ChildFund
Uganda



Building Resilience and Protection Systems for the Well-being of Children (BrePs)in Palorinya Refugee settlement and Host Communities in Obongi District

Evaluation Report
November 2021

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This end line evaluation report is a product of the facilitation, views and perspectives of various stakeholders involved.

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Finally, we thank the respondents in their different capacities, right from government, UN, partners, community leaders, women, men and children.

The results and conclusion presented in this report represent the consultants' analysis of respondents' and secondary data views and perceptions and not necessarily those of Child Fund Uganda

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Acronyms

BRePS	Building Resilience and Protection Systems
CA	Community Activist
CDO	Community Development Officer
CFS	Child Friendly Sites
CPC	Child Protection Committees
ELE	Endline Evaluation
FCA	Finn Church Aid
FGD	Focus Group Discussion
LLGs	Lower Local Governments
LQAS	Lot Quality Assurance Sampling
KII	Key Informant Interview
MOH	Ministry of Health
MAG	Male Action Groups
M&E	Monitoring and Evaluation
PCI	Promise Consult International Limited
PDC	Parish Development Committee
S/C	Sub-county
LWF	Lutheran World Federation
REHOPE	Refugee and Host Population Empowerment

Executive Summary

The Building Resilience and Protection Systems for the wellbeing of children(BRePS) project was implemented by ChildFund (CF) in Zone 3, Palorinya refugee settlement in Obongi district in Uganda from March 2019 to December 2021. The project was designed to strengthen child protection systems in both the refugee and host communities with the overall aim of improving the wellbeing of children and youth in Zone 3 Palorinya refugee settlement and host communities in West Nile region. The project was a partnership between ChildFund Uganda and ChildFund Korea.

In November 2021, Promise Consult International was contracted by CF to undertake an external evaluation of the project. Using a mixed method approach, interviewing 186 respondents through an LQAS sample (93 household heads and 93 children) and 115 in KIIs and FGDs, the evaluation findings showed a stellar performance by CF in all the eight indicators, scoring above the project target in each, except for the indicator on SASA and psychosocial support as shown in table 1 below:

Goal indicator: Proportion of community including children with improved child protection status based on defined wellbeing indicators increased from 36% to 81%. This was measured through the number of children who scored positively more than six of the CF defined wellbeing indicators

Outcome 1- 99% of the respondents testified that the child protection (CP) systems in zone 3 Palorinya settlement had been strengthened to prevent and respond to child right violations, up from 78.6%, taking the average performance of the three indicators

Outcome 2- 88% of the survey respondents reported that the systems for Sexual and Gender Based Violence (SGBV) prevention and response had been enhanced in Zone 3 for the host and refugee communities, up from 64% in the baseline

Outcome 3- the % of children in need of accessing psychosocial support reduced from 59% to 49%. This was a composite indicator, a result of analysing 3 responses. Those reporting improvement on wellbeing generally increased from 59% to 88%

Table 1: Indicator summary baseline vs endline values

Hierarchy of objective	Indicator	Baseline	Endline	Target
Goal: To improve wellbeing of children in Zone 3 Palorinya refugee settlement and host communities in West Nile	Proportion of community including children with improved child protection status based on defined wellbeing indicators	36	81	75
Outcome 1. Child protection systems Strengthened to prevent and respond to child right violations in Zone 3; Palorinya refugee settlement and host communities	% of households with functional mechanisms for preventing and responding to child rights violations	80	100	85
	% of households that know where to report child rights violations or suspected case of violence	78	99	85
	% of target population with increased confidence in their ability to report, prevent and respond to child protection risks	78	99	85
Outcome 2. Systems for Sexual and Gender Based Violence	% of communities with functional mechanisms for prevention and response to SGBV incidents /issues	56	97	90

prevention and response enhanced in Zones 3; host and refugee communities	% of households with improved knowledge on functionality of community mechanisms for prevention, reporting and response system for SGBV	88	100	90
	% of households that can use SASA! to resolve and plan family issues	49	67	85
Outcome 3. Psychosocial support services for vulnerable children strengthened in Parolinya Zones 3 in host and refugee communities	% of children in need of accessing psychosocial support	59	49	90
	% of children reporting improvement in psychosocial wellbeing	59	88	75

Apart from the impact above, the evaluation was also assessed as per other OECD criteria

Relevance – CF was allocated Zone 3, the least covered location at the time. Moreover, the BRePS was informed by many consultative process at design and implementation level, enhancing the chance of responding to actual needs. The BRePS also translated some strategic documents on CP into the refugee local languages, Male Action Groups (MAGs) were lauded for responding to the need of engaging men. On the other hand, the evaluation thought that for the recovery phase, more formal early childhood development (ECD) centers, would have been more relevant than Child Friendly Space (CFS)

Effectiveness – while the CFS were a celebrated intervention, there were fewer girls and children with disabilities almost not reached. Many voices thought the CFS should incorporate the formal ECD. The project didn't seem to consciously deal with other root causes of violence specifically alcohol, food security, either directly or indirectly through referrals

Efficiency – the BRePS had a lean structure with only 4 technical staff full time, most of the project was delivered through the community structures. While no cost review was undertaken, the CFS infrastructure appear cost balanced, including use of locally available materials. The CFS came with more value added attributes, i.e a community radio and the community hall

Sustainability- the CFSs were more easily cited as the one with the highest potential for sustainability. They had committees that oversaw management. CF invested significantly in capacity enhancement of the structures. One of the risks to sustainability was the refugee mobility, in one FGD, five MAGs, seven CPC and 3 CAs had returned back to South Sudan

Quality – effectiveness embedded in the design stage with M&E plans. At activity level it was common to end up with an action plan. In addition, on a monthly and quarterly basis, review and reflection meetings were conducted. As to whether follow through and documentation from changes occurring as a result of this was undertaken didn't come out clearly

Lessons learnt:

Beautiful and safe playing spaces such as the CFS is not enough to get every child playing, other barriers related to distance, gender and ability remain.

The segregation of protection roles for community structures may not be practical and necessary. In reality to the community, the lines between child protection and GBV especially in times of redress are blurred

The needs of refugees and the needs of host communities may not necessarily rhyme and as such blanket interventions may not work. In either cases, tangible interventions are more preferred than the capacity building/software kind of interventions.

Regular reflection sessions should be linked to a deliberate performance monitoring system for them to be meaningful in overall performance and impact measurements.

Limitations of the evaluation

Since the baseline survey was not done at project inception, the indicators here are based on reconstructed indicators so may not reflect actual status before implementation of the project

Lack of consistency in indicator phrasing could have affected the quality of the findings. indicator 3.1 in particular had contradictory inferences in the ToR and in the project document. The consultants based the data collection on the ToR guidance.

Given its unique design, the BRePS project had three project documents/proposals, all with some changes in activities and strategies. The evaluation team majorly used the 2021 proposal. Even in this one, the goal and outcome 3 indicators in the body of the proposal (or in the evaluation ToR) was different from the one in the M&E matrix- the source of indicator definition. However, the evaluation team based its assessment on the indicators presented in the ToR.

There were several stakeholders implementing similar interventions targeting the same communities, affecting attribution. Inversely, this could have also contributed to the high performance of the project.

Recommendations

Incorporate a formal ECD component into the CFS. The center can be combined for formal learning in the morning hours and child play in the afternoons and even consider user fees especially in the medium term Already parents are currently paying for ECD, even if children study under trees.

Stronger attention to psychosocial support for the children and the community at large- either as a direct provider or intentional partnerships but monitored for effectiveness

In terms of effectiveness of the shared community structures, more detailed analysis is needed. For a humanitarian response context with centralized community structures, there is need to find creative ways of measuring change and being aggressive to find attribution.

Relatedly, a strong M&E system, tools etc that can succinctly measure the 'so what' and attribution is important.

Inclusion in the area of child play; given the gender dynamics around girls leaving home, and the difficulty for the children with disabilities, taking play closer could pay off or find creative ways of working with children to reach out to the girls and CWDs.

Previously unattended to factors that affect child protection came up, specifically food security and alcoholism. CF could consider incorporating such in future programs, directly or through partnerships.

SECTION 1: INTRODUCTION AND BACKGROUND

1.1 The humanitarian context

Palorinya Refugee Settlement, the focus of this evaluation was established in December 2016 to host refugees from South Sudan. This refugee camp was opened to relax the suppressing number of new arrivals at the Bidibidi refugee settlement to add up to the number and secure a new place for the incoming population. According to UNHCR refugee statistics (2019), Palorinya settlement had 121,106 refugees. Almost all the refugees are from South Sudan. Approximately 83% of these are women and children and 26,025 (21%) being youth 15-24 years.

A multi sector assessment reported (UNHCR, 2019) revealed that for households with vulnerable members, the main causes of vulnerability were: unaccompanied children (44%), pregnant and lactating mothers (38%), individuals with disability (27%), and individuals with chronic illnesses (19%). Almost one in every five households (19%) had a person with psychosocial distress, 74% of which were unable to achieve psychosocial support.

Adolescents and youth are among the most disadvantaged sections of the refugee population in Palorinya. There are high dropout rates in secondary school with 80% of eligible children out of school. Without a supportive school environment, many of these young people are exposed to destructive behavior or harmful traditional practices and different forms of exploitation and abuse. Youths and adolescents are not engaged in meaningful activities. They are faced with sexual and reproductive health challenges. Girls often face child marriage perpetuated by societal norms, defilement, teenage pregnancies and forced marriage. The lack of meaningful engagement activities makes it common for youth to resort to alcohol abuse and perpetuating crimes in the camp. Furthermore, being on their own, several them are lured by promises of education opportunities and jobs back in South Sudan often with disastrous consequences including deaths.

It is in this context that ChildFund Uganda designed and implemented the BRePS Project for the last 3 years, (March 2019 – December 2021).

1.2 The Building Resilience and Protection Systems Project (BRePS)

In the past 3 years, ChildFund Uganda in partnership with ChildFund Korea has been implementing a 3-year project (March 2019 – December 2021) titled 'Building Resilience and Protection Systems for the Well-being of Children in Palorinya Refugee settlement and Host Communities in Obongi District. This BRePS was designed to address key child protection concerns and risks that children in Palorinya refugee settlement face in the care of their parents, caregivers and household members – including physical, emotional, and social and other forms of violence in addition to trauma-related mental health issues.

The project was designed to strengthen child protection systems. Through intensified community engagement, the project aimed to increase the level of awareness and uphold the adoption of child protection mechanisms.

Project Goal

The BRePS project goal was to 'improve the wellbeing of children and youth in Zone 3 Palorinya refugee settlement and host communities in West Nile region'

Project Objectives

I. Child protection mechanism strengthened in Zone 3 Palorinya refugee settlement and host communities to prevent and respond to child right violations.

II. Systems for sexual and gender-based violence prevention and response enhanced in Palorinya Zones 3 refugee settlement and host communities.
III. Psychosocial support services for vulnerable children strengthened in Palorinya Zones 3 in host and refugee communities.

BRePS Project outcomes and indicators

The table below highlights the goal and outcome level indicators for the project under review;

Table 2: BRePS outcomes and indicators

Hierarchy of objective	Indicator
Outcome 1. Child protection systems Strengthened to prevent and respond to child right violations in Zone 3; Palorinya refugee settlement and host communities	*% of households with functional mechanisms for preventing and responding to child rights violations* *% of households that know where to report child rights violations or suspected case of violence* *% of target population with increased confidence in their ability to report, prevent and respond to child protection risks*
Outcome 2. Systems for Sexual and Gender Based Violence prevention and response enhanced in Zones 3; host and refugee communities	*% of communities with functional mechanisms for prevention and response to SGBV incidents /issues* *% of households with improved knowledge on functionality of community mechanisms for prevention, reporting and response system for SGBV* *% of households that can use SASA! to resolve and plan family issues*
Outcome 3. Psychosocial support services for vulnerable children strengthened in Parolinya Zones 3 in host and refugee communities	*% of children in need of accessing psychosocial support* *% of children reporting improvement in psychosocial wellbeing*

1.3 Expectations of the Evaluation Study

In November 2021, CF contracted Promise Consult International to undertake an external evaluation of the projects. The objectives and scope of work are explained below

The Objective of the Project Evaluation

According to the terms of reference, the main objective of the evaluation was to assess the results of the project interventions in *improving the wellbeing of children and youth in Zone 3 Palorinya refugee settlement and host communities* based on project designed indicators of change, identify and assess key lessons learned and the challenges and finally generate concrete recommendations to inform future practices and programming.

Scope of work of the Evaluation

The study focused on assessing outcomes, effectiveness and efficiency of the project implementation as follows;

1) Evaluate the achievements of the planned BREPS outcomes for children and their caretakers, with respect to the extent to which project objectives were achieved at different results level as specified in the project M&E framework.
2) Assess the level of stakeholders' participation in the project activities; children, women, and duty bearers including institutions like schools etc.
3) Assess the relevance of the project; the extent to which the project intervention conformed to the needs and priorities of target groups; children, youth, women etc.
4) Evaluate the efficiency of the project delivery mechanism, the extent to which project costs of intervention justified by its results, taking variety of alternatives into account.
5) Evaluate the effectiveness of the project.
6) Identify and assess key lessons learned and the challenges and draw recommendations for future programming in similar contexts.

This report is a presentation of findings from a rapid external evaluation, incorporating both primary and secondary data inferences



One of the FGD participants in Idiwa attending to the needs of her baby

SECTION 2. METHODOLOGY

This section presents the methodology adopted in executing the evaluation, from the sample, data collection methods/tools, respondents and limitations that were faced.

2.1 Approach and methods

The evaluation adopted the mixed methods survey design with triangulation, ensuring that there were multiple sources of evidence for validity and reliability of the evaluation results. A comprehensive document review of the programme design documents including among others; the end of phase reports, quarterly and annual programme management progress reports, log frames and M&E plans, UN and sector reports were carried out to enrich the quantitative and qualitative data collected from the field. Promise Consult International added the Most Significant Change model to document the impact from a more qualitative angle. The evaluation was conducted in line with the OECD/DAC standard evaluation criteria, focusing on seven criteria specified in the Terms of Reference (ToR) – namely, relevance, effectiveness, efficiency, impact, and sustainability, quality and coherence.

2.2 Project evaluation techniques

a) Desk/literature review

To provide an overview, context and to corroborate the findings, the consultants reviewed the sources of secondary literature which were relevant to the project under review i.e. progress reports, proposal document, UN and partner reports, Government of Uganda (GoU) plans among others. The full list of documents reviewed is attached in appendix 3.

b) FGDs

An FGD guide was developed to guide discussions with groups of community volunteers, male caregivers, female care givers, children, child rights clubs and BRePs project staff. This method was applied to community level stakeholders such as women, men, children, community structures for focused discussions with 8-10 people, while mindful of the Ministry of Health COVID-19 response strategies.

c) Survey

A household survey was conducted to assess the achievements of the BRePs outcomes for children and their caretakers. Two survey tools were developed, one for household heads and another for children aged 12 to 17. Digital data collection was adopted using the ODK (Open Data Kit) software. Data collectors were trained and supported to collect data digitally.

d) KII

Respective key informant interviews were conducted using a key informant interview guide for each group. For this project in particular KIs were conducted at district and Refugee Settlement level as shown in the table 1 above.

e) Mapping

Working with children and women separately, the evaluation team undertook an impact mapping, assessing all families at the block level -the smallest unit of the settlement- on the area of child protection. The aim was to assess the pre-project and post project scenario around child wellbeing.

f) Most Significant Change (MSC)

The data collectors sampled some FGDs to go a step further to identify their most significant change accruing from participating in the BRePS projects. Guided by a set of questions, the MSC was also to aid the triangulation of findings from other interviews and learnings from what beneficiaries seem to value the most. Selected stories from this tool are attached in appendix 5.

g) Observation

Guided by an observation checklist the data collection team while in the field, took note of the interactions between adults and children, the state of the child friendly centers, relationship between children and caregivers etc. This process also involved taking pictures within the boundaries of research ethics for documentation.

The data collection tools for each of the methods below are attached in appendix 2.

2.3 Baseline reconstruction

As the BRePS project didn't have a formal baseline conducted, the evaluation ToR were clear on the need to reconstruct the starting benchmarks. The following were applied by the evaluation team to this effect:

- Through secondary data from reputable sector reports preferably of between 2017 and 2018,
- Baseline questions included in the survey on a recall basis,
- Mapping but for a few of the indicators.

2.4 Sampling and sample size

Quantitative sample

Taking the Lot Quality Assurance Sampling (LQAS), the evaluation team generated 5 Lots/supervision areas from the 16 targeted villages as shown in the table 2 below. This way, all project villages were visited although only 19 household heads and 19 children were interviewed in each cluster/Lot and where applicable, both categories of respondents were from one household. However, respondents themselves were randomly selected, with care taken to generate a broad distribution throughout the cluster/supervision area. In visiting all the targeted villages, the evaluation conformed to the 70:30 targeting requirement by the Government of Uganda (70% Refugees and 30% host community).

Table 3: Survey sample

		# Respondents	
Cluster/Lot	**Location**	**Household heads**	**Children (13-15)**
1	Rukuri	19	19
	Koci		
	Idiwa 1		
2	Lwakoke Village	19	19
	Longa Village		
	Abio Village		
	Dongo Village		
3	Idiwa2	19	19
	Village B		

	Village A		
4	Village J	19	19
	Village K		
	Village L		
5	Village C	19	19
	Village D		
	Village E		
	Total	**95**	**95**

Qualitative sample

The qualitative sampling on the other hand applied both random and purposive sampling as shown in the section below- sample matrix.

Table 4: qualitative sample matrix

Tool	**Respondents**	**Planned**	**Actual**
Key informant interviews	1. Local government (CDO Itula, Police Morobi, Probation officer Obongi district)	3	3
	2. Refugee Welfare Committee II	2	2
	3. UNHCR – CP focal person	1	1
	4. OPM in charge of Zone 3 (East and West)	1	0
	5. LWF (head of Protection Cluster)	1	0
	6. FinnChurchAid (FCA)	1	0
FGDs	1. Community volunteers (MAG, CFS Facilitators, CPC etc)	3	3
	2. Male caregivers only (village A) & host	2	2
	3. Female caregivers only (Village A) & host	2	2
	4. Children (ordinary) (Village A)	1	1
	5. Children's Club	3	3
	6. CFS facilitators FGD	1	1
	7. BRePS field/project staff FGD	1	1
Mapping/ most significant change	Targeted Children (FGD) Targeted Community members(FGD)	1 1	1 1
Survey	Targeted heads of households (LQAS)	95	93
Survey	Children aged 12-17	95	93

2.5 Data Analysis and management

The evaluation team used two kinds of data, the quantitative data from structured questionnaires and checklists, KIIs and FGD reports for the qualitative.

Qualitative data analysis was done using the quality and thematic analysis techniques from key informant interviews. The findings were used to validate the interpretation of the findings from the quantitative studies.

Quantitative data was analyzed quantitatively using SPSS. Descriptive statistics i.e. mean was used, 95% confidence intervals, frequency, proportions, percentages, cross tabulations and totals. Measures of variability such as standard deviation were also generated where applicable.

2.6 Quality control

To improve the data validity, the consultants employed multiple methods:

- Random and purposive sampling of the primary respondents as explained above.
- Triangulation using multiple methods as well as multiple sources of data, cross checking some key issues. Triangulation took place both in terms of comparing and contrasting the responses of different actors but also different modes of data collection – interviews, observation, grey literature, etc. All of these forms of triangulation were means to assess the robustness of findings and to enhance the quality of the research and address attribution.
- By going for the digitalized data collection, especially for quantitative data, the quality was enhanced through real time correction and cleaning.
- Accuracy of translation was addressed by having speakers of local-language as appropriate during interviews and discussions.
- Daily reviews with data collectors in the field were conducted.



Focus group discussion with men

2.7 Ethical considerations

Considering that children were involved in the evaluation, extra care was taken not to cause undue harm, applied child protection and Do No Harm principles meeting to the highest ethical standards of research.

Selection of data collectors

Carefully selected, recommended by partners on the ground and were familiar with the context, actually one of them is a refugee staying in the settlement. The data collectors had been involved in previous data

collection exercises, an average of 8 for each. The minimum qualification was a diploma.

Training of data collectors

A one-day training was conducted for the locally sourced research assistants. Part of the training included translating the questions into the local languages. Research assistants largely administered the survey questionnaires while the consultants led the qualitative- KIs and FGD assessments.

Consent
All interviews, both individual and focus groups had a consent clause.

Household head and the child

Children were interviewed (to the extent possible) from families where heads had been interviewed, moreover in eye's distance.

2.8 Limitations of the study

Recall bias, the evaluators didn't find information from secondary literature that spoke directly to the indicators. We then depended on the respondent's recollection of the past events. Questioning was part of the training for research assistants, differentiating the two categories of questions.

Lack of consistency in indicator phrasing could have affected the quality of the findings. indicator 3.1 in particular had contradictory inferences in the ToR and in the project document. The consultants based the data collection on the ToR guidance.

At CF level, two assessments took place at the same time in the same project location i.e. the internal led by CF country office M&E department and the external evaluation. Firstly, this affected the ability for the field office to effectively organize appointments especially at the partner level. By the time of the draft report, only the UNHCR among non-state partners had been interviewed. Secondly the careful division of respondents (to meet both teams) could have affected the findings. For example, in some locations the FGDs for the external evaluations mainly had newly recruited/replaced agents.

Relatedly, these evaluation findings have been limited by inability to interview other key stakeholders, an avenue that would have been extremely important in validating and corroborating the findings. At the very minimum, the LWF, being the protection lead and OPM being the overall humanitarian lead should have been key informants but the evaluation team wasn't supported to interview them.

Given its unique design, the BRePS project had three project documents/proposals, all with some changes in activities and strategies. The evaluation team majorly used the 2021 proposal. Even in this one, the goal and outcome 3 indicators in the body of the proposal (or in the evaluation ToR) was different from the one in the M&E matrix- the source of indicator definition. However, the evaluation team based its assessment on the indicators presented in the ToR.

SECTION 3. EVALUATION FINDINGS AND ANALYSIS

In this section, the evaluation report covers the findings as generated both from primary and secondary data. Findings are presented following the OECD criteria focusing on seven criteria specified in the ToR – namely, Impact, relevance, effectiveness, efficiency, sustainability, quality and coherence.

3.1 Survey respondent characteristics

The survey was administered to heads of households and children, preferably within the same household. The survey had targeted a total of 95 respondents following the LQAS but only 93 were reached, a response rate of 98%. Table 4 and 5 give a background to the characteristics of the respondents.

a) Children characteristics

For the children, a specific target group (10-17) as per the interest of CF were interviewed; this was both in the refugee and host community. Slightly more girls than boys were interviewed as shown in table 5 below. The evaluation also sought to understand if they belonged to a children's club or not, more children from the refugee settlements belonged to a club compared to those in the host community.

Table 5: Background characteristics for children

Background Characteristics	Refugee	Host Community	Total
Gender			
Female	82%	18%	49
Male	80%	20%	45
Total	81%	19%	94
Children's club Membership			
Member	93%	7%	30
Not A member	76%	24%	63
Total	82%	18%	93
Age			
10-14	82%	18%	50
15-17	80%	20%	43
Total	81%	19%	93

b) Parents characteristics

As required, respondents were drawn from both the host and the refugee communities, a ratio of 21% and 79% respectively as shown in table 6 below. Slightly more females (47 persons) were interviewed compared to men (45 persons). For the heads of households, an average age of the respondent was 37.2, with a standard deviation of $\pm$3913 9.8, youngest respondent was 19 years while the oldest was 69 years. Age at first marriage was a telling sign of the practices of early marriage. Of the 89 respondents who were married, the average age at first marriage was 18.8, with SD= $\pm$ = 4.5. In terms of education, only one person had gone past secondary, all the rest were either educated to primary or secondary level. The respondents had a high number of children, averaging at 5. The host communities had more children than the respondents from the refugee settings. Details are presented in the table below.

Table 6: Background characteristics for household heads

	Values labels/ responses	Host	Refugee	Total
Gender	Female	13%	87%	47
	Male	29%	71%	45
	Total	21%	79%	92
Age of respondent	19-24	1	4	5
	25-29	2	13	16
	30-39	6	29	35
	40-49	9	16	25
	50+	1	10	11
	Total	**19**	**73**	92
Age at first marriage (for those married)	19-24	22%	78%	82
	25-29	0	100%	3
	30-39	0	100%	3
	Total	20%	80%	88
Number of children	Average number of children	6	4	4.6
	Minimum	3	1	1
	Maximum	17	8	17
Highest level of education attained	Primary	24%	76%	46
	Secondary	18%	82%	45
	Post-Secondary	0%	100%	1
	Total	21%	79%	92

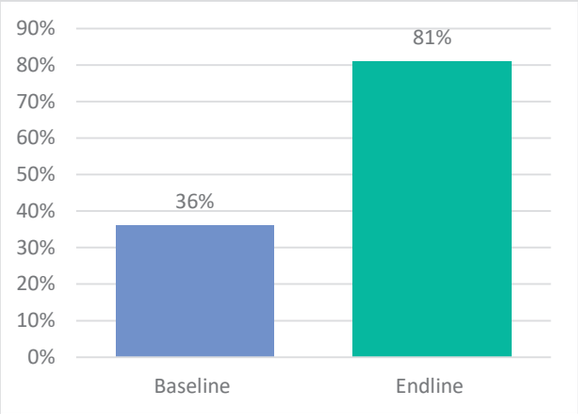
3.2. Impact analysis

Goal achievement

The overall goal of the BRePS project was to improve wellbeing of children in Zone 3 Palorinya refugee settlement and host communities in West Nile. This was to be measured through the indicator: *proportion of community including children with improved child protection status based on defined wellbeing indicators***.**

To measure this indicator, the evaluation asked questions around two of the **CF defined** domains of wellbeing as illustrated in the '**Life Stage 2 Theory of Change (LS2 TOC) with Pathway Standards and M&E Level 2 Indicators'.** This life stage 2 had three domains but the evaluators used only two around positive/supportive relationships and healthy/active children. The third domain on literacy and numeracy was not relevant to the project Graph one below presents the findings along these parameters.

Graph 1 a): Goal indicator*: Proportion of community including children with improved child protection status based on defined wellbeing indicators*



In measuring this indicator, the evaluation team considered the number of children who scored positively six and above of the seven parameters investigated. Graph 1 b) below shows the breakdown for all the seven indicators taken off the CF Life Stage 2 Pathway Standards, i.e.

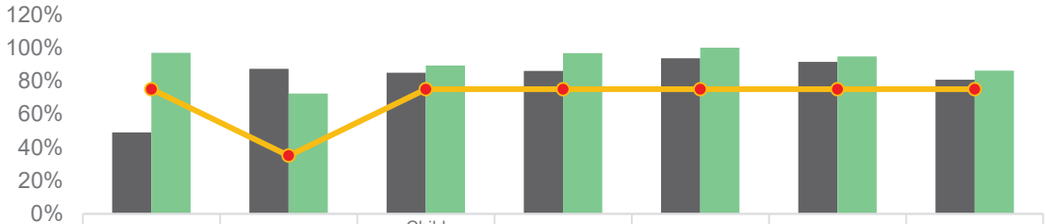
- Access to medical care
- Witness to violence at school
- Child participation in clubs or groups
- Knowledge of where to report CP issues
- Cordial relationships with parents
- Supportive relationships with adults
- Strong peer support system.

The evaluation team and as guided by CF used these seven parameters to interpret the '*based on defined wellbeing indicators'* phrase that was on the goal statement.

Overall, the BRePS performed above the target in all the variables, except for the negatively inferenced parameter on witnessing child abuse but on its own, even this reduced between the baseline and endline. It is important to note that this question was addressed to the children as the evaluators felt they were best placed to measure change around protection in their lives. However, similar questions were asked the parents but not on a comparison basis, but rather measuring the 'now' status as shown in graph 2.

Graph 1 b) Goal indicator

As already mentioned, the parameters measured as shown in graph 1 b) are a direct extract from CF's Life stage 2 Pathway Standards, a pre-defined desirable status for this age group that guides CF's child programming generally. More children witnessed child abuse at school at the baseline compared to the end line, while this was a good trend, it is important to note that at the time of the evaluation, schools in Uganda had been closed for six months, a response to the COVID-19 induced second lockdown. This could have influenced respondents' answer to this question.

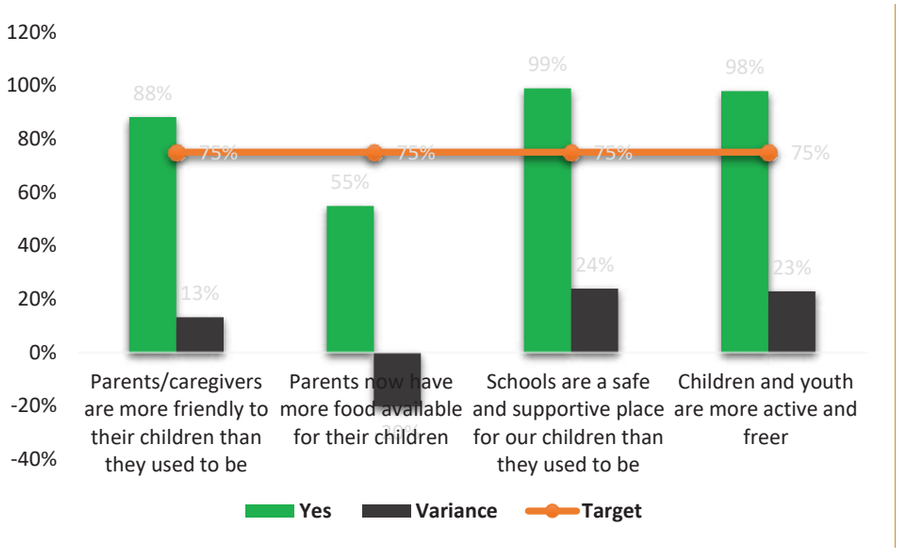


	Access to mdeical attension	Witnesses to child abuse in school	Child particpation in in children's clubs or groups	Knowledge of where to report child abuse	Cordial relationship with parents	Supportive relationship with adults	Peer support system
Baseline	49%	87%	85%	86%	94%	91%	81%
Endline	97%	72%	89%	97%	100%	95%	86%
Target	75%	35%	75%	75%	75%	75%	75%

Graph 2, Improved wellbeing measure by household heads:

In graph 2 below, to corroborate the impressions by children, the evaluation team asked the parents to rate these four parameters that defines children's wellbeing according to CF i.e. friendly atmosphere at

home, food availability, safe schools and more active youth. These are all already predefined by CF, not just for this project but as overall guidance for their work. This question was asked to only parents and specifically assessing the 'now' state. While the respondents didn't give a pre and post project comparison, just like in table 1, children responses, the BRePS project goal achievement was rated well scoring above the target of 75%, except for the parameter on food availability. Interestingly, for this particular project, CF did not respond directly on food security, although it is one of their overall considerations for child wellbeing.



Outcome achievements

The BRePS project had three outcome statements with a total of 8 indicators. Findings for each of these are hereby presented.

<u>Outcome:1</u> Child protection systems strengthened to prevent and respond to child right violations in Zone 3; Palorinya refugee settlement and host communities.

To achieve this outcome, CF had planned for training and refreshers of the CPCs, support monthly community sensitisation on CP, monthly performance reflection meetings, re-orientation of CP structures on referrals, support to survivors of abuse, commemoration of strategic days such as day of the African child among others. To measure achievement of this outcome, the BRePS had three indicators, in the table below we summarize performance in the baseline and endline.

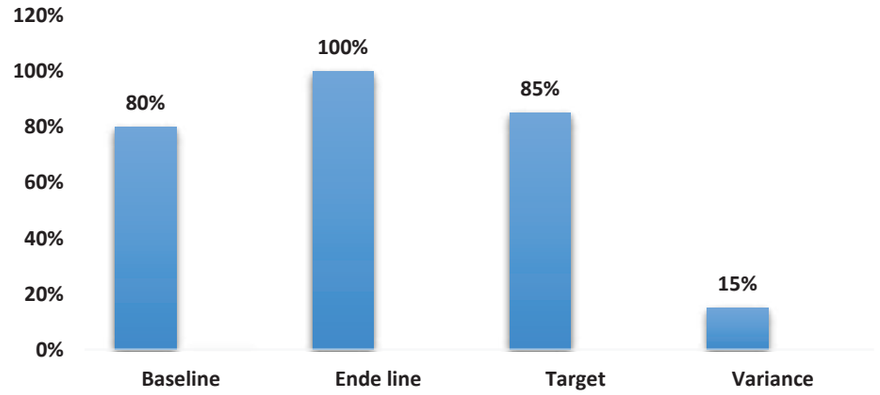
Indicator	Baseline	Evaluation	Target
% of households with functional mechanisms for preventing and responding to child rights violations	80	100	85
% of households that know where to report child rights violations or suspected case of violence	78	99	85
% of target population with increased confidence in their ability to report, prevent and respond to child protection risks	78	99	85

For each of the indicators, the respondents were asked to measure the status now and in comparison to three years earlier. We compared the results with the target as shown in the figures below

Outcome Indicator 1.1*: % of households with functional mechanisms for preventing and responding to child rights violations*

Ninety-three respondents answered this question (figure 3 below) that sought to investigate ability of a parent to actually prevent and respond to violence against their children at household level. This question was posed as a pre and post project, aiming to generate the baseline and the endline scores for comparison purposes.

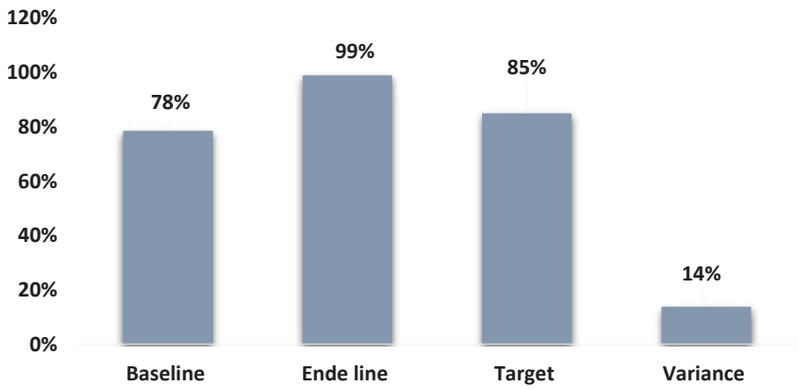
Figure 3 Outcome Indicator 1.1*: % of households with functional mechanisms for preventing and responding to child rights violations, N=93*



Outcome Indicator 1.2*: % of households that know where to report child rights violations or suspected case of violence*

Respondents were asked that should the need arise, were they aware of where to report any child rights violations. At the baseline- three years back, 75% of the respondents were knowledgeable. However, by the end of the project, there was a universal awareness of where to report child rights violations as attested to by 99% of the respondents- see figure 4 for more information.

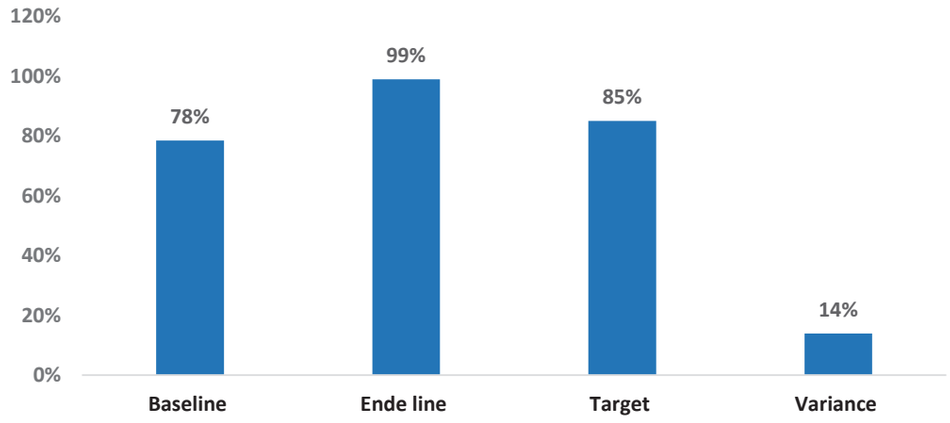
Figure 4 Outcome Indicator 1.2*: % of households that know where to report child rights violations or suspected case of violence*



Outcome Indicator 1.3: *% of target population with increased confidence in their ability to report, prev ent and respond to child protection risks*

In figure 5 below, 99% of the respondents demonstrated an increased confidence in their ability to report, prevent and respond to child protection risks at endline, up from 78% at baseline. Respondents were asked to assess where they were at, at the moment in this confidence in comparison to three years earlier (project start).

Figure 5 Outcome Indicator 1.3: *% of target population with increased confidence in their ability to re port, prevent and respond to child protection risks*



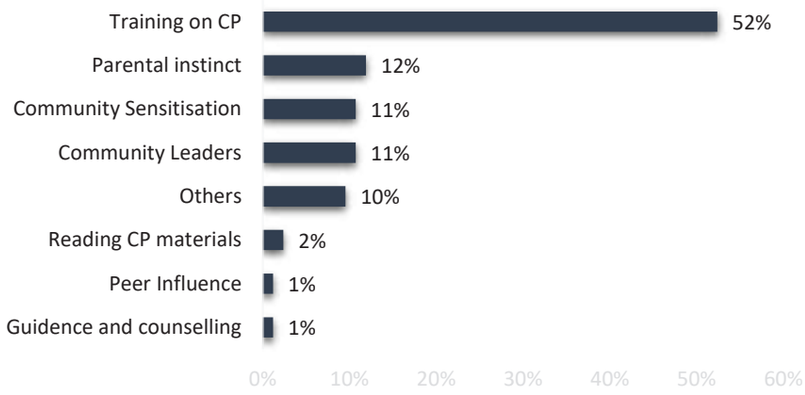
It is important to note that there was a likely difficulty in differentiating indicators 1.2 and 1.3. This could explain the reason both have returned exactly the same findings. At the data collectors training, translation

of questions around this indicator were problematic. Indicator 1.2 measures knowledge of where to report CP cases, while indicator 1.3 measures confidence in ability to report, prevent and respond. Differentiating the two could have been clearer in English than the local languages.

Factors contributing to improved CP capacity.

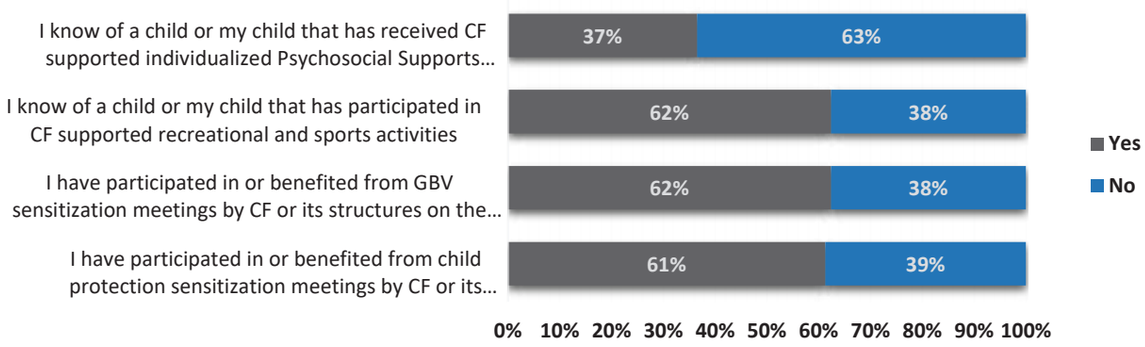
In the survey, respondents were asked to share what could have, if any, contributed to improving their knowledge and capacity in the area of child protection. As shown in figure 6, training on child protection was the greatest contributing factor at 52% in improving capacity in CP followed by parental instinct (12%) and community sensitization (11%), community leaders (11%) and others (10%). This confirms that training and information are crucial in capacity enhancement for child protection.

Figure 6: Factors contributing to improved CP capacity and knowledge



Taking that a majority of the respondents as shown in figure 7 had participated in CF activities, and that CF was among the few 'operational' partners in Zone 3, by inference the evaluation concludes that the training and community sensitization referred to in figure 6, that contributed to improved capacities in CP prevention and response could also be attributed to the BRePS project. These was apart from individualized psychosocial support that was very low at 37%.

Figure 7 Involvement in Child Fund Activities



CP incidence reduction

The indicators didn't clearly measure CP incidence rates but an attempt was done in the FGDs and in a mapping exercise. When asked how their work impacted the community, an FGD of community structures in Goma shared the difference their interactions with the community had in reducing early marriages. For example, according to the CPCs, in village J, in 2019, 15 cases registered. In 2020 this reduced to 5 cases, in 2021 at the time of the evaluation, only 2 marriages had been registered. This was attributed to the sensitization sessions held jointly by the structures. While a corroboration of statistics with Goma RWC 1, didn't give a perfect match, the RWCs record also showed a downward trend in child marriages in village J i.e. in 2019, RWC office registered 7 cases, this reduced to 2 in 2020 and another 2 in 2021.

As mentioned in the section above, given that the structures are jointly utilized by different partners, the evaluation team can only say that the BRePS project made a contribution to this downward trend in as far as there were generally few 'operational' partners that were implementing protection initiatives in the village during the years under focus.

Impact mapping

The evaluation team went further to undertake a mapping separately with women and children to plot homes where children have '***supportive relationships, are healthy and actively participating in community life'***. This was in line with CF's Life Stage 2 Theory of Change (LS2 TOC) with Pathway Standards, a framework that explains 'defined wellbeing indicators' that formed the goal indicator.

The mapped village was purposively selected given the smaller numbers of families, however the actual block (the smallest unit of the village) mapped was randomly selected. Village A, Block 1 had 100 families. The findings from the two mapping exercises are presented below;



Women drawing the impact map

Table 7: Impact mapping by children and women

Women's map results (9 participants)		**Children's map 12 participants (5 boys, 7 girls)**	
# of homes were children had ***supportive relationships, are healthy and happy in 2019***	# of homes were children have ***supportive relationships, are healthy and happy now***	# of homes were children had ***supportive relationships, are healthy and happy in 2019***	# of homes were children have ***supportive relationships, are healthy and happy now***
86 (97.7%)	86 (97.7%)	90 (90%)	90 (90%)

Women's map results (9 participants)		Children's map 12 participants (5 boys, 7 girls)	
	Comments: 12 families left the block during the course of the project and they agreed to use 88 as the sample frame		Comments: the children acknowledged some families leaving but insisted they knew the status of children in each family. Their sample frame remained 100

The children insisted there was no change in the number of families that are supportive to children in the block. They insisted that the families that were problematic back then are still problematic now- see text box for the profiles of such families. What is interesting to note is that there were children in the FGD who were clearly dirty and with tattered clothes but their families were unanimously voted as supportive. There is clearly a perception issue on what constitutes child abuse, at least from the children perspective.

The mapping findings, by stating high number of families that are supportive to their children even if there wasn't change in pre and post project interestingly correlates with the survey findings where there is a near universal capacity in families' capacity to prevent and respond to CP cases.

Profiles of problematic families (the ones that don't change) according to the children FGD

- Parents are 'drunkards'
- Unstable families, easily fight over small things such as food ratio
- Child headed families

Despite the high numbers of families that had functional mechanisms to prevent CP abuse, violence against children continued to be prevail as picked up from FGDs and of course the secondary literature- recent partner assessments. In the FGD with the CHILDREN'S CLUB of Idiwa 1, the six members present confirmed that 6 defilement cases had been reported in Village B and another 5 in Idiwa 1 in 2021. Beating and corporal punishment was another area the children reported as common. All the six participants of the FGD witnessed beating more than three times in their localities within the week of the evaluation.

<u>Outcome:2</u> Systems for Sexual and Gender Based Violence prevention and response enhanced in Zones 3; host and refugee communities

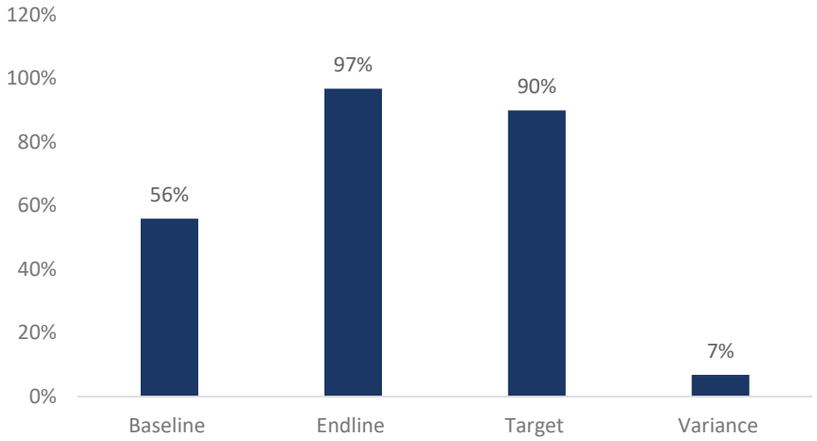
To achieve this objective CF implemented the following: sensitization sessions on SGBV prevention and response using SASA methodology, awareness on harmful socio-cultural norms, Male Action groups oriented on GBV prevention and response, dissemination of SGBV referral pathways and standard operating procedures. This outcome has 3 indicators below:

Indicator	Baseline	Evaluation	Target
% of communities with functional mechanisms for prevention and response to SGBV incidents /issues	56	97	90
% of households with improved knowledge on functionality of community mechanisms for prevention, reporting and response system for SGBV	88	100	90
% of households that can use SASA! to resolve and plan family issues	49	67	85

Indicator 2.1: % of communities with functional mechanisms for prevention and response to SGBV incidents issues

93 responses were received to measure this indicator from household heads that participated in the survey. As in the preceding indicator measurements, the primary respondents rated the performance of the BRePS project highly overachieving the target of 90% by 7% as shown in figure 8.

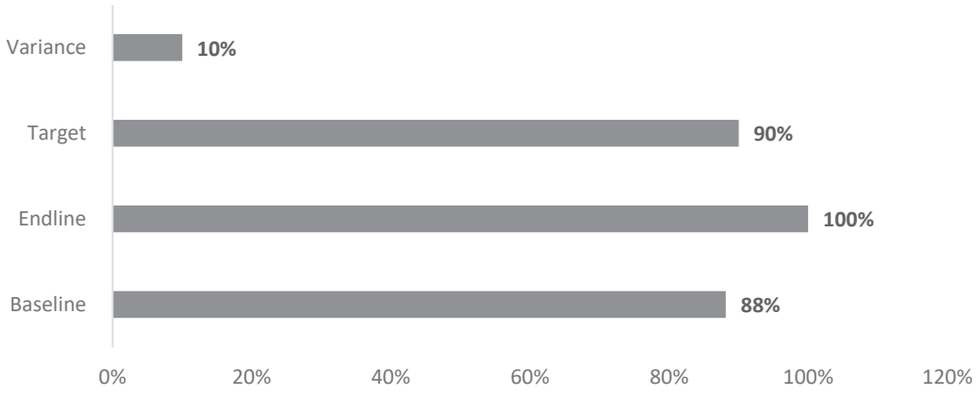
Figure 8 Outcome indicator 2.1 *% of communities with functional mechanisms for prevention and response to SGBV incidents issues N=93*



Indicator 2.2: % of households with improved knowledge on functionality of community mechanisms for prevention, reporting and response system for SGBV

According to the respondents of the survey, all the community members reported an improved knowledge on functionality of community mechanisms for prevention, reporting and response system for SGBV by the end of the BRePS project. See figure 9 for details.

Figure 9 Outcome indicator 2.2 *% of households with improved knowledge on functionality of community mechanisms for prevention, reporting and response system for SGBV, N=93*



Functionality of the community based structures

Findings from the qualitative – FGDs and KIs actually confirmed that the community based response mechanisms were functional. Through the BRePS, Child Fund strengthened the GBV community based response systems through training, tooling and regular support supervision. As already mentioned there were different categories of structures CF worked with. These were involved in regular reviews, not just as part the of the CF organized quarterly review meetings but as shared in Idiwa for example, they could also meet for activity planning purposes. In the FGDs conducted, the structures knew the referral pathways, and their scope of work i.e. that they weren't case managers. Most cases ended up at the LWF- the Protection lead agency and/or the police. To further illustrate this finding, in zone 3 west, the RWC II noted that there had been a reduction in domestic violence cases reaching his desk, not because of a reduction of cases necessarily but because of the activeness of the community structures especially the MAGs.

Noteworthy however is that this measure is more on the functionality of the structures and not necessarily

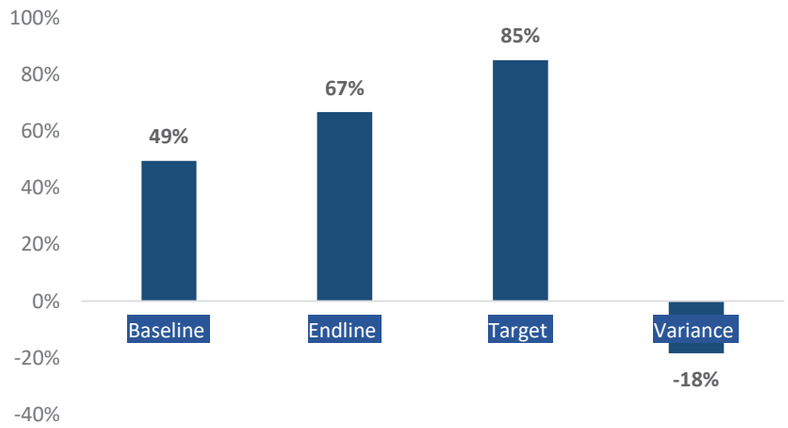
> *'I used to receive about ten cases every day of violence in the families but these days I handle about two cases a week, those that have been referred by the community structures, especially the MAGs'* **RWC II Zone 3 West**

the reduction in prevalence of violence. Violence is still an issue, for example a June 2021 safety audit by LWF, Palorinya settlement, *'violence in the home remains the highest safety and security concern facing women and girls as ranked by the findings from the individual and key informant interviews followed by sexual violence... Zone 3 East was ranked highest on the risk of violence in the home'* (LWF Palorinya safety audit report 2021).

Indicator 2.3: % of households that can use SASA! to resolve and plan family issues

The third indicator to measure achievement of outcome 2 was on the use of SASA, a GBV prevention and response methodology among the target group. Please see figure 10 for the details.

Figure 10 Outcome indicator 2.3 *% of households that can use SASA! to resolve and plan family issues, N=93*

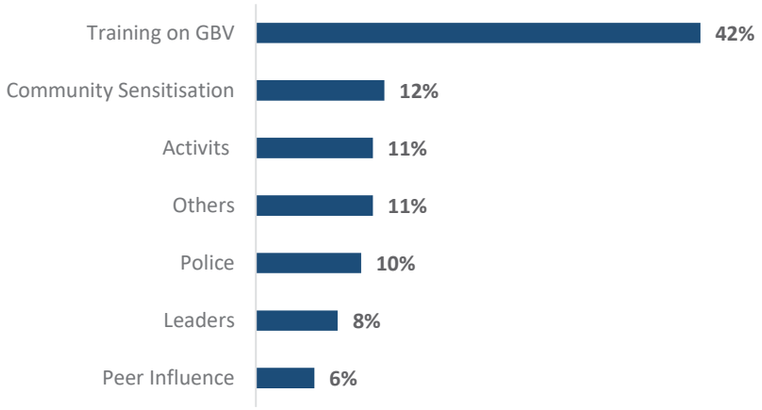


Indicator 2.3 so far is the only one that the BRePS project didn't surpass the target of 85%. This could be related to the COVID-19 induced restrictions on gatherings. SASA is a community based methodology that naturally works with crowds. Given the twice massive COVID-19 disruptions in the project life, it's probable that many of the community members didn't get enough exposure to the methodology.

Factors contributing to improving community capacity in GBV

Just like under the CP outcome area, the respondents were asked to share what could have improved their capacity, if at all in preventing and responding to GBV. Training on GBV was highest at 42%, followed by community sensitization at 12% and activists at 11%. Refer to figure 11 for details.

Figure 11 What supported to build capacity in GBV? n=90



We assume that the trainings and community sensitizations were related to the BRePS project.

Outcome:3 Psychosocial support services for vulnerable children strengthened in Parolinya Zones 3 in host and refugee communities

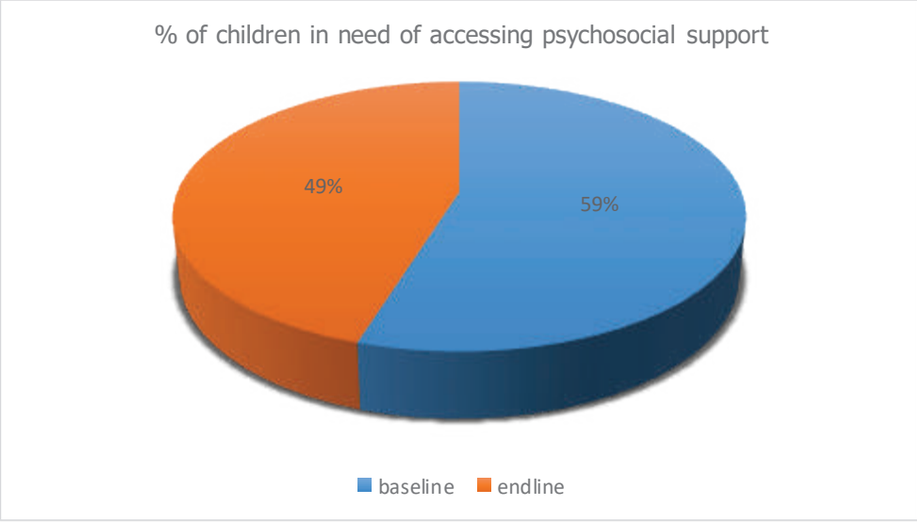
Many activities had been planned under this outcome, the main ones being: establishment of CFS, establishment and training of CMCs and CFS facilitators, CFS community outreaches, train caregivers and parents on positive parenting, Support caregivers to make play materials using locally available resources, establish Children's Clubs and train on Violence Against Children, life skills, rights and responsibilities. In all two indicators were to measure impact at this level.

Indicator	Baseline	Evaluation	Target
% of children in need of accessing psychosocial support	59	49	90
% of children reporting improvement in psychosocial wellbeing	59	88	75

Indicator 3.1: % of children in need of accessing psychosocial support

Children were asked three questions to gauge their mental health and psychosocial state, comparing 2021 and three years back. While there was a reduction in those in need of psychosocial support, almost half of the children remain in need as shown in figure 12.

Figure 12: % of children in need of accessing psychosocial support

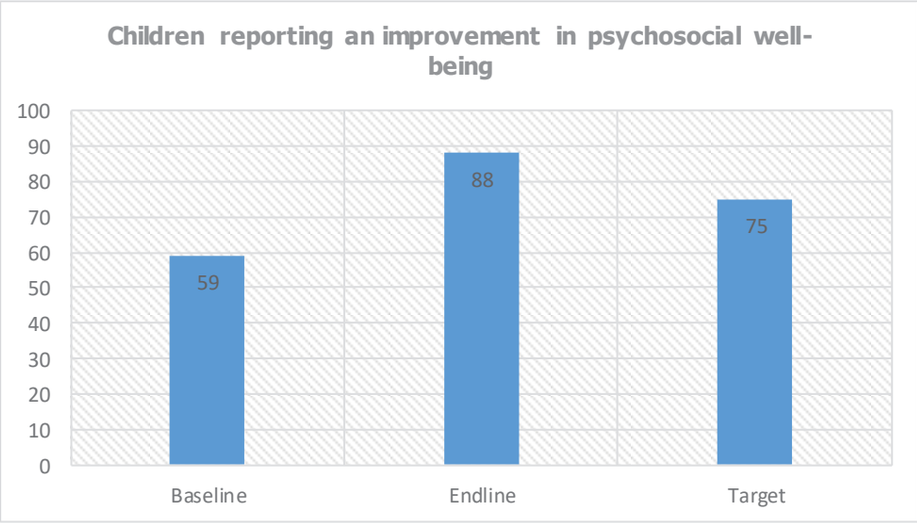


A review of the project reports, including the proposals showed that the BRePS intention was provision of safe play and psychosocial support centered around the CFS. There was also a standalone output on individualized psychosocial support activities as linked to child play, positive parenting and child rights clubs. The evaluation found that this particular outcome area returned the least change. Overcoming trauma in itself is a complex process. For instance, both the focus group discussions and secondary literature highlight the issue of an uncomfortable preference of suicide in the community. On the other hand, it is possible more needed to be done in this area generally as only 37% (see figure 7 above) of the parents knew of a child or had their child benefit from individualized psychosocial services.

Indicator 3.2*% of children reporting improvement in psychosocial wellbeing*

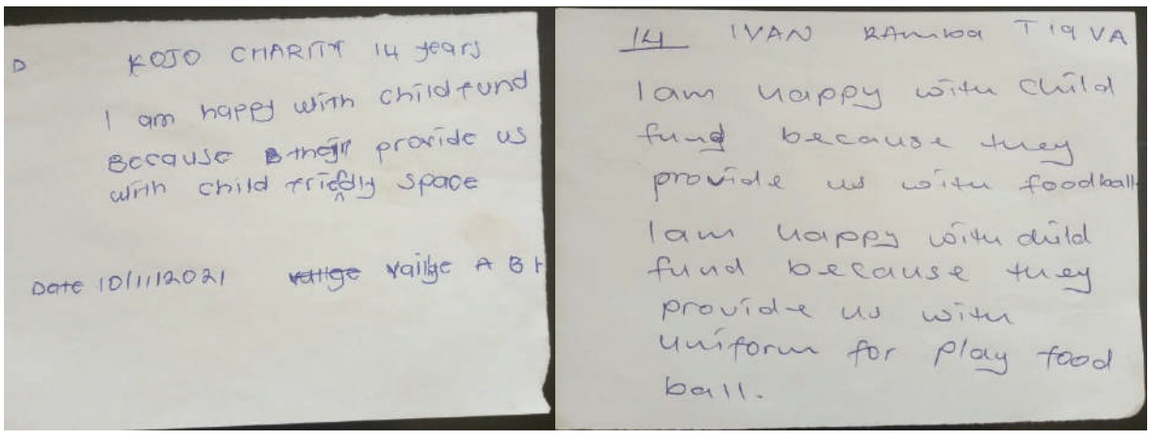
To measure this indicator, the consultants took the baseline value of indicator 3.1 as its baseline as it was difficult to measure the concept 'improvement' even at baseline. By the end of the project 88% of the children interviewed felt they had an improvement in psychosocial wellbeing.

Figure 13: % children reporting an improvement in psychosocial wellbeing



Impact of play

Child Fund had constructed 3 child friendly spaces in zone 3. The evaluation team visited all the three sites and found them in good state. The CFS in part were social centers too, hosting meetings and trainings. When asked to rank the greatest achievement for them as children, it was the support with the play facilities. See voices of children below;



Children's voices in Idiwa 1 village

Moreover, the CFSs, despite the distance from the host communities also enhanced co-existence with host communities. For example, the CFS facilitator in Gomo reported that the CFS promoted co-existence between the host and the refugees. On further verification from the attendance record book, indeed the evaluators saw that for the first 11 days of November, 41 host children had visited the CFS, against 326 refugees.

Children's clubs

In the third year of the project, CF instituted child rights clubs under the outcome 3. Three Children clubs were established and attached to the 3 CFSs. Each club have a total of 15 members. The club members also received a 10 days training on child rights and responsibility, identification and reporting of cases of abuse, and on laws and policies that promote and enhance protection of children. As the trainings had only been conducted in August it was understandable that they had only participated in radio talk shows. However, the training was rated highly as each child in the two FGDs of Children's Clubs could name what they remember.

Immediate impact of Children's Club training

> Before I became a Children's Club member, I had grudges with my parents over their expectations of me in helping with the garden work especially during the lockdown. I thought they were mistreating me. at some point, I wanted to run away and get married. But from the training we were taught about rights and responsibilities that I need to help my parents and also running away to get married at this age would completely ruin my future

It is also possible that being recently trained, they had not received job aid as interactions showed a lack of confidence on what was exactly expected of them and the how of delivering sensitization

Conclusion on impact: Both the survey, the FGDs, KIs and the mapping results show very strong family and community capacities to prevent and respond to violence, both against children and women. Nonetheless, it will be important to investigate further why there is still protection issues in the community. Recent secondary data, such as the UNCHR Palorinya Refugee Settlement Incident Mapping Dashboard (Jan-June 2021) and the LWF audit safety reports all attest to continued violence. The incident mapping for example GBV was the highest protection issue reported, out of which 61% was domestic violence while in child protection it was neglect and defilement.

2. **Effectiveness**:

Under effectiveness, the evaluation sought to assess the extent to which planned objectives were reached as per the log frame, how project activities contributed to the achievement of the goal, factors influencing achievement of objectives and opportunities for collaboration applied to increase effectiveness

Extent of achievement of planned objectives

The impact section has provided the extent of achievement of results as per the indicators set.

As already presented in the section above, the Child Friendly Spaces were a celebrated idea. Moreover, in establishing them in locations not previously covered by Save the Children meant that they extended equity to the children previously not covered with similar spaces. Children were freely playing with facilitators interacting in a supportive manner, the evaluation team didn't see any facilitator raising their voice or hand against the children.

That said, the evaluation team noted that inclusion could be an issue, there were less girls at the site and for the three days the evaluators visited the centers there was no sight of a child with disability. According to the attendance records of 1st to the 11th November 2021[1] in Idiwa 1 CFS and Sinai CFS, attendance of

[1] The data collection day

girls was only 38% and 44% respectively. The girls volunteered this issue in the FGD in both centers. They reported that they also wanted to play but they couldn't leave home because of the additional responsibilities. This was the same challenge with children with disabilities

Additionally, from the evaluators assessment and the voices from the field, the CFS seemed underutilized, right from the facilitators to the entire facilities. For instance, the centers had six facilitators, a number comparable to those running a typical primary school in Uganda. In arriving at this conclusion, we hasten to add that probably the partial COVID-19 lockdown present at the time of data collection could have provided a false picture. However, this issue was also raised by the RWC II East, a parent to the direct users of the facility.

The evaluation team also thought there was opportunity to expand the potential root causes of violence as all didn't seem well covered. For example, alcohol and substance abuse was persistent in every FGD. In a mapping exercise by children and mothers, parents that had drinking problems were classified among the problematic families that hadn't reported a change since the start of the project. Alcoholism and violence was a thread picked up at all the FDG engagements. When the evaluation team attempted to quantify this issue in the last FGD, it was only 5.5% of the households in the 9 blocks represented that had an alcohol problem. However, the structures were insistent on it being a big cause for violence. What complicates matters is the seeming specialized skill in helping alcoholics. Attempts by the structures to intervene were always not sustainable. The issue of alcohol and substance use was also picked up by the BRePS team in the 2020 annual project report and so did the 2019 community based CP mapping report. A project may not be able to directly intervene in all issues but undertaking referrals for such a felt need from the community could have supported.

The evaluation team also keenly looked at the effectiveness of the structures- their numbers, tools, reporting etc. The average number of structures per village were 3-4, including the child rights clubs, and yet a village had an average of 10 blocks, would two per block have been better? A block has an average of 100 families. While this may be an issue beyond CF given the predetermined humanitarian response structures, the evaluation team didn't think disaggregating by roles, say this structure is for GBV while this is for CP wasn't necessary nor practical. The community didn't seem to know the difference anyway. Few numbers of community level structures were also picked up in the BRePS Quarter 3 2021 report. For tooling, the structures received gumboots, bags, tshirts, umbrellas, sensitization aids such as flip books for the MAGs, IEC materials for the CAs although the evaluation team couldn't confirm on the Children's Clubs as this category did not seem clear on how they were supposed to undertake sensitization. But they each had a note book, with notes taken during the training.

> *'There is a missed opportunity in the CFS given that its design attracts all age groups. 3 of my children aged 3,5,8 go to the Lukuli (Sinai) CFS, it would have worked best if formal ECD was introduced beyond just play'* – **RWC II East**

As the three-year project underwent annual renewals and re-designs, the evaluation noticed changes in activities thereby raising the issue of effectiveness in achieving intended results. For example, the 2020 proposal had activities on youth engagement- youth clubs, peer educators etc but this wasn't continued to 2021. Rather in 2021, the child rights clubs were introduced. Supporting youth clubs for one year and then introducing Children's Clubs in the following year (project end year) affected continuity and the chance of realising the purpose of either structures.

Factors influencing the achievement of the objectives

Certainly, the COVID-19 disruptions negatively affected the achievement of results. During the project lifespan, Uganda underwent two lock downs, one in March 2020 running for four months and another in June 2021 that continued with partial opening up to November, the time of the evaluation. At the peak of the lockdowns, even travels are halted thus affecting capacity of the project team to undertake support and monitoring. CFS facilitator community outreaches, to facilitate and promote play at that level were conducted only in 2020. According to the BRePS project manager, she had to request for special permission for the CFSs to be opened, considering that they were classified as schools, one of the institutions closed from June 2021 to January 2022. The child rights clubs were also trained in August 2021, a delay that could be attributed to the COVID-19 induced lockdowns. According to the 2020 annual report, almost all activities had a shortfall in sessions for example the review meetings, the training in positive parenting among others.

The humanitarian response context – under the overall UNHCR framework, shared structures is the standard in implementation of protection projects in an emergency setting. The CPCs are established to spearhead child protection case detection and referral while Community Activists handle the GBV side of things. This means that every partner intervening in the respective areas had to use them. In zone 3, during the BRePS project, multiple other agencies were 'using' the same structures. Commitment and attribution was an issue. Thankfully, CF added a third structure that was working with only men- the MAGs and of course the CFS facilitators.

3. Efficiency:

This section investigated the efficiency of the project delivery in terms of cost, expenditure, quality and systematic implementation of the activities, impact of alterations, if any to the project delivery. Being a rapid assessment, the evaluators didn't undertake detailed cost benefit analysis, findings here are based observations and process analysis.

Cost efficiency

CF delivered a lean project structure- preferring to work through community based structures. According to the UNHCR, few NGOs chose that approach. From the project proposals reviewed, the BRePS had an allocation of only three technical staff on full time equivalent – the Project Manager and two program officers, one for GBV and another for CP.

The BRePS project established three CFS that were all visited by the evaluation team and found in good state. They were all new, no outright structural issues were noticed in the buildings. The choice of building materials had a child friendliness touch to it, for example choice of terrazzo to the smoother and sliding ceramic tiles. While the evaluation team didn't review the cost of construction, it was clear there was an attempt at balancing quality and cost given the choice of metallic rain water catchment as opposed to plastic or a terrazzo floor as compared to ceramic tiles. On the choice of play materials, it was clear that CF chose cheaper, appropriate and locally available options to the extent possible compared to importation for example, giving the impression of cost efficiency. Finally, adding a training room, made the center meet needs beyond just the children's but for adult meetings too



A boy playing with used tyres and many others in the background

However, for the indoor games boards, such as snakes and ladders, ludo, all were imported and would be weak for children. There could have been an option of using the local artisans to craft more long lasting local versions of these play materials while increasing local incomes and creativity.

The installation of simple community radios on the CFS was not only innovative put potentially efficient. While the evaluation didn't analyse the cost of installation, the fact that such a versatile resource was within reach of the community, moreover free of charge was cost effective from all angles in light of the importance of sensitisations for behavior change, the cost of and distance to the private FM radios among others. However, the evaluation found them underutilized, thus lessening the value add. In Idiwa 1 and Gomo the respondents said it was used once a week for sensitizations.

The multiple approaches and efficiency- from the project documents (proposals and the progress reports), there were different approaches for the different outcome areas. For child protection, it was community dialogues, for GBV it was community 'engagements' and SASA while psychosocial support was through child play (CFS), positive parenting and Children's Clubs.

Similar activities and efficiency – every structure had two levels of joint reviews, one at the structure level- monthly and another at the sector level- quarterly. This applied to every community structure according to the activity listing, i.e. to the CPCs, the CAs, the MAGs, the CMC/CFS facilitators, the trained parents and caregivers, the peer educators. From the progress reports reviewed, the evaluators note that these seemed to delivered in separate sessions. The evaluation team notes a risk of inefficiencies in this approach, insofar as the time it takes to organize and the resources utilized. There could have been a case for jointly organizing this

4. Relevance:

Relevance investigated the responsiveness of the project to the needs on the ground, appropriateness and timeliness of project activities

Relevance to needs on the ground

Firstly, **Women and children** comprise **82 percent** of Uganda's overall refugee population, in Uganda[2]. A project targeting to improve the welfare of this category was therefore relevant. Moreover, at the design stage, the BRePS was informed by a detailed participatory assessment that included voices of children and women implying only felt needs were captured.

The BRePS project was implemented in Zone 3, a zone that hitherto had only interventions by LWF, the protection lead in the settlement. According to UNHCR, LWF takes the overall responsibility for protection in the settlement that includes case management. Other NGOs are then allocated as complementary actors. By the time of CF's intervention into the settlement, other zones had more than just LWF intervening, except zone 3. Zone 3 was therefore the least covered and by inference had more gaps.

CF was lauded for the male involvement in GBV response, a much needed intervention given the centrality of men in GBV both as perpetuators and potential champions. CF was the first to institute the MAGs in the settlement, in part, a response to men complaining that only women were being focused on. Given the uniqueness of this approach, it is reported that LWF also adapted and scaled it up. Unfortunately, the evaluation team was not able to interview LWF, an opportunity that could have corroborated this among others.

CF adopted a deeply consultative and participatory approach both at design and implementation levels. At design, a rapid needs assessment was conducted in 2018 and community mapping in 2019. At the implementation level, the inauguration and implementation of the BRePS project, a process that lends credence to a relevant project as it gets shaped by different voices. From the onset, inception meetings were conducted first at the overall settlement level bringing together government and NGOs and then later between the core CP partners in zone 3 SCI, LWF, UNCHR, OPM, CF to clarify where and where not to implement. The project was further informed by the community based child protection mechanisms mapping that among others helped identify the gaps, partners to work with- contributing to the referral pathways mapping among others.

> *'I really appreciate their attempt at collaboration, before intervening they called inception meetings seeking technical guidance. I commend Child Fund for transparency, normally no other partners do this'*– **Grace Opicara, UNHCR**

[2] Government of Uganda and World Bank. 2020. Gender-based Violence and Violence Against Children Prevention and Response Services in Uganda's Refugee-Hosting Districts. Washington, DC: World Bank.



Children enjoying an indoor game

Appropriateness of project activities

One of the things that makes refugees unique is the language they speak in a foreign country. Connecting with them through their language is naturally more effective. The BRePS project translated key resource documents on protection such as the Children's Act into the local language. This was done with the involvement of other technical partners such as UNHCR. An easily readable version of the Uganda Children's Act helped drive the point home of the different frameworks for child protection compared to what the refugees had back home. For example, in South Sudan, child marriage is accepted while it is the opposite here in Uganda.

The community radios tagged to the CFS were commended by both the community and partners. Community radio was reportedly useful for any community sensitization- easing info flow- a respondent from one of the FGDs gave the example of mobilizing for food distribution, the chairman didn't have to move from block to block anymore. All they had to do was announce on the radio, structures including the Children's Clubs used the same for sensitization meetings. This was deemed appropriate for reaching large communities such as refugee settlements.

Investing in the community based child protection model was appropriate for the project, not just because it reinforced the humanitarian protection response structure but because it was responsive to the reality on the ground. Both the CF and the LWF led community mapping underscored the role of communities and families in response and prevention. The July 2021 LWF safety Audit revealed that girl survivors of violence prefer to seek assistance from community leaders with a percentage contribution of 31% followed by a family member at 15.8%. The preference of community leaders as referral pathway of choice is highest in Zone III East. There was therefore merit in investing at this level. According to the UNHCR, only CF was running a community based response model, the other NGOs preferred to have staff allocated to sections of the settlement. The evaluation team could not however confirm this statement from LWF as they team never managed to interview them.

However, on the other hand, the CFS model is designed for the peak of an emergency, providing children a place to remain children, or a safe playing/day care space as the parents settle into the new life of displacement. And according to the Interagency Network of Education in Emergencies, CFSs 'help children return to a normal routine by offering activities, games and informal education'. The BRePS project was implemented 3 years into the refugee crisis, in what would ideally be a recovery stage. Formal learning, especially at ECD level would probably have been a more felt need, especially as nearby communities were already running community managed ECD centers under trees. In the second year (2020) proposal, there

was a plan to incorporate formal ECD but according to the project manager, this outcome area was not funded.

5. Quality

Quality was assessed from the functionality of the M&E systems and how this was utilized to increase quality. It checked whether the design of the project was followed and sought to document the perceptions of the community on the quality of the project

Monitoring and quality assurance

At project design, a clear results framework, indicators, logframe were all developed. This shows the keenness of the CF in program effectiveness, although the monitoring plan was only seen in the third year proposal. Relatedly, every community level reflection and training resulted into an action plan. This was commendable, demonstrated the project's consciousness to the 'so what' of the activities, aiming for practice, beyond just trainings. This could have been a strong basis for follow on and follow up, but the evaluation team didn't see any M&E reports to this effect; it is possible the COVID-19 affected.

At the implementation stage, by providing for and undertaking regular reflections and review meetings particularly in year 2&3 of the project, BRePS had embedded community based M&E. An example is an activity from the 2020 proposal that read thus: 'the Community Activists will be supported to conduct monthly review meetings to discuss, share reports of their work, achievements, challenges and recommendations'. According to reports reviewed (the CA November reflection report and the 2021 quarter three report) even other structures- CPCs, MAGs etc conducted monthly and quarterly reflections. This was a novel idea for both reporting and monitoring purposes considering the caliber of the structures- oral reporting would be more appropriate. Despite this, it was difficult to succinctly measure specific changes say in approaches and strategies directly related to these reflection meetings. Neither was it easy for the community structures interviewed to share stories of impact of their work. It is possible the structures were not conscious on impact reporting but supported more on operational monitoring.

Participatory and joint monitoring was also organized, bringing on board the government, NGOs, the UN bodies to review the project. This was particularly done on the CFS, the aim was to assess conformity to the CFS minimum standards, functionality and community ownership of the CFS activities. For the 2021 joint monitoring, the BRePS team had taken note of the recommendations for improvement. The project manager confirmed that most of the recommendations were implemented apart from a few that needed project change such as having separate latrines for boys, girls and facilitators.

Was the design of the project followed?

In year two (2020) the proposal had a component on beneficiary feedback that was to be tagged to the CFS through suggestion boxes and community information sessions. Nevertheless, from the 2020 annual report, only suggestion boxes had been installed at the1 CFS to facilitate this process. Considering the less literate target group and considering that the CFS are always manned, it is likely that CF missed a more genuine opportunity to garner feedback from its target group.

The evaluation didn't pick up the issue of direct support to survivors of violence both at the primary and the secondary data collection, although it was one of the planned activities. However, the project manager

clarified that in the first year of the BRePS project, over 100 children and adult survivors of violence received support.

6. Coherence

In this section the evaluation assed the connectedness of the project to the humanitarian program principles and RRP, compliance to the 70:30 principles, coherence with CF strategy, accountability

Coherence with the Uganda humanitarian framework and the RRP

Child Fund's BRePS was well aligned to the Refugee Response Plan for both 2019-2020 and 2020-2021. For both plans, the first two priorities were on Refugee protection and emergency preparedness. In 2020, the emergency response of the RRP focused on reinforcing health and WASH measures to contain and respond to the COVID 19 pandemic outbreak. Indeed, the third extension of CF BRePS project (March- Dec 2021) had also incorporated COVID-19 response, a hitherto uncovered area.

Uganda's progressive refugee model of open borders, non-camp policies, free integration of refugees is well articulated in the comprehensive refugee response framework (CRRF). Specifically, through the Refugee and Host Population Empowerment (ReHoPE) initiative, host communities are deliberately targeted with a minimum ratio of 30:70 i.e. 30 percent of all refugee interventions target host-community needs. CF had incorporated this principle at design level, including in the results framework. According to the project manager, the 70:30 principle was covered through awareness creation as host communities are also residents in some of the sub counties/sub zones. Moreover, in July 2021 the BRePS trained all the RWCs and LCIs of the surrounding villages of the settlement. According to the community based child protection mapping, the host communities were also targeted. The evaluation sample purposely included the host community. An FGD in Kochi village, one of the host communities turned into an information session as the respondents wanted to know more about the work of CF.

Coherence with CF overall strategy

CF internationals[3] statement on approach to CP lists three major strategies: support to families, education to communities and empowerment to children. All these three principles were visible in the BRePS project. ChildFund generally integrates a child rights approach and is in line with the principles of the Convention on the Rights of the Child and the African Charter for the Welfare of Children. Thus, participation, non-discrimination and the best interests of the child are applied and respected throughout the project.

Accountability and risk management measures

Coherence was also measured in terms of accountability to the established structures and processes within the humanitarian context.

According to the RWC II East, the MAGs provide reports to his office on the progress of family relations. Of CF he noted that while they don't provide written reports, they involve the RWCs office in most of the activity implementation. He remembered that twice, his office had been involved in feedback meetings, where CF was providing updates on their work in the zone.

[3] https://www.childfund.org/about-us/child-protection/

CF is an active participant in the monthly coordination GBV and CP sector meetings, that focus on the implementation level. CF also participates in the quarterly broader inter-agency meetings chaired by the OPM and UNHCR. The consultants reviewed minutes of the 29th June 2021 interagency meeting and noted CF's attendance.

From the interview with UNHCR, the refugee districts had in 2020 rolled out centralized MIS for the OVC and GBV. Actors such as CF were required to report on a quarterly basis on services provided and any gaps. Such data was invaluable for capturing broader and more detailed trends on protection issues, not just for refugees but also the host, ably informing planning and response. CF was already registered in the portal, but was yet to submit the data more frequently, especially for the GBV MIS which was already running.

7. Sustainability

This sections investigated whether the changes caused could continue beyond the life of the project, any mechanisms put in place to sustain the project results and the risks to sustainability

Sustainable changes

The easiest answer from a cross range of respondents on what could easily be sustained should CF leave was the CFS, right from the political leaders, to the beneficiaries, the community structures and BRePS project staff. The argument was that there was potential to turn them into ECD centers and handed over to the government or even the community. Already community managed ECD centers were running in zone 3 East and in Idiwa, except for the disruption of COVID-19.

The community based structures, especially MAGs, because of their uniqueness and zeal were also recommended as those with potential to continue functioning well even after the end of the project. CF invested significantly to build the capacity of the community structures. As a community based structures they will most likely continue to support the BRePS interventions at community level. According to an FGD with Community Volunteers of Gomo parish, CF was 'facilitating' the community structures with transport facilitation for only one community sensitization for every two sensitizations held. When asked if this would

> *'we are doing this for our own people and therefore with or without facilitation, we shall continue making a change in the loves of our children, mothers and youth'.* **Peace Shamira, CFS facilitator, Gomo Parish**

affect their functionality now that the project was coming to an end, many thought this wouldn't be an issue because of the attachment they have to the community.

Mechanisms and approaches to sustainability

The local government technical team was involved in the actual delivery of the project through their respective staff at different levels such as the Probation Officer, Police and Social Welfare Officer among others. Some NGOs would ideally employ technical staff and only involve the local government in planning and consultations. By involving the same team in the planning and actual delivery, CF chose a more detailed

and meaningful participation of this key stake holder group in a project, strengthening the prospects of sustainability.

Building on the community based child protection mechanisms which were identified at the rapid assessments to inform project design strengthens sustainability. Child Fund largely worked with already established structures save for the MAGs, CFS facilitators and the CMC. The CAs and the CPCs are community GBV and child protection frameworks respectively, in a humanitarian setting. CF enhanced their capacities to deliver through training and refreshers, work aids and reflection meetings. At the end of the BRePS, there wasn't any reason for the structures in zone three to feel ill-equipped in whichever way to deliver their mandate. The sentiments of the evaluation team were shared with some of the structures.

A typical support package received by the community structures over the three-year project

- 1 training
- 2 refresher trainings
- Job aids- gumboots, umbrellas, tshirts, bags, IEC materials etc
- Monthly review meetings
- Quarterly review meetings

> *'as MAG committee members, we will continue to use the skills and knowledge acquired from CF trainings to ensure reduced GBV, we will focus most on the disavantages of violence especially to the men'-* **MAG member - Gomo**

For the CFS, the sustainability strategy was varied, first there was the center management committees, a structure that was at every center charged with the oversight and strategic guidance which included sustainability should CF phase out. Also more innovative approaches to child play were rolled out such as making play resources using locally available materials such as used tyres. The evaluation team also saw balls and toys made of papyrus although these were not in use- they were stored. It could partly be due to the COVID-19 induced low utilization of the centers.

Risks facing sustainability

Risk of relying entirely on refugee structures for sustainability given their mobility. For example, in Zone West, by the time of the evaluation 5 MAGs, 7 CPCs and 3 CAs had dropped out. These had already been replaced though, but the main reason for attrition was going back 'home' -South Sudan

The high expectations of both the community and the community structures is another potential risk to sustainability. The desire to be paid/compensated in exchange for community work and the feeling of hopelessness among the refugees. While CF had made every attempt to facilitate the structures, there were complaints and requests for more/better facilitation. Given such consistent voices throughout the data collection, there is a risk that without the facilitation, there won't be motivation to keep on working, even if it is to help themselves/their communities.

SECTION 4: LESSONS LEARNED AND CHALLENGES

4.1 Challenges

COVID-19 disruptions were a huge problem for BRePS. The 12th month of the project coincided with the first lockdown and COVID-19 containment restrictions in the country. This continued to year three of the project. By the time of evaluation, the country was on a partial lockdown with restrictions on gatherings and institutions of learning, including ideally the child friendly spaces not being officially open- except for the special request by the project management to the government authorities. It is very likely these disruptions affected the deepening of interventions as most were community based, involving some form of gatherings.

The pilot non-continuous nature of the project, 10 months in each year, starting March 2019 and ending Dec 2021 presented some challenges both at implementation and impact measurement. There were changes in some activities and even objectives significantly reducing the effectiveness of the interventions. For example, year two had four outcomes altogether while year three and year one had two. These breaks and inconsistencies reduced the project's capacity to do detailed follow on and mentorship of the target beneficiaries.

Impact measurement and attribution in a project that works through shared community structures can be rather tough. Similarly, the somewhat pre-determined activity implementation frameworks given the humanitarian context stifles flexibilities and innovation.

The multifaceted causes and impacts of violence in a humanitarian setting that may not be comprehensively covered by a single partner or project. For instance, both primary and secondary data brought out the issue of alcoholism and mental health (suicide and attempted suicide). It was not possible to establish the referrals mechanism for these highly specialized services.

4.2 Lessons learnt

The segregation of protection roles for community structures may not be practical and necessary. In reality to the community, the lines between child protection and GBV especially in times of redress are blurred. This was testified by the community structures too through the few stories of change they shared. Sometimes a CA who was charged with the GBV role was approached and supported a child protection case and vice versa.

With 50% of the children still in need of psychosocial support, it is possible that safe playing spaces aren't sufficient.

Relatedly, beautiful and safe playing spaces such as the CFS is not enough to get every child playing, other barriers related to distance, gender and ability remain. Therefore, in addition to stationary playing safe spaces, innovative ways to take play closer to girls, distant and disabled children could contribute to more inclusion.

While using 'shared' structures may enhance the idea of sustainability, it may not necessarily be effective and efficient insofar as tangibly measuring attribution of impact is required. One would need to be more creative, if not aggressive in tracking the connections between an organisations inputs and results.

The needs of refugees and the needs of host communities may not necessarily rhyme and as such blanket interventions may not work. In either cases, tangible interventions are more preferred than the capacity building/software kind of interventions.

Regular reflection sessions should be linked to a deliberate performance monitoring system for them to be meaningful in overall performance and impact measurements.

Community based response for behavioral and attitude related issues such as CP and GBV is indispensable, not only because they are a preferred first line of response but also being community based are less limited. This reality was tested during the COVID-19 total lock downs in which the movement of 'external' experts was restricted and communities left in the hands of their own leaders.

Community involvement at all stages of the project cycle is very critical to the achievement of the project intended objectives as well as its success. When local people are given room for participation in a development intervention, they can monitor and assess the progress made towards achieving objectives, which in turn enables them to own the intervention, which is a great asset for the project that seeks to attain, technical, financial, and institutional sustainability.

Development can't be achieved with exclusion of other stakeholders and partnerships are key to achieving the project results. There is need to continuously involve key partners right from the inception of the project to closeout stages and always communicate the progress so that they continue owning the project, develop synergies as well as reduce duplication of services in the same project focus areas.

4.3 Recommendation for future programming:

As already picked up in this report, it is recommended that going forward, CF incorporates a formal ECD component into the CFS. The center can be combined for formal learning in the morning hours and child play in the afternoons, this should be feasible once the facilitators are trained as ECD teachers. To test the sustainability CF could later on, say after another three years or so introduce subsidized fees. Thankfully the parents currently are paying for ECD, never mind the state of or lack of structures their children learn in. This could be an indicator of their potential to meet some costs.

Stronger attention to psychosocial support for the children and the community at large- either as a direct provider or intentional partnerships but monitored for effectiveness.

In terms of effectiveness of the shared community structures, more detailed analysis is needed. For a humanitarian response context with centralized community structures, there is need to find creative ways of measuring change and being aggressive to find attribution. While this might be beyond CF's control, combining and increasing the number of structures could be considered. In fact, having a protection structure responsible for a certain number of households for example could also enhance accountability.

Relatedly, a strong M&E system, tools etc that can succinctly measure the 'so what' and attribution is important. Where do you store and how do you share? Strengthening the data capture, analysis and storage would enhance the reporting capacity, not only internally, but also externally such as with the district OVC and GBV centralized MIS.

Inclusion in the area of child play; given the gender dynamics around girls leaving home, and the difficulty for the children with disabilities, taking play closer could pay off. For children with disability, it might be a good idea for CF to explore the use of fellow children, say those who come to the CFS to engage the others back home. This can be through sharing any play tips or even how to make a simple toy or depending on severity of the disability, get other children to make locally made play materials donations. Facilitators were already trained in making local play materials. This child led challenge could be structured in the CFS schedules and children challenged to undertake the outreaches once a week or as feasible.

For continued programming in the refugee locations in Uganda, a project has to be thoughtful and intentional in meeting the 70:30 principle. One example is through having clear parallel structures as entry points into the community and where tangible facilities are involved then allocate some to the host as well. Otherwise it will be easy for host communities to rate humanitarian organisations low in this regard.

Previously unattended to factors that affect child protection came up during this evaluation, specifically food security and alcoholism. Going forward, CF could consider including this in future programs, directly or in partnership with other stakeholders.

SECTION 5: CONCLUSIONS

In light of the circumstances under which the BRePS was implemented, chief of which was the drastic disruptions of the COVID-19 and taking both the qualitative and quantitative evaluation findings into consideration, the project performed well beyond its own targets. The BRePS strengthened child protection systems to prevent and respond to child right violations in Zone 3 and similarly, systems for SGBV prevention and response were enhanced.

Nevertheless, the evaluation recommends further research in understanding why the prevalence of both CP and GBV cases remained, not just seen through the FGDs and KIs but also from the secondary literature- specifically the UNHCR Jan-June 2021 incidence report and the LWF protection risk mapping. If the household's protection prevention and response mechanisms are functional, where is the disconnect? Why does violence continue?

That said, the BRePS evaluation clearly demonstrated how highly rated CF was, owing to its transparent and collaborative approach to project implementation. CF was commended for this across the different levels of stakeholders, from government – both Moyo and Obongi districts, to the UN and lower level structures. Even where CF was faulted for not submitting data to the OVC MIS, it was because this framework was only rolled out in late 2020. The project was informed by a participatory needs assessment, at inception intense consultations made, at implementation regular reviews and joint monitoring sessions organized. In this regard, CF was rated as a 'rare' partner by the UNHCR and 'very involving' by the RWC II East.

Annexes

Annex 1: Interview respondents

Organization/location	#	Name	Sex	Title
Child Fund Moyo	1.	Ambrose Denube	M	Project Assistant
	2.	Johnson Abic	M	Child Protection Manager
	3.	Jacqueline Nakiwala	F	Project Manager
Zone east	4.	James Luate	M	RWC II East
	5.	Moliadang Samuel		RWC II West
UNHCR	6.	Grace Opicara	F	Senior Protection Assistant
Idiwa 1 CFS	7.	Joko joyce	F	Facilitator
	8.	Lubajo Alex Wilson	M	Facilitator
	9.	Deju Hadijah	M	Facilitator
	10.	Wole Bernard	M	Facilitator
	11.	Geri Chaplain	M	Facilitator
Village A (women only)	12.	Victoria Gune	F	Women
	13.	Mary Juan Wani	F	Women
	14.	Harriet Kiden James	F	Women
	15.	Konga Irene	F	Women
	16.	Grace Juru	F	Women
	17.	Mary Juan	F	Women
	18.	Grace Juan	F	Women
	19.	Joyce Kobo	F	Women
Children's club Idiwa	20.	Rume Joel	M	Children's Club member
	21.	Dongo Jacob	M	Children's Club member
	22.	Kila Pride	F	Children's Club member
	23.	Diko Florence	F	Children's Club member
	24.	Fiona Fino	F	Children's Club member
	25.	Sokale Sofi	F	Children's Club member
Children club village A	26.	Pita Benna	F	Children's Club member
	27.	Kiden Betty	F	Children's Club member
	28.	Kojo Charity	F	Children's Club member
	29.	Charity Poni	F	Children's Club member
	30.	Evaline Juan	F	Children's Club member
	31.	Betty Kabang	F	Children's Club member
	32.	Wani Godwill	F	Children's Club member
	33.	Emmanuel Lodu	M	Children's Club member
	34.	Ramba Ivan	M	Children's Club member
	35.	Kenyi Joel	M	Children's Club member
	36.	Samuel Chaniga	M	Children's Club member
	37.	Gladis Kiden	F	Children's Club member
	38.	Fred Jumbo	M	Children's Club member
Kochi central women FGD	39.	Asianzo Zubedia	F	Women in community
	40.	Killa Mariam	F	Women in community
	41.	Ayima Juliet	F	Women in community
	42.	Izatu Fatuma	F	Women in community
	43.	Cicilia Pinta	F	Women in community
	44.	Ajio Majuma	F	Women in community
	45.	Kasara Ayisa	F	Women in community

	46.	Andufoyo Salama	F	Women in community
	47.	Isiru Serifa	F	Women in community
	48.	Farida Subaru	F	Women in community
	49.	Siasa Kalsumu	F	Women in community
Idiwa community structures FGD	50.	Juan Moris	M	Assorted community structures
	51.	Puru Joyce	F	Assorted community structures
	52.	Wosuk Alex	M	Assorted community structures
	53.	Liong Beatrice	F	Assorted community structures
	54.	Sumure Rose	F	Assorted community structures
	55.	Jackson Lemi	M	Assorted community structures
	56.	Denis Muni	M	Assorted community structures
	57.	Lopia Nelson	M	Assorted community structures
	58.	Modi Loboka	M	Assorted community structures
	59.	Iga Chaplain	M	Assorted community structures
Children's Club	60.	Puko Emmanuel	M	Children club member
	61.	Simon John	M	Children club member
	62.	Poni Davien	M	Children club member
	63.	Yangi Christine	F	Children club member
	64.	Duku Salva	M	Children club member
	65.	Sokiri Joel	M	Children club member
	66.	Pita Richard	M	Children club member
	67.	Charity Dawa	F	Children club member
	68.	Yeno Charity	F	Children club member
	69.	Yobo Brenda	F	Children club member
	70.	Liong Grace	F	Children club member
	71.	Kila Blessing	F	Children club member
	72.	Diko Nancy	F	Children club member
	73.	Josephine Pita	F	Children club member
Idiwa male only FGD	74.	Toloko David	M	Ordinary men
	75.	Kidega Bosco	M	Ordinary men
	76.	Taban Richard	M	Ordinary men
	77.	Waran Joel	M	Ordinary men
	78.	Kwori Morris	M	Ordinary men
	79.	Manasi Sasuk	M	Ordinary men
	80.	Mathew Gwang	M	Ordinary men
	81.	Jame Denis	M	Ordinary men
	82.	Lubajo Chaplain	M	Ordinary men
	83.	Henry Pita	M	Ordinary men
	84.	Geri Chaplain	M	Ordinary men
Gomo community structure FGD	85.	Jane Ayang	F	Assorted community structures
	86.	Peace Shamira	F	Assorted community structures
	87.	Musema Lazaro	M	Assorted community structures
	88.	Harriet Keji	F	Assorted community structures
	89.	Joseph Lubajo	M	Assorted community structures
	90.	Sokiri James	M	Assorted community structures
	91.	Timon Taban	M	Assorted community structures
	92.	Pita Lily	F	Assorted community structures
	93.	Peter Okot	M	Assorted community structures
	94.	Simon Yongo	M	Assorted community structures

	95.	Elisibo Yeka	M	Assorted community structures
Community structure FGD Snai	96.	Nyara Moses	M	Assorted community structures
	97.	Ide Harriet	F	Assorted community structures
	98.	Emmanuel Sebit	M	Assorted community structures
	99.	Stephen Bebi	M	Assorted community structures
	100.	David Korsuk	M	Assorted community structures
	101.	Jamgara Alex	M	Assorted community structures
	102.	Towongo Julius	M	Assorted community structures
	103.	Kenyi Julius	M	Assorted community structures
	104.	Solomon Bunduki	M	Assorted community structures
	105.	Kade Margret	M	Assorted community structures
	106.	Apiku Robert	M	Assorted community structures
Children's Club Sinai	107.	Agnes Census	F	Children club member
	108.	Benson Kwekwera	M	Children club member
	109.	Beyonce Poni	M	Children club member
	110.	Anyole Jackson	M	Children club member
	111.	Yosa Stephen	M	Children club member
	112.	Betty Yoleta	F	Children club member
	113.	Annet Poni	F	Children club member
	114.	Nelson Kwaje	M	Children club member
	115.	Peace Shamira	F	Children club member

Annex 2: Data collection plan

Day	Tool	Location	Responsible person
Monday	Training, finalizing workplan, making appointments	Moyo	Sarah, Ambrose
Tuesday	Survey	• Cluster 4 (Village J Village K, Village L) • Cluster 5 (Village C, Village D, Village E)	Research Assistants
	KIIs and FGDs	• KII Chair Center Magt Committee (village J) • FGD Child Rights Club Gomo • FGD community volunteers • FGD host male care givers – Kochi • FGD female care givers Kochi	Paul and Sarah
	Desk review	• UNHCR reports etc	Sarah
Wednesday	KIIs	• Morobi Police • Itula CDO • District probation officer • RWC II East • RWC II West	Paul and Sarah
	FGDs	• Village A men only • Village A female only • Village A children ordinary	Paul and Sarah
	Survey	• Cluster 3 (Idiwa2, Village B, Village A) • Cluster 2 (Longa Village, Lwakoke Village, Abio Village, Dongo Village)	Research Assistants
Thursday	Survey	• Cluster 1 (Kochi, Rukuri, Idiwa 1)	Research Assistants
	KIIs	• UNHCR – CP focal person • OPM in charge of Zone (East and West) – 2 persons • LWF (head of protection cluster) • FCA	Paul and Sarah
	FGD	• Child rights club (Sinai and Idiwa) • Community volunteers (Sinai and Idiwa)	Paul and Sarah
Friday	FGD	• Child Fund BRePs project staff	Paul and Sarah
	Departure for Kampala		

Annex 3: Secondary literature reviewed

Project proposal Building Resilience and Protection Systems for the Well-being of Children in Parolinya Refugee settlement and Host Communities in Obongi District, Uganda in 2019

Project proposal Building Resilience and Protection Systems for the Well-being of Children in Parolinya Refugee settlement and Host Communities in Obongi District, Uganda in 2020

Project proposal Building Resilience and Protection Systems for the Well-being of Children in Parolinya Refugee settlement and Host Communities in Obongi District, Uganda in 2021

BRePS Annual Project Report for February 2020 TO November 2020

BRePS Quarterly Progress Report 2021 -3 Quarter July – September

UGANDA REFUGEE OPERATION Palorinya Refugee Settlement Incident Mapping Dashboard – Jan-June 2021.

Safety Audit Report On GBV Risk Factors Among Women, Girl Child And Adolescents (LWF July 2021)

UGANDA COUNTRY REFUGEE RESPONSE PLAN The integrated response plan for refugees from South Sudan, Burundi and the Democratic Republic of the Congo **January 2019 — December 2020**

Revised Uganda Country Refugee Response Plan July 2020- December 2021

Multi-Sector Needs Assessment; Palorinya Settlement; Moyo District, Uganda, August 2018

The comprehensive refugee response framework Uganda

Child Fund Handout 4/2: Life Stage 2 Theory of Change (LS2 TOC) with Pathway Standards and M&E Level 2 Indicators

Palorinya inter-agency meeting minutes- 29th June 2021

Community Based Child Protection Mechanism Survey In Palorinya Refugee Settlement, Moyo District**, June 2019**

Annex 4: Data collection tools

Child Fund BRePS evaluation November 2021

House hold survey tool

Target group: Heads of Households

Hello. My name is …… Iam working with Child fund Uganda. We are conducting an end of programme evaluation for Palorinya Refugee settlement and Host Communities in Obongi District.

I would like to ask you some questions about your household. I will ask about participation in this project especially in areas of resilience, livelihoods and Child protection. Your participation in this study is voluntary and your decision to participate in this interview or not, will in no way affect, either positively or negatively, your chances of receiving benefits from Child Fund Uganda

Note that if you agree to participate, the information that you provide will remain confidential and will not be shared with anybody other than those involved in the study. Also note that it is your right to refrain from answering any questions or to stop the interview at any time.

Please confirm that the respondent has participated or benefited from CF project activities before continuing with the interview

The survey should take about **30 minutes**

SECTION 1: General Information

	Questionnaire No:			
	Enumerator tel number			
	Parish			
	Village name:			
	Interview date:			

SECTION 2: Respondent Information/Demography

1.	Respondent Name:	
2.	Gender	1. Male 2. Female
3.	Age of respondent	Years
4.	Marital status	1. Married 2. Divorced 3. Single 4. Co-habiting
5.	At what age did you first get married? (for those married)	
6.	Do you have any children?	1. Yes 2. No (if no, skip to question 9) 3. I don't know
7.	How many children do you have	

8.	What age groups of children do you have (tick that all apply)	0-4 5-9 10-14 Above 15
9.	Are you a refugee	1. Yes 2. No
10.	What is the highest level of education you have attained?	1. Primary 2. Secondary 3. Post-Secondary
11.	Have you participated or received any support, sensitization or training through Child Fund over the last three years?	12. Yes 13. No
14.	If the answer is No, then discontinue the interview	

SECTION 3: Involvement in Child Fund Activities

15.	I have participated in or benefited from child protection sensitization meetings by CF or its structures on the ground	1. Yes 2. No
16.	I have participated in or benefited from GBV sensitization meetings by CF or its structures on the ground	1. Yes 2. No
17.	I know of a child or my child that has participated in CF supported recreational and sports activities	1. Yes 2. No
18.	I know of a child or my child that has received CF supported individualized Psychosocial Supports Services	1. Yes 2. No

SECTION 4: Improve wellbeing of children (Goal)

19	Parents/caregivers in this community these days are more friendly to their children, (sit and talk with them, listen to them, understand each other etc) than they used to be 3 years ago	1. Yes 2. No
20	Parents now have more food available for their children than they did 3 years ago	1. Yes 2. No
21	Schools are a safe and supportive place (no corporal punishment, bullying, abuse etc) for our children than they used to be 3 years ago	1. Yes 2. No
22	Children and youth are more active and free now, for example participate in clubs or group activities than they used to be 3 years ago	1. Yes 2. No

Section 5: CP systems strengthened to prevent and respond to CR violations (outcome 1)

23	**Today** as a parent I am able to prevent and respond to anything that could result into violation of my children's rights	1.Yes 2.No
24	**Three years ago** as a parent I was able to prevent and respond to anything that could result into violation of my children's rights	1. Yes 2. No
25	**Today** If something bad happened to your child such as being abused physically or sexually or being neglected or exploited by someone, do you know where you could report and or seek help from?	1. Yes 2. No

26	**Three years ago** If something bad happened to your child such as being abused physically or sexually or being neglected or exploited by someone, do you know where you could report and or seek help from?	1. Yes 2. No
27	**Today** am more confident about my ability to report, prevent and respond to any child protection risks my children could go through	1. Yes 2. No
28	**Three years** ago I was confident about my ability to report, prevent and respond to any child protection risks my children could go through	1. Yes 2. No
29	What could have supported to build your capacity and knowledge in the area of Child protection?	

SECTION 6: Systems for SGBV prevention and response enhanced (outcome 2)

30	**As of now**, this community has functional mechanisms for prevention and response to Sexual and Gender Based Violence incidents /issues	1. Yes 2. No
31	**Three years back**, this community had functional mechanisms for prevention and response to Sexual and Gender Based Violence incidents /issues	1. Yes 2. No
32	I am **now** aware of where to report and get help from in case of Sexual and Gender Based Violence incidents /issues	1. Yes 2. No
33	I **used** to be aware of where to report and get help from in case of Sexual and Gender Based Violence incidents /issues	1. Yes 2. No
34	I know how to use SASA! to resolve any family issues I may have	1. Yes 2. No
35	Even before now, I used to know how to use SASA! to resolve any family issues I may have	1. Yes 2. No
36	What could have supported to build your capacity and knowledge in the area of GBV?	

Thank you for participating

Children's questionnaire

Individualized interviews (each of the children will fill out/respond this questionnaire on a KI basis. A questionnaire to be printed per child)

1.	Respondent Name:	
2.	Gender	1. Male 2. Female
3.	Age of respondent	Years
4.	CHILDREN'S CLUB member?	5. Yes 6. No
5.	Refugee	1. Yes 2. No
	Section 1: Improve wellbeing of children (Goal impact indicator) 2021 answer as per your current situation or knowledge	
6.	These days, every child who falls sick in this village gets medical help/treatment	1. Yes 2. No
7.	I have witnessed a student/child being hit or humiliated in school, by a teacher, other adult, or other students/children, in the last 3 months	1. Yes 2. No
8.	I know of children and youth who participate in Children's Clubs or groups	1. Yes 2. No
9.	If I was harmed or abused in any way, I know where to report	1. Yes 2. No
10.	I love my parent and my parent loves me so much, if I had a challenge, I would run to them first	1. Yes 2. No
11.	I have at least one adult with whom I enjoy a supportive relationship	1. Yes 2. No
12.	I have at least one friend I can confide in/tell something important	1. Yes 2. No
	2018 **Try and remember 3 years ago- what were the key events in this community in 2018? Now please also remember the state of children and the community back then, am going to ask you some questions**	
13.	I used to know of children who do not get treatment when they fall sick	1. Yes 2. No
14.	It was common to see a student/child being hit or humiliated in school, by a teacher, other adult, or other students/children	1. Yes 2. No
15.	I used to know of children and youth who participate in Children's Clubs or groups	1. Yes 2. No
16.	Back then, if I was harmed or abused in any way, I knew where to report	1. Yes 2. No
17.	Back then, I loved my parent and my parent loved me so much, if I had a challenge, I would run to them first	1. Yes 2. No
18.	Back then I had at least one adult with whom I enjoyed a supportive relationship	1. Yes 2. No
19.	Back then I had at least one friend I could confide in/tell something important	37. Yes 38. No
	Section 2: Outcome 3, indicator 1	
20.	I am fearful, many things scare me, am easily scared	Yes No

21.	I worry a lot, about myself, my family, my future	Yes No
22.	I am so relaxed and happy about everything	Yes No
23.	Three years ago I was more fearful than I am now, many things scared me than now	Yes No
24.	Three years ago I worried a lot about many things more than I do now	Yes No
25.	Three years ago I was so relaxed and happy about everything	Yes No
	Section 3: Outcome 3, indicator 2	
26.	I feel an improvement in my mental state	Yes No
27.	I think my peers also feel an improvement in their mental state	Yes No

Child Fund BRePS evaluation November 2021

Key informant interview guide

Target group:

- Probation/Community Development Officer (Idiwa)

- Police (specify)

Introduction

I am ……. from Promise Consult International, a consultancy firm registered in Uganda that has been contracted by CF to undertake an external evaluation of its BRePS project. You have been identified in partnership with CF as one of the key stakeholders in this project hence this interview. Please feel free to share with me any insights as I ask the few questions that I have. Thank you.

Respondents name…….. Position ……, Tel contact ……..

Preamble

- In what ways have you been interacting with CF? (probe for the project under review)
- The BRePS project was to improve the wellbeing of children in zone 3 through CP, GBV and psychosocial support interventions, do you remember any of these interventions by CF? what role did you play, if any?

Relevance

1. Were this (BRePS') project activities appropriate in responding to the needs on the ground? Please elaborate
2. Was CF- through this project contributing directly to the plans of the district/government, if so which plans exactly?
3. What opportunities for collaboration in this project did CF utilize?
4. What accountability and reporting opportunities (to govt for example) did CF exploit during this project implementation?

Sustainability

5. Which components of this project do you think will be sustained and why? For the CDO probe on sub county plans for the CFS for example
6. What might be the risks that could affect sustainability of project results?

Recommendations

7. If CF had to redesign another CP or GBV project, what recommendations would you give for them to consider, what could they change? And why?
8. What could they maintain and why?

Child Fund BRePS evaluation November 2021

FGD interview guide

Target group: Community structures (Community activists, Male Action Groups, Child Protection Committees, Child Friendly Space facilitators)

Introduction

I am ……. from Promise Consult International, a consultancy firm registered in Uganda that has been contracted by CF to undertake an external evaluation of its BRePS project. You have been identified in partnership with CF as one of the key stakeholders in this project hence this interview. Please feel free to share with me any insights as I ask the few questions that I have. Thank you.

Respondents names……., Position ……, village…….Tel contacts……..

Preamble

- How have you interacted with CF over the last 3 years, in what capacity?
- The BRePS project was to improve the wellbeing of children in zone 3 through CP, GBV and psychosocial support interventions, do you remember any of these interventions by CF?

Project Relevance

1. Did the project respond to any important issues in this community? If yes, why do you say so? What were the important issues responded to?
2. Any stories of change? Who has a testimony of how this CF project has changed their lives? (*look through the stories and sample one or two for capture using format in appendix*)
3. Please share examples of how you targeted and worked with more vulnerable sections of the community- disabled, child mothers etc
4. How did you work with boys and men, what difference did that make in CP and GBV?

Impact

5. Did BRePS achieve its objectives? Why and what shows?
6. What facilitated/enabled the achievement of these objectives?
7. What has CF done to build the long-term capacity/knowledge/know-how etc of the community? What did you not know that you are comfortable with now, how has your life improved as a result of being associated with CF?
8. In what ways did you participate in this project? What did CF do to encourage your participation?
9. Please provide concrete examples where you as community structures were able to identify CP or GBV risk and did something about them

Coverage

10. Did the project cover every location in this zone 3? Were the locations covered the most affected/most in need in regard to CP, GBV, psychosocial support, if so why?
11. Apart from children, which other category of people could have been targeted for a project like this and why?

Sustainability

12. What do you think will continue even when CF pulls out? Why? please elaborate
13. How have you been involved in the monitoring and evaluation of this project? (probe for project reviews participation etc)

Lessons learnt/recommendations

14. What could CF have done better? If they had to implement a similar project in another zone, what should they change? What should they maintain and why?

Others

15. How do the different structures in this project interact?
16. Were all these structures necessary? if so why? Do you think using one person to deliver all the objectives would have been a better idea? If so, why?
17. Do you feel well utilized, underutilized or overloaded with the work?
18. Are there cases of close collaboration between the structures? Please share

Project Quality assessment

Please grade the CF project under review through the following grid.
This will be applied to every member of the FGD individually.
Explain to the respondents the grading so they clearly understand
Tally the responses according to the number of FGD respondents

Parameter	**Not true**	**True**	**Very true**
The project met my expectations in regard to CP			
The project met my expectations in regard to GBV			
The project met my expectations in regard to psychosocial support for children			
Child Fund staff were always respectful of the community			
The quality of activities implemented was excellent			

Child Fund BRePS evaluation November 2021

FGD interview guide

Target group: Child Fund BRePS Project staff

Respondents names……., Position ……, Tel contacts……..

Relevance

1. How did collaboration between ChildFund, local partners, CSOs and the local governments contribute to appropriate response of specific needs and priorities of the targeted beneficiaries?
2. To what extent was the project able to adapt and provide appropriate response to contextual changes and emerging local needs and priorities of beneficiaries?
3. Were the project activities appropriate in responding to the needs on the ground?
4. Were project activities timely implemented in line with the project plan?
5. Were the funds available in time during implementation of the activities to respond to new developments?
6. To what extent did the collaboration between ChildFund, local partners and other stakeholders contribute to efficient and timely coordination of activities and processes?
7. How helpful was the community feedback and complaints mechanism? any clear examples?

Impact

8. As an implementer, which project achievements you are most proud of?
9. How did this change the lives of the target group? Be as specific as possible

Coverage

10. Did the project BRePS achieve its objectives? Why and what shows?
11. What facilitated/enabled the achievement of these objectives?

Coherence

12. How coherent has the project been to the humanitarian program principles and RRP
13. How compliant has the project been to the 70:30 rule - 70 refugee & 30 host community participants

Quality

14. What mechanisms were in place to track project implementation (i.e. internal monitoring, evaluation, accountability, learning (MEAL) and quality assurance mechanisms)?
15. How were the mechanisms utilized to increase quality within the project?
16. To what extend was the project design followed? Were the targeted persons the actual beneficiaries?

Sustainability

17. What mechanisms did ChildFund (or the project) and partners put in place to sustain the key project results?
18. How did the project work with local partners to increase their capacity in a sustainable way?
19. What motivations /mechanisms were put in place for partners to continue playing these roles?
20. What are the risks facing sustainability of project results?

Lessons learnt

21. If Child Fund was to design a similar project afresh, what should you drop and what should you maintain? Why?

Child Fund BRePS evaluation November 2021

Key Informant interview guide

Target group: OPM, UNHCR and relevant NGOs

Introduction

I am ……. from Promise Consult International, a consultancy firm registered in Uganda that has been contracted by CF to undertake an external evaluation of its BRePS project. You have been identified in partnership with CF as one of the key stakeholders in this project hence this interview. Please feel free to share with me any insights as I ask the few questions that I have. Thank you.

Respondents names……., Position ……, Tel contacts……..

Preamble

- How have you interacted with CF over the last 3 years, in what capacity?
- The BRePS project was to improve the wellbeing of children in zone 3 through CP, GBV and psychosocial support interventions, do you remember any of these interventions by CF?

Project Relevance

1. How relevant was this project in this location? Was zone 3 the most affected/in need of the child protection interventions
2. Do you have access to any research reports/empirical data that could throw more light on the issues on the ground especially 3 years back?
3. What opportunities for collaboration in this project did CF utilize? How did CF collaborate directly with you? Please share concrete examples
4. What accountability and reporting opportunities did CF exploit during this project implementation?
5. How coherent has the project been to the humanitarian program principles and RRP

Sustainability

1. Which components of this project do you think will be sustained and why? (summarise the project outcome if necessary)
2. What risks could affect sustainability of project results such as this one?

Efficiency

1. As a key player in the sector and refugee context, what is your comment on the quality of CF project implementation and why?
2. Was the project activity implementation approach considered to have been cost-efficient, while not compromising quality?
3. What opportunities within the context could have been exploited by CF to reach more beneficiaries without compromising quality?
4. For a community based project like this, how best would you work with community structures, for example are multiple structures the best approach and why?

Recommendations

1. If CF had to redesign another CP or GBV project, what recommendations would you give for them to consider, what could they change? And why?
2. What could they maintain and why?

Child Fund BRePS evaluation November 2021

FGD interview guide

Target group: men only/ women only

Introduction

I am ……. from Promise Consult International, a consultancy firm registered in Uganda that has been contracted by CF to undertake an external evaluation of its BRePS project. You have been identified in partnership with CF as one of the key stakeholders in this project hence this interview. Please feel free to share with me any insights as I ask the few questions that I have. Thank you.

Respondents names……., Position ……, village……Tel contacts……..

Preamble

- How have you interacted with CF over the last 3 years, in what capacity?
- The BRePS project was to improve the wellbeing of children in zone 3 through CP, GBV and psychosocial support interventions, do you remember any of these interventions by CF?

Step 1:

Impact

What was the most significant change in this community resulting from the efforts of CF. what difference did they make between 2018 to 2021

(give the group time to think through, pick out 5 stories, cross check that they are indeed attributed to CF, identify and interview one or two people with personal testimonies of the work by CF. use the format in appendix)

Sustainability

1. What do you think will continue even when CF pulls out? Why? please elaborate

Lessons learnt/recommendations

2. What could CF have done better? If they had to implement a similar project in another zone, what should they change? What should they maintain and why?

Step 2

Mapping – to measure change in impact.

Instructions

Get the community to map all the families in the location

Ask them to pick out/ number the families with the following qualities in 2017 and compare with now

- Homes in which children have supportive relationships.
- Homes in which Children are healthy and actively participating in community life

Step 3

Capture MSC stories using the format below

Name……., age…….. location…… tel contact

1. Tell me how the work of CF through this project changed your life or Children life or community life
2. How did you get involved/become a beneficiary?
3. What was the situation like before?
4. Why do you think CF is the cause of the change you are happy about?
5. What are you going to do about this change?

Seek the consent of the respondent to have his/her picture taken.

Child Fund BRePS evaluation November 2021

FGD interview guide

Target group: children/child rights club members

Introduction

I am ……. from Promise Consult International, a consultancy firm registered in Uganda that has been contracted by CF to undertake an external evaluation of its BRePS project. You have been identified in partnership with CF as one of the key stakeholders in this project hence this interview. Please feel free to share with me any insights as I ask the few questions that I have. Thank you.

Respondents names……., Position ……, Age……, village name……Tel contacts……..

Preamble

- How have you interacted with CF over the last 3 years, in what capacity? The BRePS project was to improve the wellbeing of children in zone 3 through CP, GBV and psychosocial support interventions, do you remember any of these interventions by CF?

Step 1:

Impact

1. What was the most significant change for you and your friends resulting from the efforts of CF. what difference did they make between 2018 to 2021

(give the children time to think through, pick out 5 stories, cross check that they are indeed attributed to CF, ***identify and interview one or two*** *children with personal testimonies of the work by CF. use the format in step 2)*

2. What other issues affecting you should Child Fund have covered in this project?
3. Instruction to the data collector (*give each child a piece of paper and ask them to write one thing-anything that comes to mind about CF)*

Lessons learnt/recommendations

4. What could CF have done better? If they had to implement a similar project in another zone, what should they change? What should they maintain and why?

Step 2

Capture MSC stories using the format below

Name……., age…….. location…… tel contact

1. Tell me how the work of CF through this project changed your life or children's life or commu nity life
2. How did you get involved/become a beneficiary?
3. What was the situation like before?
4. Why do you think CF is the cause of the change you are happy about?
5. What are you going to do about this change?

Seek the consent of the respondent to have his/her picture taken.

Child Fund BRePS evaluation November 2021

Observation checklist

As you interact with the community, please observe, take note and where necessary take pictures of key issues around the following:

- The child friendly spaces – the functionality, the safety, minimum standards etc
- Interaction of adults/caregivers with children
- Community level advocacy initiatives

Annex 5 sampled case studies

Story 1:

A story narrated by Joan Meri, a community activist in Idiwa

In July 2021, I was called by a father in block 5, village E, at 6am. His complaint was that his daughter of 15 years had been defiled. While he was the RWC I for the village, he needed help with this case that touched his family directly. I also involved another community activist and together we escorted the father and the girl to the police. We did this because we learnt that according to the government of Uganda, defilement is handled by the police. Thankfully, the girl was also referred to the health center for HIV and pregnancy prevention. Apart from supporting with the police case, I supported in counseling the girl who was getting distraught. Am happy to report that the girl is now settled and the perpetuator was arrested and still remains in custody as the case is being handled by the police. I couldn't be able to help without the training from CF

Story 2:

In September 2021, a father of seven months old baby approached me early morning. He had had a misunderstanding with the wife who left the baby the night before. He had had a restless night. He came to me as a CPC member, seeking guidance on what he could do. My first advice to him was to make a police statement so that the police help with the search for the mother. I escorted him to the police. The police promised to try their best in locatin the mother but reffered us to the health center for some supplementary feeds, it was to Bele health center about 3 kms away. I again escorted the father and the baby. The mother of the baby kept away for five days. Dring that time, I would check on him every morning to encourage him. When the wife came back, the husband wanted me and some eldrs in the community to mediate betwee them. we counselld boyh of them, asking the man to forgove the woman. They have been staying happily since

Narrated by Wosuk Alex, CPC Village D, zone west –trained CPC by CF

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