-56%
Kabarole	5	5	4	1 (25%)	290	202	-44%
Jinja	16	16	14	10 (71%)	500	351	-42%
Kabale	11	11	9	3 (33%)	280	237	-18%
Kasese	5	5	5	2 (40%)	196	169	-16%
Gulu	9	9	5	3 (60%)	1000	870	-15%
Wakiso	16	16	14	11 (79%)	1773	1701	-4%
Kampala	37	37	20	12 (60%)	851	954	11%

Evaluation question 3: To what extent and how have prevention methods employed by the project increased nutrition, education opportunities, care, and protection for children in targeted households.

Table 18: Shows the significances in the mean differences in the vulnerability score of Children based on all CPA (EL - BL) – an indicator of changes in the well-being

Diff in CPA scores EL – BL			Std. Error Mean	95% CI of the Difference		Sig. (2-tailed)	
				Lower	Upper		
	Mean diff	Std. Deviation				t	dof
EL - BL CPA 2	-1.336	3.754	0.064	-1.462	-1.211	-20.893	3444
EL - BL CPA 3	-1.578	2.831	0.048	-1.673	-1.484	-32.721	3444
EL - BL CPA 4	-1.293	4.33	0.074	-1.438	-1.148	-17.525	3444
EL - BL CPA 5	-0.947	2.782	0.047	-1.04	-0.854	-19.982	3444
EL - BL CPA 6	-0.694	1.743	0.03	-0.753	-0.636	-23.388	3444
EL - BL CPA 2,3,4,6	-5.849	10.801	0.184	-6.21	-5.488	-31.783	3444

Table 19: Shows household access to basic needs (baseline and end line values)

	Baseline value		Endline value	
	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Household access to food and nutrition				
Rarely has food to eat and goes to bed hungry most nights	335 (15%)	182 (15%)	82 (4%)	35 (3%)

Frequently has less food to eat than needed, complains of hunger	1218 (55%)	656 (53%)	706 (32%)	254 (21%)
Has enough to eat some of the time, depending on season or food supply	585 (26%)	324 (26%)	1280 (57%)	818 (67%)
Well fed, eats regularly	95 (4%)	65 (5%)	165 (7%)	121 (10%)
Household # of meals per day in worst months of the year				
Had 0 - 1 meals	1167 (52%)	560 (46%)	641 (29%)	210 (17%)
Had 2 - 3 meals	1028 (46%)	638 (52%)	1495 (67%)	942 (77%)
Had more than 3 meals	36 (2%)	27 (2%)	99 (4%)	76 (6%)
Household resilient source on food consumed in the households				
Donated	103 (5%)	49 (4%)	17 (1%)	6 (0%)
Given in return for work	296 (13%)	153 (13%)	68 (3%)	34 (3%)
Bought from the market	1118 (50%)	539 (44%)	1315 (59%)	668 (54%)
Home grown	702 (32%)	477 (39%)	833 (37%)	520 (42%)
Household months of food shortage in the last 12 months				
6 or more months	668 (30%)	372 (31%)	321 (15%)	144 (12%)
3 - 5 months	1120 (51%)	629 (52%)	1274 (58%)	712 (58%)
0 - 2 months	423 (19%)	214 (18%)	594 (27%)	370 (30%)
Household shelter				
No stable, adequate, or safe place to live	469 (21%)	272 (22%)	115 (5%)	49 (4%)
Place needs major repairs, crowded, inadequate, not weather protective	831 (37%)	472 (38%)	591 (26%)	251 (20%)
Place needs some repairs but is fairly adequate, dry, and safe	678 (30%)	344 (28%)	1105 (49%)	646 (53%)
Place that is adequate, dry, and safe	255 (11%)	139 (11%)	423 (19%)	281 (23%)

Table 20: Shows household access to basic needs: education (baseline and endline values)

	Baseline		Endline	
	All districts BL	Phase I districts BL	All districts EL	Phase I districts EL
Child access to age appropriate education: pre-school / basic education				
None of the children is attending school	192 (9%)	100 (8%)	65 (3%)	36 (3%)
Some children not attending school	1078 (49%)	601 (49%)	895 (40%)	507 (41%)
All children attending school	738 (33%)	408 (34%)	1087 (49%)	612 (50%)
Children not of school going age	196 (9%)	106 (9%)	183 (8%)	69 (6%)

Evaluation question 4: To what extent, and which systemic changes did the project bring about at community, regional, and national levels that are enabling children to live in family care and preventing inappropriate placements in institutional care?

Table 21: Number of CCIs assessed at baseline and endline and their endline status

Districts	# of CCIs Assessed		# of CCIs - Not assessed at EL	# of CCIs	# of CCIs transitioned to School by EL	# of CCIs transitioned to CBO by EL	CCIs not worked with
	Baseline	Endline		Closed by EL			
Total	147	91	56 (38%)	21 (14%)	11 (7%)	3 (2%)	21 (14%)
Gulu	9	5	4 (44%)	3 (33%)	0%	0%	1 (11%)
Iganga	4	2	2 (50%)	2 (50%)	0%	0%	0%
Jinja	16	14	2 (13%)	0%	2 (13%)	0%	0%
Kabale	11	9	2 (18%)	0%	2 (18%)	0%	0%
Kabarole	5	4	1 (20%)	0%	1 (20%)	0%	0%
Kampala	37	20	17 (46%)	0%	0%	0%	17 (46%)
Kamuli	10	4	6 (60%)	4 (40%)	1 (10%)	1 (10%)	0%
Kasese	5	5	0 (0%)	0%	0%	0%	0%
Lira	5	4	1 (20%)	0%	1 (20%)	0%	0%
Luwero	23	6	17 (74%)	11 (48%)	2 (9%)	2 (9%)	2 (9%)
Mbale	6	4	2 (33%)	1 (17%)	1 (17%)	0%	0%
Wakiso	16	14	2 (13%)	3 (19%)	1 (6%)	0%	1 (6%)

Table 22: Shows CCI performance progress on AHR Standards as a result of the rollout of ACF endline compared to baseline

Districts	CCI assessment average score ³² out of 4 at baseline								CCI assessment average score out of 4 at endline								% change in the average scores
	GMS	FM	HR	CCP	RK	CRAC	PPS	Overall average score	GMS	FM	HR	CCP	RK	CRAC	PPS	Overall average score	
Total	2.18	2.13	2.3	2.56	2.19	1.6	1.84	2.14	2.6	2.88	2.84	3.11	2.93	2.87	2.99	2.89	26%
Gulu	2.63	2.36	2.78	3.26	2.6	1.76	1.86	2.54	3.36	2.9	2.83	3.52	3.7	3.54	3.04	3.27	22%
Iganga	3.2	2.15	2.3	2.4	2.25	1.55	2	2.32	3	3.8	2.05	3.25	3.25	2	2.5	2.84	18%
Jinja	2.82	3.21	2.91	3.2	3.22	2.3	2.83	2.93	3.06	3.29	3.14	3.57	3.56	3.47	3.79	3.41	14%
Kabale	1.52	1.37	1.84	2.4	1.51	1.27	1.58	1.62	2.79	3.17	3.07	3.28	2.89	2.98	3.42	3.09	47%
Kabarole	2.03	2.57	2.28	2.53	2.03	0.55	1.55	2.02	2.78	2.95	2.33	2.68	2.58	2.38	1.75	2.49	19%
Kampala	1.73	2.02	2.11	2.37	1.85	1.75	1.86	1.92	2.03	2.81	3	2.87	2.42	2.54	2.33	2.57	25%
Kamuli	1.4	0.5	1.46	2.09	1.23	0.27	0.3	1.18	2.35	0.65	1.89	2.93	2.63	3.03	3.3	2.4	51%
Kasese	1.91	1.64	1.61	2.08	1.65	0.74	1.28	1.66	2.64	2.99	2.84	3.15	3.38	2.91	3.68	3.08	46%
Lira	2.5	3	3	3.25	2.75	3.25	1.75	2.88	4	4	4	4	4	4	4	4	28%
Luwero	2.03	1.92	2.5	2.24	2.01	1.09	1.5	1.9	2.1	2.17	2.25	1.89	1.92	1.81	1.83	1.99	5%
Mbale	3.59	2.69	3.11	3.34	2.96	1.99	2.35	2.94	3.56	3.59	3.5	3.79	3.74	3.83	3.95	3.71	21%
Wakiso	2.24	1.84	2.03	2.07	2.16	1.51	1.73	1.95	2.05	2.61	2.46	2.93	2.67	2.49	2.87	2.58	25%

³² Score 4: Fully implemented / Complies fully with legislation, regulations and best practice / Well documented and reviewed frequently

Score 3: Implemented but undefined / undocumented, Needs some additional work / modification

Score 2: Partially implemented, Informal or Undocumented / Lacking

Score 1: Considered / planned but not implemented, Severely deficient

Score 0: Not in place or not considered, Completely inadequate, Noncompliance with legislation, regulations and best practice

EFFECTIVENESS

Evaluation question 10: To what extent have the targets of the project to support 43,000 children in vulnerable households and 2,000 children to be reintegrated been reached and how were they achieved?

Table 23: Number of children reunified within and outside DOVCU-supported districts and sub-counties

Number of children reunified	All districts	Phase 1 districts	Phase 2 districts
Total	1743	1101	642
Outside DOVCU-supported districts	1045	710	335
Within DOVCU-supported districts	698	391	307
Within DOVCU-supported district but outside supported Sub Counties	394	227	167
Within DOVCU-supported districts and sub-counties	304	164	140

Evaluation question 12: What were the most significant changes in the lives of the two target groups which were achieved by the project, and what factors seem to have influenced these changes?

Table 24: shows the significances in the mean differences in the vulnerability score of Children based on all CPA (EL - BL) – an indicator of changes in the well-being

Diff in CPA scores EL – BL	Mean diff	Std. Deviation	Std. Error Mean	95% CI of the Difference		t	dof	Sig. (2- tailed)
				Lower	Upper			
EL - BL CPA 2	-1.336	3.754	0.064	-1.462	-1.211	-20.893	3444	0.00
EL - BL CPA 3	-1.578	2.831	0.048	-1.673	-1.484	-32.721	3444	0.00
EL - BL CPA 4	-1.293	4.33	0.074	-1.438	-1.148	-17.525	3444	0.00
EL - BL CPA 5	-0.947	2.782	0.047	-1.04	-0.854	-19.982	3444	0.00
EL - BL CPA 6	-0.694	1.743	0.03	-0.753	-0.636	-23.388	3444	0.00
EL - BL CPA 2,3,4,6	-5.849	10.801	0.184	-6.21	-5.488	-31.783	3444	0.00

EFFICIENCY CHAPTER

Evaluation question 15: To what extent were the project strategies, to reduce vulnerability of households and to reintegrate children, efficiently implemented? Were there any implementation gaps?

Table 25: Number of children reunified with families which were handled by TACs in each district

	# of children reunified from 2015 -2017 under DOVCU Project	Month and year established	# of reunified cases handled by TAC	% of reunified children handled by TAC
Total	1743	11	356	20%
Mbale	464	09-2015	103	22%
Kamuli	113	12-2015	71	63%
Gulu	112	04-2016	16	14%
Kasese	123	04-2016	20	16%

Kabarole	148	04-2016	32	22%
Luwero	141	07-2016	0	0%
Jinja	105	08-2016	37	35%
Lira	157	10-2016	14	9%
Kampala	59	10-2016	0	0%
Kabale	114	11-2016	21	18%
Iganga	47	02-2017	47	100%
Wakiso	160	N/A	0	0%

HUMAN RIGHTS CHAPTER

Evaluation question 22: To what extent did the project manage to target those most at risk (e.g. children in institutions and children on the street), including tailoring activities to accommodate needs of the most vulnerable children (children under three, girls, children with disabilities, street children)?

Table 26: Districts with lowest average score on child care provisions at BL and lowest change in number of children placed in residential care at end line

Districts	Average scores in child care provisions at baseline	District with poorest average score on child care provisions at baseline	% of CCIs showing reduced # children placed in residential care at end line	% change in the # of children in CCI between baseline and end lines	District with lowest % change in # of children in CCI at end line
Waksio	2.07	12	11 (79%)	-4%	11
Kasese	2.08	11	2 (40%)	-16%	9
Kamuli	2.09	10	4 (100%)	-316%	2
Luwero	2.24	9	5 (83%)	-323%	1
Kampala	2.37	8	12 (60%)	11%	12
Kabale	2.4	7	3 (33%)	-18%	8
Iganga	2.4	6	2 (100%)	-146%	3
Kabarole	2.53	5	1 (25%)	-44%	6
Jinja	3.2	4	10 (71%)	-42%	7
Lira	3.25	3	3 (75%)	-56%	5
Gulu	3.26	2	3 (60%)	-15%	10
Mbale	3.34	1	2 (50%)	-61%	4

Table 27: Number of reunified children with and without disability

	All districts		Phase I		Total number of children reunified; directly under DOVCU and indirectly
	M	F	M	F	
Total number of children reunified	841	902	562	761	1743
Not disabled	808	875	530	738	1683
Disabled	33	27	32	23	60
% of children reunified who disabled	4%	3%	6%	3%	3%

Evaluation question 23: To what extent was the project able to prevent child protection issues and human rights violations (e.g. child labor, violence against children, neglect, early marriage, etc.) and mitigate risks for creating greater vulnerability (e.g. child labor and any kind of harm)?

Table 28: shows number and % of children engaged in exploitative unpaid employment

Response option	Baseline value		Endline value	
	14-17	18-25	14-17	18-25
Child is engaged in full time exploitative unpaid employment	40 (13%)	9 (21%)	29 (8%)	3 (7%)
Child is engaged in full time poorly paid employment	41 (13%)	11 (26%)	47 (13%)	0 (0%)
Child is engaged in part time paid employment	83 (27%)	12 (28%)	85 (23%)	9 (20%)
Child is engaged in part time paid employment that allows them to study and develop skills	149 (48%)	11 (26%)	214 (57%)	34 (74%)

Table 29: Shows household level status: ppsychosocial distress, child protection, knowledge on referral pathways

% of household heads who report having had psychosocial distress in the last 1 year	BLV All districts	ELV All districts
Most of the times	402 (18%)	174 (8%)
Sometimes	1487 (67%)	1746 (78%)
Never	341 (15%)	315 (14%)
% of household heads reporting emotional distress in the last 12 months		
Family seems hopeless, sad, withdrawn, a member wishes could die, or wants to be left alone. Targeted child may refuse to eat, sleep poorly, or cry a lot.	398 (18%)	66 (3%)
Family is often withdrawn, irritable, anxious, unhappy, or sad. Targeted child may cry frequently or often be in active.	864 (39%)	470 (21%)
Family is mostly happy but occasionally a member is anxious or withdrawn. Targeted child may be crying, irritable, or not sleeping well some of the time	718 (32%)	1205 (54%)
Family seems happy, hopeful, and content	244 (11%)	494 (22%)
% of households reporting violent (common social problems) behavioral and mental pattern within their households in the last 12 months.		
There are frequent or periodic signs of aggressive behaviors, domestic violence, child abuse, child neglect	313 (14%)	51 (0%)
The household is known for alcohol or drug over use, alcohol addiction	220 (10%)	246 (2%)
Family conflict, conflict with mate, child problems is frequent	218 (10%)	366 (3%)
The family is frequently or periodically faced with community conflict	229 (10%)	1272 (12%)
Some of the above signs but a bit mild	607 (27%)	4520 (42%)
None of the above	644 (29%)	4302 (40%)
% of caregivers and parents knowledgeable on the most correct referral pathway for CP in case of VAC.	1207 (54%)	1372 (61%)
% of caregivers who uses humiliating or rudimentary approach (Punched, Kicked or hit, withheld a meal or basic needs, use abusive words/ language) to discipline a child in the past 12 months	1338 (60%)	1234 (55%)
% of households reporting incidences of VAC in their family in the last 12 months		
Targeted child is abused, sexually or physically, emotionally and/or being subjected to child labor or otherwise exploited	140 (6%)	14 (1%)
Targeted child is neglected, given inappropriate work for his or her age, or is clearly not treated well in household or institution	375 (17%)	88 (4%)
There is some suspicion that the targeted child may be neglected, over-worked, not treated well, or otherwise maltreated	851 (38%)	808 (36%)
Targeted child does not seem to be abused, neglected, do inappropriate work, or be exploited in other ways	858 (39%)	1318 (59%)
% of households with children or any child (0-17 years) currently not living in the household in the past 3 to 12 months		
Yes	781 (35%)	561 (25%)
No	1432 (65%)	1673 (75%)
Reasons for not living in the household (in percentages)		
Child left home for job elsewhere	119 (15%)	74 (13%)
Don't know where the child has gone	48 (6%)	6 (1%)
Child does not stay in this home – reasons unknown	109 (14%)	79 (14%)
Child living with relative because family cannot support them	336 (42%)	195 (35%)

Table 30: Shows changes in the wellbeing of children (combining prevention and reunified households) by age groups

	Baseline						End line					
	All districts			Phase I districts			All districts			Phase I districts		
Age	Critical	Medium	Low	Critical	Medium	Low	Critical	Medium	Low	Critical	Medium	Low
Total	92 (3%)	3003 (86%)	381 (11%)	49 (3%)	1623 (86%)	218 (12%)	14 (0%)	2482 (72%)	970 (28%)	6 (0%)	1178 (63%)	696 (37%)
Age <5	17 (2%)	742 (86%)	105 (12%)	7 (2%)	369 (85%)	56 (13%)	2 (0%)	659 (76%)	204 (24%)	1 (0%)	290 (68%)	136 (32%)
Age 6-14	24 (3%)	759 (84%)	121 (13%)	15 (3%)	436 (84%)	65 (13%)	6 (1%)	625 (69%)	273 (30%)	1 (0%)	315 (61%)	199 (39%)
Age >15	51 (3%)	1502 (88%)	155 (9%)	27 (3%)	818 (87%)	97 (10%)	6 (0%)	1198 (71%)	493 (29%)	4 (0%)	573 (61%)	361 (38%)
Male Total	52 (3%)	1565 (88%)	157 (9%)	27 (3%)	846 (88%)	87 (9%)	8 (0%)	1291 (73%)	470 (27%)	5 (1%)	619 (65%)	330 (35%)
Male Age <5	8 (2%)	393 (87%)	52 (11%)	3 (1%)	198 (86%)	30 (13%)	0 (0%)	347 (77%)	105 (23%)	(0%)	156 (68%)	72 (32%)
Male Age 6-14	15 (3%)	406 (89%)	36 (8%)	8 (3%)	227 (91%)	14 (6%)	3 (1%)	331 (72%)	123 (27%)	1 (0%)	167 (67%)	81 (33%)
Male Age >15	29 (3%)	766 (89%)	69 (8%)	16 (3%)	421 (88%)	43 (9%)	5 (1%)	613 (71%)	242 (28%)	4 (1%)	296 (62%)	177 (37%)
Female Total	40 (2%)	1438 (84%)	224 (13%)	22 (2%)	777 (84%)	131 (14%)	6 (0%)	1191 (70%)	500 (29%)	1 (0%)	559 (60%)	366 (40%)
Female Age <5	9 (2%)	349 (85%)	53 (13%)	4 (2%)	171 (85%)	26 (13%)	2 (0%)	312 (76%)	99 (24%)	1 (1%)	134 (67%)	64 (32%)
Female Age 6-14	9 (2%)	353 (79%)	85 (19%)	7 (3%)	209 (78%)	51 (19%)	3 (1%)	294 (66%)	150 (34%)	(0%)	148 (56%)	118 (44%)
Female Age >15	22 (3%)	736 (87%)	86 (10%)	11 (2%)	397 (86%)	54 (12%)	1 (0%)	585 (70%)	251 (30%)	(0%)	277 (60%)	184 (40%)

ANNEX VI: EVALUATION STATEMENT OF WORK



RFP Extern

ANNEX VII: EVALUATION METHODS AND LIMITATIONS



Uganda Ca

ANNEX VIII: DATA COLLECTION INSTRUMENTS



Uganda Ca

ANNEX IX: SOURCES OF INFORMATION

Primary data collection

	Gulu	Kabarole	Kamuli	Kasese	Luwero	Mbale	Total
Community level qualitative instruments							
Caretaker at-risk HH	8	8	6	8	9	8	47
Child at-risk HH	8	6	6	5	6	6	37
Caretaker reunified HH	8	8	5	7	6	8	84
Child reunified HH	8	7	5	6	6	9	41
FGD Para social workers	2	2	2	2	2	2	12
FGD Community CP Mech.	2	2	2	2	2	2	12
FGD Men in community	2	1	2	2	2	2	11
FGD Women in community	2	2	2	2	2	2	12
Policy component instruments for district level							
Chairperson district council/commission	1	0	0	1 (secretary social services)	0	1	3
Chief Administrative Officer / Asst. CAO or DOVCC	1	1	1	1	1	1	6
DCDO	1	1	1	1	1	0	5
PSWO	1	1 (acting PSWO)	1	1	1	1	6
Representative remand home	1	1	N/A	N/A	N/A	1	3
FGD CDOs	1	1	1	1	1	1	6
FGD TAC	1	1	1	1	1	1 (interview)	6
Representative Child Restoration Outreach	N/A	N/A	N/A	N/A	N/A	3	3
Representative CCI ³³	3	4	4	3	3	4	21
Policy component instruments for national level							

³³ CCIs visited

Gulu: Children of Hope ; St. Jude's ; Watoto Laminadera Children's Village.

Mbale: Lulwanda Children's Home; Give Me Hope (closed interview w ex. director) ; My Father's House ; St. Kizito Babies Home.

Luwero: Another life; Children's Ark; Home of hope kollektiv.

Kamuli: His Grace Community Service; Kaako Orphanage; Kasozi (Former Uganda orphan fund); Child redeemed mission.

Kabarole: Manna care center; SOS Children's Villages; Toro babies home; Ibonde.

Kasese: Nsirambi orphans talent Development Center; Chrystalis ; Nikibasika Development programme.

Reflective workshop with DOVCU Consortium	N/A	N/A	N/A	N/A	N/A	N/A	1
Retrak	N/A	N/A	N/A	N/A	N/A	N/A	1
TPO	N/A	N/A	N/A	N/A	N/A	N/A	1
ChildFund	N/A	N/A	N/A	N/A	N/A	N/A	1
Child's i Foundation	N/A	N/A	N/A	N/A	N/A	N/A	1
MoGLSD Officials & advisors	N/A	N/A	N/A	N/A	N/A	N/A	7
Total instruments							327

Document review

Reference Documents

ChildFund, (2013) Revised Technical Proposal – Deinstitutionalization of Orphans and Vulnerable Children in Uganda, ChildFund, Richmond, USA.

Global Child Protection Working Group (2014). Interagency Guidelines for Case Management and Child Protection: The Role of Case management in the Protection of Children.

Ministry of Gender, Labour and Social Development (2011) Uganda's National Framework for Alternative Care, Kampala, Uganda

Project Outputs

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Child's i Foundation. (no date) Working with Child Care Institutions: A strategy for the engagement with child care institutions to improve practice (document seems to be incomplete – ends abruptly)

ChildFund (2015) DOVCU Case Management Tools (noted that document file name is listed as “DRAFT”)

ChildFund International (2015) Village Savings and Loan Associations Field Officer Training Guide

DOVCU (2015) Financial Education Manual for Project Officers and Social Workers

DOVCU (2015) Key Messages Guide (draft)

DOVCU (2015) Terms of Reference for the Alternative Care Panel

DOVCU (2015) Visual Manual for Parenting Interactive Learning Sessions

DOVCU (2015) Youths Vocational Training Guide

DOVCU (2017, draft) Guidelines on Establishment of Alternative Care Panels in Uganda: Scope of Work for Consultancy

DOVCU (2017) Household economic strengthening implementation guide

DOVCU (no date) Guide to Social Workers. Alcohol Anonymous Meeting (AA)

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DOVCU (no date) Terms of Reference for the District Team Around the Child (TAC)

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Ministry of Labour, Gender and Social Development (2014) A holistic approach to psychosocial support: A national training manual for caregivers of OVC in Uganda (does not appear to be final draft, contains edit comments)

Retrak (2015) Deinstitutionalization and family reintegration from remand homes and the national rehabilitation centre in Uganda: Facilitator guidelines for workshops with staff in remand homes and the National Rehabilitation Centre

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DOVCU (2015) Report on family reintegration standard operating procedures trainings

DOVCU (2016) Inter-Remand Home Exchange Learning Visits Report

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DOVCU Quarterly progress reports to USAID/DCOF

Effective Skills Development Consultants (2017) Final market assessment report (draft)

Retrak (2015) Report on Family Reintegration Standard Operating Procedures Trainings conducted in remand homes, Kampiringisa National Rehabilitation Centre and Child Restoration Outreach Mbale

Retrak (2016) Workshop Report on the Promotion of the International Reintegration Guidelines amongst Multi-agencies and Actors doing Reintegration Work in Uganda (Report on the workshop held at Grand Imperial Hotel, Kampala)

Project reviews / evaluations

Maestral International LLC (2016) Baseline report: Deinstitutionalization of Vulnerable Children in Uganda (DOVCU)

Stuer, F. (2017) Reintegration of children from remand homes and the Kampiringisa National Rehabilitation Centre in Uganda: Review of Retrak's capacity strengthening achievements under the DOVCU project

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