ChildFund
Uganda



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

Final Report. December 2023

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Acronyms/Abbreviation

BRePS	Building Resilience and Protection Systems for the Well-being of Children
CBCPM	Community Based Child Protection Mechanisms
CFS	Child Friendly Spaces
CMC	Centre Management Committee
CP	Child Protection
CPC	Child Protection Committee
ECD	Early Childhood Development
KIIs	Key Informant Interviews
PCI	Promise Consult International
RWC	Refugee Welfare Committee
SGBV	Sexual and Gender Based Violence
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene

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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 ChildFund Uganda.

EXECUTIVE SUMMARY

The One and ten months BRePS project aimed at Strengthening community-based child protection mechanisms through addressing key child protection concerns and risks that children in Palorinya refugee settlement continue to face while 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. It targeted a total of 6,040 people (3,235 Female and 2,805 Male). Direct: 1,805 Female and 1,595 Male and Indirect: 1,430 Female and 1,210 Male.

The project addressed the need for access to Child Friendly Spaces through construction of 3 CFS centers at Sinai, Idiwa and Gomo and were provided with play materials, facilitators and fenced off. Additionally, short wave radio equipment had been installed and delivered information on child protection.

ChildFund core mandate was executed through the BRePS project by building community structures to improve child welfare. The project promoted coordination meetings that involved other partners including LWF, SCIU and IsrealiAid to address child protection complementary services.

The project has contributed to access to CFS in Zone 3 East and West in Parolinya refugee settlement as children professed their emotional, psychosocial and physical wellbeing has been enhanced. Behind CFS, the knowledge and skills effectively worked to reduce early and child marriages as well a teenage pregnancies and drug abuse in the community.
Efficiently, the project approach of working through community structures thus utilise local resources and human resources. Strengthening of community structures, CBCPM Actors was key factor in achieving the project objectives. The evaluation findings indicated that all MAGs, RWC2s and SASA activists, while 94% of CPC and 92% of RWC1s had participated in any training (obtaining knowledge & skills) focusing on child-protection.

Impact wise, the project that 64.9% of the community members rated the level of access to child protection services to be High; 6.8% rated it as Average; 26.8% as Low and 0.3%. It also contributed to increase in access to child protection services from 26.8% to 35.58% for high, within one year and ten months. However, there was a decline among CSF staff and CMC members that rated access to child protection services from 41.2% to 31.4% that is attributed to large numbers of children seeking ECD services due to the closure of illegal ECD centers by the district.

In comparison with baseline survey findings, there is improvement in reporting of CP cases from 52.8% to 61.4% attributed to BRePS project interventions. Overall, the project significant improved community members' abilities 64.6% to 78.24% (13.64%) with identifying risks (from 10.4% to 40.4%), reporting (6.3% to 34.7%), referral (6.3% to 32.5%), psychosocial support (6% to 28.8%), follow up (6.3% to 32.6%) and mobilizing communities (9.6% to 36.8%). Overall there was improvement from baseline of 7.1% to 24.2% of those children who said all the time they felt safe. understanding of the code of conduct and child safe guarding policy now as high while 60% (6 out of 10) of the CMCs rated it as high thus a significant improvement from 41.2% to 63.2% which is 22% increase.

In a nutshell the project performance against the indicators is summarized in table 1 below;

Objective Statement	Indicators	Baseline	Target	Achieved
Impacts (Goal): Improving the protection of children in refugee and host communities in Palorinya Refugee Settlement, Obongi District	% of Children, Parents, Guardians and CBCPM Actors rating access to child protection services	66.1%	N/A	64.9%
Outcome 1: Strengthening effective and safe community-based child protection mechanism to prevent and respond to child protection risks	% of community members with improved ability to prevent and respond to child protection risks	45.6%	50.6%	78.3%
Outcome 2: Improving psychosocial well-being of children participating group based activities in child-friendly space	% of child-friendly space activity participants who responded that psychosocial stability increased after participating in CFS activities	16.3%	21.3%	22.9%
Output 1.1 : Strengthening capacity of major stakeholders of community-based child protection mechanism	# of community-based child protection mechanism and child protection awareness raising activists who participated in capacity building training	0	400	291[1]
Output 1.2: Vitalizing prevention and response to child protection risks in the community	# of local residents who participated in child protection risk prevention/response activities	0	960	320
	# of children who received emergency assistance in child protection violation cases	0	250	75
Output 1.3: Promoting child protection awareness raising activities in the community	# of local residents who participated in activities to improve awareness of child protection	0	3,600	5564
Output 2.1: Reinforcement of child-friendly spaces operation plan and activity programs	# of reorganized/developed activity programs and standard operation plans for child-friendly spaces	0	3	1
	# of child-friendly space personnel who received competency-building training through this project	0	60	30
Output 2.2: Child-friendly space operation	# of children and parents/caregivers who participated in the child-friendly space activity program	0	660	648

On the overall the project achieved its main goal of strengthening community-based child protection mechanisms by addressing key child protection concerns and risks that children in Palorinya refugee settlement. However, the project could not achieve its impact due to the short period of implementation of 1 years and 10 months and require further interventions.

It recommended that ChildFund should immediately redesign a follow up project in line with UNCHR and OPM framework on refugees that support transition from emergency to development approach. With limited ECD in Parolinya/Itula sub-county, transitioning the CFS centers will be an alternative option with focus on having sustainable resources and support through OPM, UNHCR, District and CMCs mobilization of communities.

[1] All Output indicators are as at June 2023 and require to be updated at end of December 2023.

1. INTRODUCTION

1.1 About ChildFund Uganda

Child Fund is a child-focused International Development Organization that works through local organizations in 24 countries across Africa, Asia, and the Americas to connect children with people, resources, and institutions they need to grow up safe, healthy, educated, and skilled, no matter where they are. In Africa, Child Fund operates in nine countries: Uganda, Kenya, Ethiopia, Zambia, Senegal, Sierra Leone, Gambia, Guinea, and Mozambique.

Child Fund Uganda is a child focused development agency which has been operating in Uganda for over 35 years. Child Fund programs have been running in Uganda since 1980 in three (3) of the four (4) regions- Central, Eastern, and Northern Uganda as well as through affiliates to run projects in all parts of the country. The programs focus on Child Protection; Education, Early Childhood Development (ECD), Advocacy, Emergency Response, Health and Nutrition, Food Security, WASH (Water, Sanitation and Hygiene), Household Economic Strengthening, and Youth Development. Child Fund uses the Life stage program approach to design interventions targeting children of age 0-5, 6-14, and 15-24 years of age. Since 2016, Child Fund, as a non-state actor has been implementing programmes in Early Childhood Development /Early Learning, Protection as well as Livelihoods.

1.2 About BRePS Project

Child Fund Uganda with support from Child Fund Korea and KOICA has been implementing a humanitarian project ***"Building Resilience and Protection Systems for the Well-being of Children in Palorinya Refugee settlement and Host Communities in Obongi District"***. The project aimed at improving the protection of children in refugee and host communities in Palorinya Refugee Settlement, Obongi District. The project focused on Strengthening community-based child protection mechanisms through addressing key child protection concerns and risks that children in Palorinya refugee settlement continue to face while 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. Among other interventions by the project, children were engaged through Child Friendly Space age-appropriate activities to majorly provide psychosocial support to them on top of other community-based child protection interventions such as dialogues and awareness raising on CP and SGBV, referrals and linkages for CP case management.

The BRePS Project was implemented between March 2022 to December 2023 which is 1 year and 10 months using 398,177,133 (KRW) funds. This necessitated that as the Project comes to the end in December 2023, there was a need for an endline evaluation to assess the outcomes and possible impact. The project location and geographical coverage was Zone 3 East and West of Palorinya Refugee Settlement, Itula Sub-county, Obongi District, Northern Region, Uganda. The project beneficiaries targeted a total of 6,040 people (3,235 Female and 2,805 Male). Direct: 1,805 Female and 1,595 Male and Indirect: 1,430 Female and 1,210 Male.

1.2.1 Overall project objective

The specific objectives of this project were:

1. Strengthening effective and safe community-based child protection mechanism to prevent and respond to child protection risks.
2. Improving psychosocial well-being of children participating group based activities in child-friendly space.

1.3 Main purpose of the Endline Evaluation

The aim of the evaluation was to assess the results of the project, its achievements, challenges, and best practices to inform future similar programming. In addition to pinpointing key lessons, the evaluation was also to ensure accountability towards Child Fund Korea as a donor, KOICA, Child Fund International and the targeted beneficiaries.

The evaluation assignment focused on the following areas:

a. Examined the extent to which the project delivered effective, efficient, relevant, and timely implementation of activities to the beneficiaries as set in the project description/logic framework guided by OECD Criteria.
b. Identification of child protection gaps that need further support
c. Identification and assessment of key lessons learned and the challenges and draw recommendations for future programming in similar contexts.

2. METHODOLOGY AND APPROACH

2.1 Study Approach and design

The Evaluation employed a cross-sectional design using both quantitative and qualitative approaches with participatory methods. The evaluation targeted all the key stakeholders particularly the host communities, refugees, parents, CBCPM members (RWC, CPC) and awareness raising activists (SASA, MAGs) and children as presented against the various indicators. For ease of comparison with baseline findings, the evaluation administered quantitative surveys to community members of both refugees and host communities, while the qualitative methods were administered to children and key stakeholders in Zone 3 East and West of Parolinya Settlement and host communities. The evaluation combined evaluation tools based on international standards and guidelines which are DAC/OECD.

Qualitative techniques included secondary data review and analysis, key informant interviews (KIIs), Focus Group Discussions (FGDs), Observation and quantitative techniques mainly involved a survey with children at Child Friendly Spaces (CFS) and other beneficiaries. Triangulation of research tools was used to guard against misinterpretations since different participants have different experiences and realities, and hence, have different views, perceptions and understanding of the study issues. The quantitative findings were qualified statistically using frequency tables, graphs, pictorials etc to determine the extent to which the BRePS project objectives and outcomes have been achieved at the end of implementation. The final analysis ensured that the quantitative data is triangulated with qualitative findings.

2.2 Sampling design and sample determination

The representative sample for households in the project area will be randomly selected since random selection gives each household head the same chance of inclusion in the sample (Cochran, 1977; Wandiembe, 2009). This will be done with the help of RWC chairpersons who will provide lists of household heads (both project beneficiaries and non-beneficiaries) in each zone.

The evaluation used the Krejcie and Morgan (1970), Determination of Sample Size Table for sample size determination, PCI will sample 6 (40%) of the 16 targeted villages in zone 3. Just as per baseline survey (2022), the total study population (N) was estimated at 10,057 units (10,044 individuals and 13 organizations who are service providers) as shown in table 3 below. The overall sample size will be 506.

Table 3: Evaluation Study Population and Sample Size

Study Frame (individuals / members)	Total Population (N)	Sample Obtained (S)
Refugee & Host Households (parents and guardians)	9,409	310[2]
Children at CFS	530	70
CBCPM Actors (2 FGDs)(10 x 2 = 20)	105	20
CMC members and caretakers	15	10
CFS Staff (Facilitators) (2 FGDs)	21	20

[2] Krejcie and Morgan (1970), Determination of Sample Size Table

Study Frame (individuals / members)	Total Population (N)	Sample Obtained (S)
Service Providers (Key Informants)	13	10
FGD participant (10 x 4 = 40) (Parents, Guardian & caretakers)	40	40
Total	**10,057**	**410**

However, both purposive and random sampling techniques were used to select individual key informant participants and household heads respectively. Therefore, 6 villages visited for the evaluation data collection exercise in zone 3 were Dongo, Idiwa 1, Idiwa 2, Village A, Luwakoke Village and Village C. Therefore, study covered also 5 host neighboring villages to the five named refugee villages.

2.3 Data Collection

2.3.1 Data Sources

Data was collected from primary and secondary sources. The primary sources included community members, both parents and guardians from refugees and host communities, CBCPM Actors, CFS facilitators, Interagency members and project staff. The secondary data sources were documentary review mainly project design document, baseline survey report, project annual and quarterly reports and Obongi district education profile.

2.3.2 Data Collection methods and tools

Data was collected for quantitative methods using semi structured questionnaires and key informant interviews. For qualitative methods data was collected using FGDs and interagency meeting. The evaluation adopted the same tools that were applied by the baseline survey at commencement of the project for reliability and validity of the findings. Data was collected using Kobocollect software with smartphones.

2.4 Data Management and Analysis

After the data was collected, it will be carefully reviewed and edited. All the data was coded, entered, and analyzed in a way that is agreeable to the client. That was then downloaded in excel formant for preparation of analysis. Different approaches were employed in analyzing data taking into consideration both quantitative and qualitative data.

Quantitative data was analyzed quantitatively using appropriate analysis techniques. Analysis used descriptive statistics i.e. mean, 95% confidence intervals, frequency, proportions, percentages, cross-tabulations, and totals. These was presented in the form of charts and tables.

Qualitative thematic data analysis technique was used to analyze qualitative data collected from key informant interviews and Focus Group Discussions. Data collected using KIIs and FGDs guides was transcribed verbatim and those in the local languages translated carefully into English without altering the meaning.

2.5 Ethical Considerations

The study took into consideration gender issues, stakeholders' participation and culture. Adult study participants gave verbal informed consent to participate and were assured and accorded privacy, anonymity, and confidentiality. This detail constituted background information on the study tool. Study participants seeking more information beyond the scope of this evaluation study were referred to potential sources of information that is CFU. All study sources of oral data were protected. The study team interfaced with children below 18 years and had assent from the parents/guardians. In conducting the survey, therefore, the consulting team in addition to adhering to the ethical principles ensured that the principles of child safeguarding policy are adhered

2.6 Limitations of the study

On some days during data collection, it rained heavily causing floods that cut off villages which affected the movement to households. This reduced the number of participants reached on those days. On such days the Data Collectors spend long hours waiting for the rain to subside before proceeding to collect data.

3. EVALUATION FINDINGS

3.1 Socio-demographic characteristics

The evaluation study target various populations targeted by the project who totaled up to 591 through interviews and FGDs in Zone 3 East and West as shown in table 1. 285 parents and guardians were interviewed as well as children aged 6-8 years at CFS. Majority community members were refugees 76%, nationals were 23% and 1% did not mention nationality as in table 2 and 237 were married.

Table 1: Bio-data analysis by category and gender of respondents.

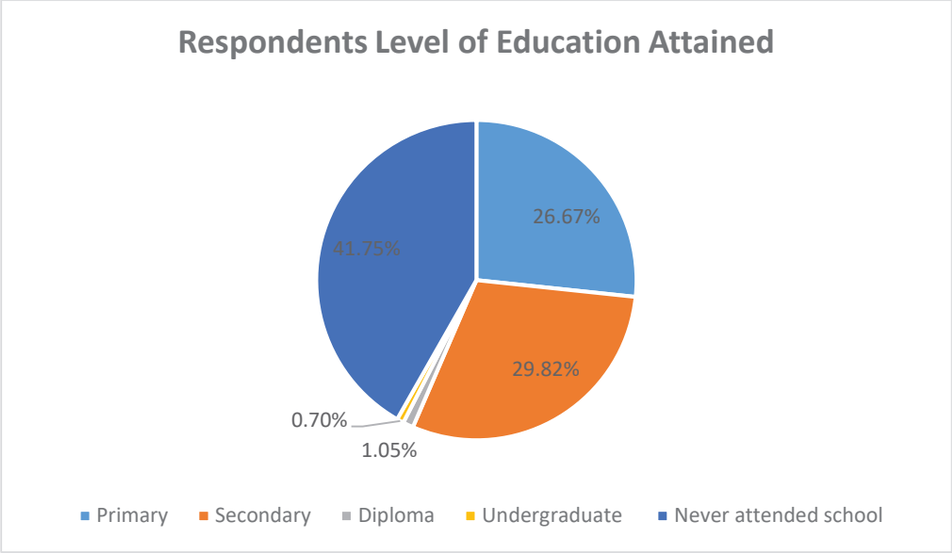
Category of Respondent	Female		Male		Total	
	Number	Percent	Number	Percent	Number	Percent
Parents and Guardians	178	62.5	107	37.5%	285	100.0%
Children aged 6-8 at CFS					164	100.0%
CFS Staff	4	40.0%	6	60.0%	10	100.0%
CMCs members	10	83.3%	2	16.7%	12	100.0%
CBCOM Actors						
SAS Activist	6	33%	12	67%	18	100%
MAGs members	0	0%	13	100%	13	100%
CPCs members	9	53%	8	47%	17	100%
RWCs leaders	6	35%	11	65%	17	100%
Focus Group Discussions	19	65.5%	10	34.5%	29	100%
Key Informants	10	38.5%	16	61.5%	26	100%
Over all Total					**591**	

Table 2: Nationality and Marital Status of Community members (Parents and Guardians)

	Current marital status of community members							
Nationality	**Divorced / separated**	**Married**	**Not Living with partner**	**Other**	**Single parents**	**Widowed**	**Grand Total**	**%**
Refugees	8	181	4	5	15	3	216	76%
Nationals	2	52	2	4	2	3	65	23%
Not known		4					4	1%
Grand Total	**10**	**237**	**6**	**9**	**17**	**6**	**285**	**100%**

The levels of education of community members indicate that majority (58.24%) of community members attained primary (26.67%) and secondary education (29.82%) levels, while a few had attained Diploma (1.05%) and undergraduate (0.7%) levels so were literate. Those who had never attended school were 41.75%. The details are shown in figure 1 below

Figure 1: The highest level of education of community members



3.2 Relevance

The evaluation focused on how relevant the BRePS project to the priorities and policies of the target group, the district, National and International entities. Thus examined the realignment of the project design vs priorities and needs of the beneficiaries and national programmes coupled with international commitments.

3.1.1 Alignment to the needs of the beneficiaries

The project design was based on the basis that the Refugee Welfare Committee is elected through an election, and it is difficult to replace the personnel with experience in training and child protection activities every two years. Above all, the target of children as the biggest population at refugee settlement and host communities was spot on.

The participants indicated that the project;

- Created awareness on child protection and prevention mechanism
- It addressed the needs of children historically (PSS, Protection etc)
- The CFS structured/unstructured activities e.g drawing, psycho-*recreational fostered co-existence among the children*
- Had Joint needs assessment, attending coordination meetings, commemoration of calendar days (DAC, *Refugee day, etc)*

The interagency meeting participants highlighted that the project addressed beneficiaries need. Also, an interview with a CFS Facilitator also revealed that the project addressed the beneficiaries needs. He revealed that;

> *. . . Yes, it did. The children now say a lot that they want to be supported in, we work with other partners* (Mr. Duku, Facilitator, Siani CFS)

The Idiwa CFS Monitor revealed that;

> *The project has improved the wellbeing of children in the community especially children who come here to play and learn things like personal hygiene-keeping their bodies clean, they are taught how to relate with each other ---they now work like children of one family* (Mr. Wole, B. Idiwa, CFS Monitor)

The FDGs with women and RWCs confessed that the project addressed the need for access to Child Friendly Spaces through construction of 3 CFS centers at Sinai, Idiwa and Gomo



Figure 1: Denis Duku, 31 years, Facilitator with local radio equipment at Sinai Child Friendly Space (CFS) in Zone 3 East

FGD with RWCs

- House were constructed for the vulnerable more especially for the orphans.
- In zone 3, 150 children were also helped in kind of mattresses.
- Child Friendly Spaces were built in catchment areas which helped children and close monitoring by parents.

The 3 CFS were provided with play materials, facilitators and fenced off. Additionally, short wave radio equipment had been installed and delivered child protection messages using the RWCs and other leaders as guest speakers. Theses had raised community awareness on issues of child abuse and neglect, GBV, education and child rights as well referral services in Zone 3 thus provided holistic child protection services. They indicated that the CFS had created employment opportunities for community members as facilitators and security guards. The participants noted that houses were constructed for children identified as vulnerable including those with special needs who were living in deplorable shelters. In addition, improved families well-being with material support like smartphones, radio and mattresses.

For instance an interview with Idiwa CFS Monitor revealed that;

> *"Yes, the project improved the lives of children. Before the project, children were loitering without anywhere to go but now, they have a safe place to go and the are safe. Accidents have reduced"* (Mr. Wole B. Idiwa CFS Monitor)

Other areas addressed by the project were hygiene through sensitization of the pupils and parents during parenting education sessions and training on GBV. These has helped children to grow up well in a good and supportive environment using the knowledge acquired.

3.1.2 Alignment with national policies, programmes, and international commitments

The BRePS was designed to follow the main child protection risks presented by the 'Minimum Standards for Child Protection in Humanitarian Assistance Situations (hereinafter referred to as Minimum Standards for Child Protection).

The FGDs credited the project for reduced violence i.e GBV including suicide cases through awareness and that it focused on the "Best Interest of the Child" principle as per the Children Act, 2016, National Children Policy and United National Convention on the Right of the Child (UNCRC). There was coordination with OPM office, UNHCR that ensured referrals cases are effectively handled. It was noted that the project utilised the social system of resilience which focuses on change from individual to systems thus ecological model.

Other areas of concern included families that were disintegrating due to poverty leaving children stranded. Example of parents returning to South Sudan to farm leaving children behind and alone.

A interview with a CFS facilitator revealed that;

> . . . *Improved the lives of children through cleanliness of children. . . rates of corporal punishments in the community have reduced. . . parenting sessions have been implemented in the community and improved the lives of children plus parents* (Mr. Duku, D. Facilitator, Sinai CFS)

3.2 Coherence

3.2.1 Coherence with other actors in the protection sector and with national plans

The project was in line with Uganda's Comprehensive Refugee Response Framework (CRRF)[3] Road Map which identifies the CRRF pillars of engagement and priority interventions within the humanitarian-development nexus that are required to stabilize and recover from the emergency phase to address the needs of refugees and host communities. CRRF aims at fostering peaceful co-existence between refugees and host communities and projects such as BRePS feed directly into this objective. At the Leaders' Summit in September 2016, Uganda pledged 1) to continue its settlement approach, 2) to provide access to education and formal employment to some 120,000 newly arrived refugees in 2016, and 3) to sustain and work on the Refugee and Host Population Empowerment (ReHoPE)[4] framework. The BRePS project was in line with ReHOPE which seeks to bring together a wide range of partners in Uganda and to do so in a coordinated, harmonized and cohesive manner to overcome fragmented programming as Child Fund coordinated with other implementing partners including MTI, LWF, Windle Trust etc. It is a response to specific challenges to developing durable solutions for refugee and host communities, and it is a practical application of the Comprehensive Refugee Response Framework. ReHOPE is implemented through settlement transformation agenda (STA) that emphasizes provision of services such as education at the settlement level which feeds into the CRRF.

The BRePS project was also in line with the National Development Plan[5] II and III which strategically accomplished inclusion of refugees into national planning and implementation,

[3] Uganda national action plan to implement the global compact on refugees and its comprehensive refugee response framework (CRRF) – Uganda's revised CRRF road map – 2018-2020

[4] Government of Uganda (GoU), (2017), Refugee and Host Population Empowerment (ReHoPE) Strategic Framework, Kampala

[5] National Planning Authority, (2020), THIRD NATIONAL DEVELOPMENT PLAN (NDPIII) 2020/21 – 2024/25, Kampala, Uganda

empowering different line ministries to develop comprehensive sector response plans, which serve as addenda to include refugees into the current national sector development plans. NDP III indicates that the provision of pre-primary education continues to be dependent on NGOs, multilateral organizations, and the private sector.

The evaluation also assessed if the project has been efficient in achieving the intended objectives through a resources utilized vs timeframe framework.

The CFS, ECD activities are components of Child Fund core mandate which was executed through the BRePS project to refugees and host communities to improve child welfare. The project through coordination meetings involved other partners including LWF, SCIU and IsrealiAid to identify targeted beneficiaries and provided complementary services to child protection. These ensured that children are protected from child neglect, abuse, defilement and rape among other abuses in line with National Children Policy, 2016.

3.2.2 Coherence with other interventions implemented

Since Child Fund is a ReHOPE partner[6], the project worked well with other projects from other partners in community services, WASH, livelihoods, education and health care so as to promote household and community resilience and worked with district line sectors for promotion of peaceful co-existence between refugees and host communities.

The support with psychosocial management and distribution of phones, radio and mattresses helped in reducing stress and violence. Through referral mechanism, children were referred for health services and defilement cases to polices, hence created linkages with government institutions within Itula Sub-county.

3.3 Effectiveness

Before the project was implemented, child rights violations including early marriages were high the community and now with interventions the cases have reduced. With series awareness among youth, issues related to teenage pregnancies and drug abuse have reduced. Through the quarterly meeting in the community, needy children were identified and supported. CFS centres maintained from previous project have created a safe environment for the children to play. Community reached have provided child protection messages in the local languages to all parents within the settlement. The project had linkages with other development partners including OPM, UNHCR, Obiongi district, Save the Children, LWF and Windle Trust among other that enhanced its results. However, the respondents were not clear about the criteria followed for identifying the beneficiaries for emergency and vulnerability support that house construction and giving out mattresses and bedsheets.

3.4 Efficiency

The evaluation examined the extent to which the project been efficient in achieving the intended objectives? (Resources utilized vs timeframe).

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[6] Government of Uganda (GoU), (2017), Refugee and Host Population Empowerment (ReHoPE) Strategic Framework, Kampala

The project made use of local and other resources within the community and settlement to achieve. Strengthening of community structures, CBCPM Actors was key factor in achieving the project objectives. The evaluation findings indicated that all MAGs, RWC2s and SASA activists, while 94% of CPC and 92% of RWC1s had participated in any training (obtaining knowledge & skills) focusing on child-protection. The CBCPM Actors are credited for supporting the project interventions in dissemination of information on child protection, detection and responding to violation child protection cases as well as referral to local leaders, health facilities and police. This enabled the project to not only ensure it is community owned but minimized costs by using community volunteers.

FGDs findings revealed increased coordination with community structures and partners through quarterly and semi- annual meetings. Further, majority of those CBCPM Actors that participated show that CPC (71%) and SASA Activists (61%) appreciated the improvement in coordination that help improve the response and delivery of child protection services. The RWCs said that increased awareness on child protection created through community sensitization meetings, dialogue and community radio has contributed to reduced rate of defilement, forced marriages and child labour in the settlement.

3.5 Emerging Impact

3.6.1 Impact (Goal) Indicator: Improving the protection of refugees and children of the host community in Palorinya Refugee Settlement in Obongi District.

3.6.1.1 Access to Child Protection Services

The evaluation was guided by the impact indicator and baseline survey finding to be able to establish the changes in rating of access to child protection services by Children, Parents, Guardians and CBCPM Actors.

Impact Indicator: % of Children, Parents, Guardians and CBCPM Actors rating access to child protection services

3.6.1.2 Community Members (Parents and Guardians)

Baseline Survey: Findings indicated that 66.1% (242 out of 366) of the community members rated the level of access to child protection services to be High; 6.8% (25 out of 366) rated it as Average; 26.8% (98 out of 366) as Low and 0.3% (1 out of 366). By location, Zone 3-East had the highest proportion of community members at 68.9% (113 out of 164) who rated it as High compared to 63.9% (129 out of 202) in Zone3-West as shown in the table 3 below;

Table 3: Community Members Rating of access of child protection services at beginning of the year 2022

Basing your experience, how do you rate the level of access of child protection services at beginning of the year 2022?	HIGH		AVERAGE		LOW		NOT SURE		Total	
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%
Community Members (Parents and Guardians)	**242**	**66.1**	**25**	**6.8**	**98**	**26.8**	**1**	**0.3**	**366**	**100**
Zone 3 - EAST	113	68.9	4	2.4	46	28.0	1	0.6	164	100
Zone 3 - WEST	129	63.9	21	10.4	52	25.7	0	0	202	100

Evaluation Findings: This show that 64.9% of community members rated access to child protection services as high, 26.3% rated as average, 7.4% as low and 1.4% were not sure. The overall results indicate no improvement in access to child protection services. However, the average increased from 6.8% to 26.8% and low reduced from 26.8% to 7.4% which is a significant positive change considering the project period of only 1 years and 10 months.

Figure 2: Community Members Rating of access of child protection services at the end of 2023



Table 4: Community Members Rating of access of child protection services at the end of 2023

Basing your experience, how do you rate the level of access of child protection services in 2023? - Community members	Female		Male		Grand Total	
	Freq	Percent	Freq	Percent	Freq	Percent
Average	38	21.3%	37	34.6%	75	26.3%
High	125	70.2%	60	56.1%	185	64.9%
Low	13	7.3%	8	7.5%	21	7.4%
Not Sure	2	1.1%	2	1.9%	4	1.4%
Grand Total	**178**	**100.0%**	**107**	**100.0%**	**285**	**100.0%**

3.6.1.3 CBCPM Actors (SASA, CPC, MAGs, RWCs):

Baseline Survey: Findings indicated that 26.8% (15 out of 56) of the CBCPM Actors rated the level of access to child protection services to be High; 58.9% (33 out of 56) rated it as Average; 14.3% (8 out of 56) as Low and none as Not Sure**.**

Evaluation Findings: After implementation of the BRePS project the CBPM Actors rated the level of access to child protection to be high at 35.38%, 50.77% rated as average, 12.31% rated as low and 1.54% not sure as shown in table 2 above. Therefore, this indicates that the project has contributed to increase in access to child protection services from 26.8% to 35.58% for high, which is a significant improvement of 8.78% in one year and ten months.

Table 5: % of Children, Parents, Guardians and CBCPM Actors rating access to child protection services

Basing your experience, how do you rate the level of access of child protection services in 2023?	Child Protection Committee - CPC	MAGs – Male Action Group	RWC 1	RWC 2	SASA Activist	Grand Total
Average	64.71%	69.23%	38.46%	50.00%	33.33%	50.77%
High	29.41%	23.08%	46.15%	50.00%	38.89%	35.38%
Low	5.88%	7.69%	15.38%	0.00%	22.22%	12.31%
Not Sure	0.00%	0.00%	0.00%	0.00%	5.56%	1.54%
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

3.6.1.4 CFS staff and CMC members:
Baseline Survey: Findings indicated that 41.2% (14 out of 34) of the CFS staff and CMC members rated the level of access to child protection services to be High; 55.9% (19 out of 34) rated it as Average; 2.9% (1 out of 34) as Low and none as Not sure.

Evaluation Findings: Findings reveal that 31.8% of the CFS and CMC members interviewed rated access to child protection services as High, while 50% rated as average, 9.1% rated as low and 9.1% were not sure. The result shows a decline among CSF staff and CMC members that rated access to child protection services from 41.2% to 31.8 which is equivalent to 9.4% despite the capacity building training offered. Therefore, decline is attributed to large numbers of children seeking ECD services due to the closure of illegal ECD centers by the district.

Figure 3: CFS and CMC Rating of the level of access of child protection services in 2023

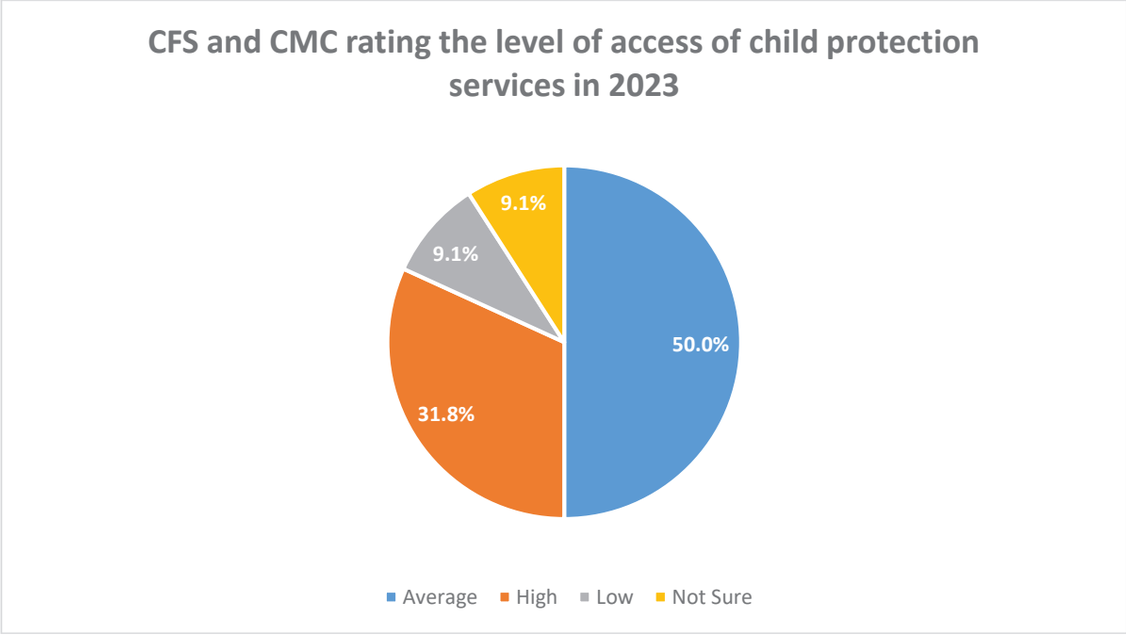


Table 6: CFS and CMC rating the level of access of child protection services in 2023

Basing your experience, how do you rate the level of access of child protection services in 2023? – CFS and CMC	Center Management Committees – CMC member		Child-Friendly Space Staff - CFS		
	Freq	Percent	Freq	Percent	Grand Total
Average	4	50.0%	7	58.3%	11
High	4	50.0%	3	25.0%	7
Low	1	12.5%	1	8.3%	2
Not Sure	1	12.5%	1	8.3%	2
Grand Total	**8**	**100.0%**	**12**	**100.0%**	**22**

Table 7: Basing your experience, how do you rate the level of access of child protection services in 2023? -CFS and CMC

Basing your experience, how do you rate the level of access of child protection services in 2023? -CFS and CMC	Zone 3 East	Zone 3 West
Average	30.00%	66.67%
High	60.00%	8.33%
Low	10.00%	8.33%
Not Sure	0.00%	16.67%
Grand Total	**100.00%**	**100.00%**

3.6.2 Outcome Indicator 1: Strengthening effective and safe community-based child protection mechanism to prevent and respond to child protection risks.

Indicator: % of community members with improved ability to prevent and respond to child protection risks.

Baseline Survey: Overall, survey findings indicated that 7.1% (26 out of 366) of the community members rated their ability to prevent and respond as High; 57.7% (211 out of 366) as Average; 34.2% (125 out of 366) as Low and 1.1% (4 out of 366) were Not Sure.

Evaluation Findings: On average the community members rated their abilities as high at 33.3%, average at 44.91%, low at 17.19% and those not sure were 4.56%. Comparing with baseline there was significant increase of those who rated high from 7.1% to 33.33% thus a 26.23% change. On overall combining high and average, still there is improvement from 64.6% to 78.24% as shown table 8 below.

Table 8: Community members with improved ability to prevent and respond to child protection risks.

Ability to prevent and respond to child protection risks.	Freq	Percent
High	95	33.33%
Average	128	44.91%
Low	49	17.19%
Not Sure	13	4.56%
Total	**285**	**100.00%**

3.6.2.1 Capacity to respond to child protection risks

Baseline Survey: No findings reported.

Evaluation Findings: Findings show that on overall 90.77% of CBCPM Actors rated you rate your capacity to respond to child protection risks in your area now as being above average with 27.7% rating it as High whereas 63.08% rated their capacity as average and only 9.23% rated their capacity as low. The indicates that RWCs 2 and 1 (100% and 94.61%) and MGs (99.0%) capacities were strengthened more than CPC at 94.12%, SASA Activist had 83.34%. However, overall 9.23% still need capacity to respond to child protection risks.

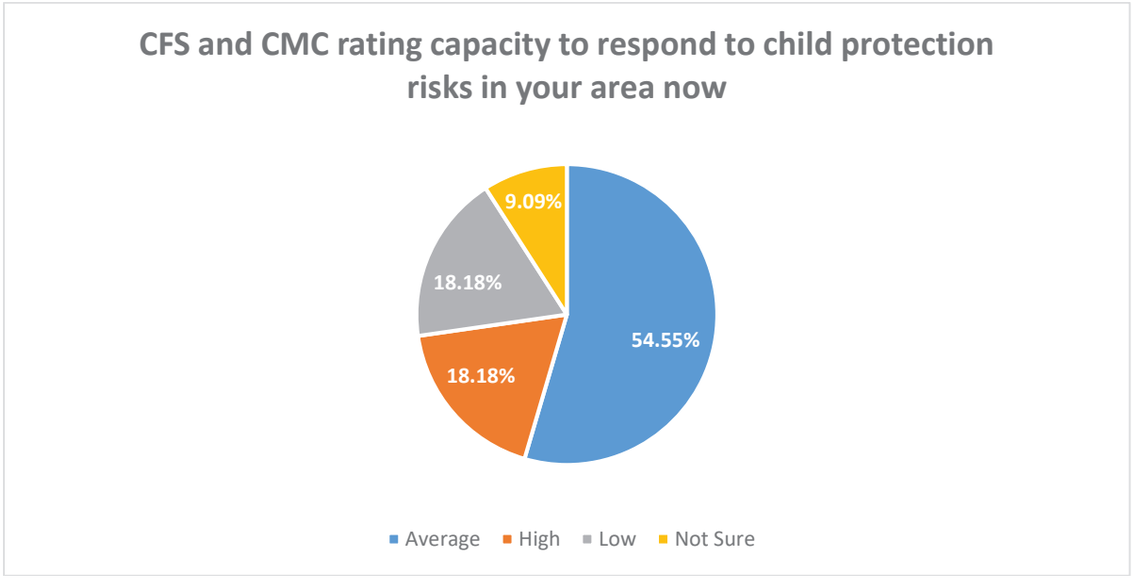
Table 9: How do you rate your capacity to respond to child protection risks in your area now?

Rating	Child Protection Committee - CPC	MAGs – Male Action Group	RWC 1	RWC 2	SASA Activist	Grand Total
Average	64.71%	92.31%	46.15%	50.00%	55.56%	63.08%
High	29.41%	7.69%	38.46%	50.00%	27.78%	27.69%
Low	5.88%	0.00%	15.38%	0.00%	16.67%	9.23%
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Findings disaggregated by zone show that Zone 3 East rated their capacity to child protection risks higher (34.38%) compared to Zone 3 West at 21.2% with overall rating at 90.8%. With majority at average (63.1%) it means there is still need improvement with more capacity building interventions in child protection.

Table 10: How do you rate your capacity to respond to child protection risks in your area now per Zone

	Zone 3 East		Zone 3 West		Total	
Rating	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**
Average	20	62.50%	21	63.6%	41	63.1%
High	11	34.38%	7	21.2%	18	27.7%
Low	1	3.13%	5	15.2%	6	9.2%
Grand Total	**32**	**100.00%**	**33**	**100.0%**	**65**	**100.0%**



The rating by CMC members and CFS staff is similar to CBCPM Actors with overall rating at 90% and 65.67% respectively between average and high as shown in table 10 below.

Table 11: how do you rate your capacity to respond to child protection risks in your area now?

In your opinion, how do you rate your capacity to respond to child protection risks in your area now? - CMC and CFS	Center Management Committees – CMC member		Child-Friendly Space Staff - CFS	
	Freq	**Percent**	**Freq**	**Percent**
Average	7	70.00%	5	41.67%
High	1	10.00%	3	25.00%
Low	1	10.00%	3	25.00%
Not Sure	1	10.00%	1	8.33%
Grand Total	**10**	100.00%	**12**	100.00%

3.6.2.2 Reported Child Protection Cases

Baseline Survey: Findings indicated 52.8% (123 out of 233) of the community member reported to have ever reported a child protection case compared to 47.2% (110 out of 233) who didn't report.

Evaluation Findings: The results indicate that 61.4% (175 out of 285) of the community members reported a child protection case compared to 38.6% (110 out of 285) who didn't report. Also 65.2% of the female community members reported CP case and 55.1% of the male community members reported. 43.7% of the community members from Zone 3 East reported CP cases, while 89.2% of the community members from Zone 3 West reported CP cases. In comparison with baseline survey findings, there is improvement in reporting of CP cases from 52.8% to 61.4% attributed to BRePS project interventions.

Table 12: Reporting of CP cases to police to support survivors to get access to justice

	Female		Male		Zone 3 East		Zone 3 West		Over all	
Rating	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Not at All	59	33.1%	47	43.9%	95	54.6%	11	9.9%	106	37.2%
Not Sure	3	1.7%	1	0.9%	3	1.7%	1	0.9%	4	1.4%
Yes, Not Often	84	47.2%	41	38.3%	62	35.6%	63	56.8%	125	43.9%
Yes, Often	32	18.0%	18	16.8%	14	8.0%	36	32.4%	50	17.5%
Grand Total	**178**	**100.0 %**	**107**	**100.0 %**	**174**	**100.0 %**	**111**	**100.0 %**	**285**	**100.0 %**

3.3.3 Ability to Prevent and Respond Indicator

Indicator 1-1: % of community members who report increased ability to prevent and respond to child protection risks.

Baseline Survey: Overall, survey findings indicated that 7.1% (26 out of 366) of the community members rated their ability to prevent and respond as High; 57.7% (211 out of 366) as Average; 34.2% (125 out of 366) as Low and 1.1% (4 out of 366) were Not Sure.

Evaluation Findings: The results show that their ability to prevent child protection risks was high at 55.1% as they rated themselves as doing it often compared to not often at 40.7%.

Table 13: level of participation in prevention & response activities on child protection in 2023

Basing on your experience, how do you rate the level of participation in the following prevention & response activities on child protection in 2023?	**Preventing harm to children at individual, family, community levels (root causes)**		**Help victims / survivors not to face additional harm, abuse, neglect, exploitation or violence, no to face stigma – support children at risk to access support**	
	Freq	**Percent**	**Freq**	**Percent**
Not Often	116	40.7%	165	57.9%
Not Sure	12	4.2%	15	5.3%
Often	157	55.1%	105	36.8%
Total	**285**	**100.0%**	**285**	**100.0%**

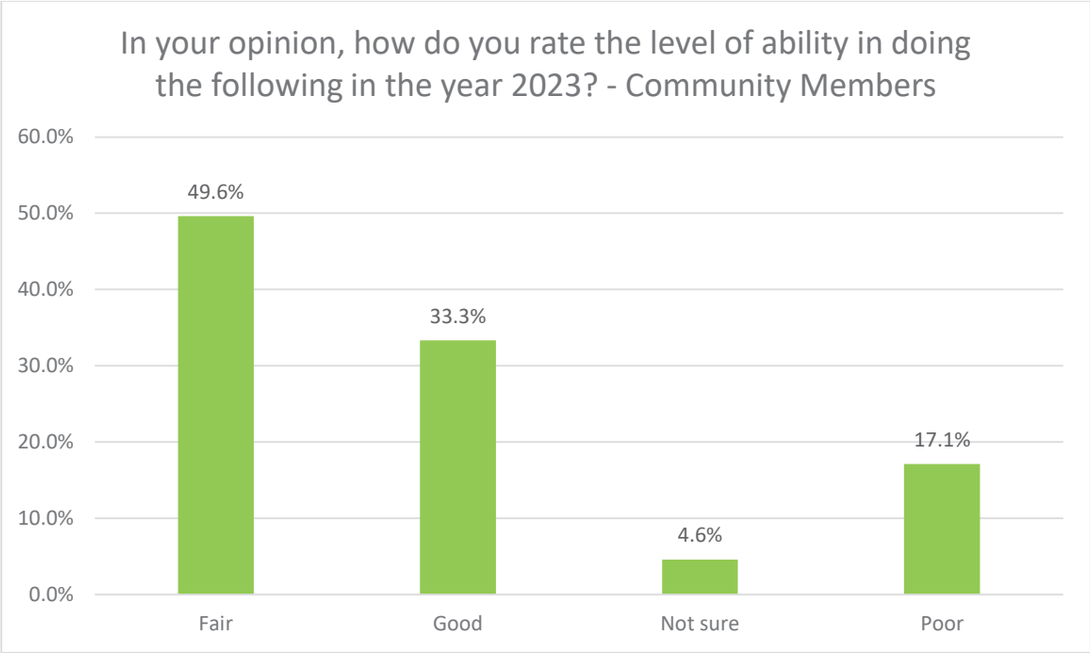
3.3.3.1 Type of Abilities

Baseline Survey: In terms of rating their abilities as High, survey findings showed that 10.4% (38 out of 366) of community member reported that their ability to identify was High; 6.3% rated their ability to report as high; .6.3% (23 out of 366) for ability to referral; 6% (22 out of 366) for providing psychosocial first aid; 6.3% (23 out of 366) for follow-up; 9.6% (35 out of 366) for mobilizing community.

Evaluation Findings: The assessment found that 40.4% of the community members had good/high identification child protection risks abilities, 34.7% rated good/high abilities to report, 32.3% rated good/high their abilities to refer, 28.8% had good/high abilities to provide psychosocial support, 32.6% rated their abilities to follow up as good/high and 36.8% rated good/high for abilities to mobilize communities. Overall, the project interventions resulted in significant improvement in community members' abilities in identifying risks (from 10.4% to 40.4%), reporting (6.3% to 34.7%), referral (6.3% to 32.5%), psychosocial support first (6% to 28.8%), follow up (6.3% to 32.6%) and mobilizing communities (9.6% to 36.8%).

Table 14: Rating the type of abilities to prevent and respond to child protection risks.

	Fair		Good		Not Sure		Poor	
Types of abilities	**Freq**	**Percent**	**Freq**	**Percent**	**Freq**	**Percent**	**Freq**	**Percent**
Able to REPORT a child protection case	137	53.1%	99	34.7%	12	4.2%	37	13.0%
Able to consider BEST INTERESTS of the child in cases of emergency or LIFE-THREATENING RISKS	136	52.7%	79	27.7%	15	5.3%	55	19.3%
Able to MOBILISE COMMUNITY	118	45.7%	105	36.8%	14	4.9%	48	16.8%
Able to FOLLOW-UP a child protection case	104	40.3%	93	32.6%	16	5.6%	72	25.3%
Able to PROVIDE psychosocial first aid	134	51.9%	82	28.8%	14	4.9%	55	19.3%
Able to REFER a child protection case (referral)	122	47.3%	92	32.3%	11	3.9%	60	21.1%
Able to IDENTIFY a child protection case related to Child abuse, neglect, violation, exploitation	145	56.2%	115	40.4%	10	3.5%	15	5.3%



Additional information. Of the 49.6% of the respondents that rated their level of ability in doing the following as fair (80 out 0f 128) were female and (48 out of 128) were males. Of the 33.3% of the respondents that rated their level of ability in doing the following as high (65 out 0f 95) were female and (30 out of 95) were males.

3.6.3 Outcome Indicator 2: Improving psychosocial well-being of children participating group-based activities in child-friendly space.

Indicator 2: % of child-friendly space activity participants who responded that psychosocial stability increased after participating in CFS activities.

3.6.3.1 Children's Safety and Well-being

Indicator 2-1: % of children surveyed who report an increased sense of safety and well-being due to participation in group activities compared to the beginning of the intervention.

Baseline Survey: Findings indicated that by average, 7.1% of the children reported an increased sense of safety and well-being due to participation in group activities All the Time; 1.3% said Never; 48.3% said Not Much of the Time; 9% said Quite a lot of the time; 34% said Some of the time

Evaluation Findings: This indicate that rating about children safety well-being feeling and emotions) by children (8 – 17 years) in 3 child- friendly spaces of Goma, Sinai and Iduwa was 24.2% for all the time, those who rated some of time were 42.9&, while not much of the time were 14.6%, Quite a lot of time was 14.1% and never were 4.2%. Overall there was improvement from baseline of 7.1% to 24.2% of those children who said all the time felt safe.

Table 15: Indicators (Psychometric items, statements and descriptions used to measure emotional, psychological and social aspects of well-being of children)

Indicators (Psychometric items, statements and descriptions used to measure emotional, psychological and social aspects of well-being of children)	Percentage (%) Rating about Children SAFETY WELL-BEING (feeling and emotions) by children (8 – 17 years) in 3 child- friendly spaces of Goma, Sinai and Iduwa.					
	All the time	Never	Not much of the time	Quite a lot of the time	Some of the time	Grand Total
Indicator 2-1: % of children surveyed who report an increased sense of safety and well-being due to participation in group activities compared to the beginning of the intervention (Jan 2021)	24.2%	4.2%	14.6%	14.1%	42.9%	100.0%
Rating on different children safety and well-being (Thoughts and Feelings)						
Positive Emotional State						
I've been feeling calm	26.2%	3.7%	10.4%	24.4%	35.4%	100.0%
I've been cheerful about things	25.0%	4.3%	15.2%	12.2%	43.3%	100.0%
I've been feeling relaxed	17.7%	8.5%	17.1%	9.8%	47.0%	100.0%
I've been in a good mood	21.3%	7.3%	12.2%	12.8%	46.3%	100.0%
've been getting on well with people	22.0%	2.4%	12.2%	11.6%	51.8%	100.0%
I enjoy what each new day brings	23.8%	4.3%	23.2%	7.9%	40.9%	100.0%
I like everyone I have met	25.0%	1.8%	18.3%	13.4%	41.5%	100.0%
I have always told the truth	23.2%	4.9%	12.8%	18.3%	40.9%	100.0%
Positive Outlook						
I think there are many things I can be proud of	23.2%	2.4%	12.8%	11.6%	50.0%	100.0%
I feel that I am good at some things	21.3%	5.5%	9.1%	15.2%	48.8%	100.0%
I think good things will happen in my life	31.7%	5.5%	15.2%	8.5%	39.0%	100.0%
I can find lots of fun things to do	21.3%	2.4%	11.6%	12.8%	51.8%	100.0%
I think lots of people care about me	21.3%	2.4%	14.0%	16.5%	45.7%	100.0%
I've been able to make choice easily	24.4%	3.0%	27.4%	9.1%	36.0%	100.0%
I always share my sweets (eats)	35.4%	4.9%	6.7%	27.4%	25.6%	100.0%
AVERAGE	**24.2%**	**4.2%**	**14.6%**	**14.1%**	**42.9%**	**100.0%**

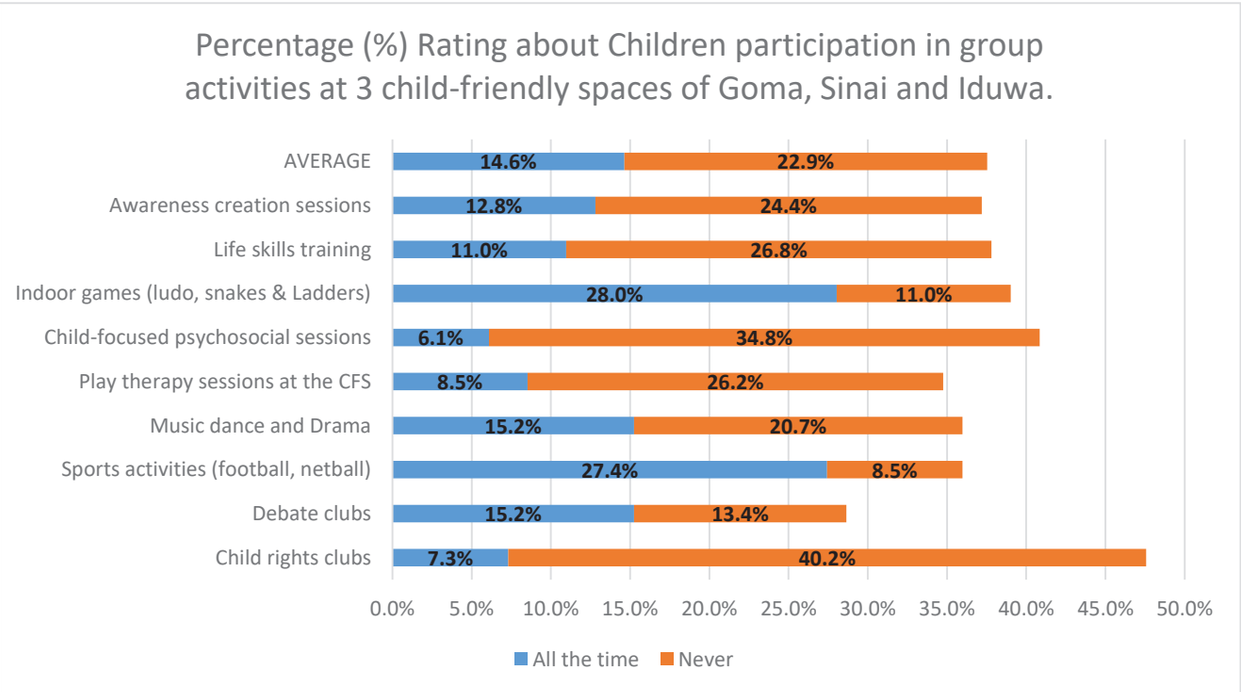
3.6.3.2 Children's Participation in Group Activities

Baseline Survey: In terms of average rating, 58% of the children rated their participation in group as Never; 4.5% said All the Time; 17% said Not Much of the Time; 7% said Quite alot of the time; 13% said Some of the Time.

Evaluation Findings: The results below in table 13 show below that the children rated their participation in group as never at 22.9%, all the time at 14.6%, Not much of the time at 22.9%, some of the time at 27.0% and quite a lot some of the time. Overall the reduction of never participation in group from 58% to 22.9% is significant improvement in addition to increase of all the time from 4.5% to 14.6%. The improvement is attributed to CFS centre that have provided opportunity for children to play and interact with their fellow children.

Table 16: Children participation in group activities at 3 child-friendly spaces of Goma, Sinai and Iduwa.

Percentage (%) Rating about Children participation in group activities at 3 child-friendly spaces of Goma, Sinai and Iduwa.						
Activities enjoy or engage with friends at the CFS	**All the time**	**Never**	**Not much of the time**	**Quite a lot of the time**	**Some of the time**	**Total**
Child rights clubs	7.3%	40.2%	26.2%	6.7%	19.5%	100.0%
Debate clubs	15.2%	13.4%	15.2%	20.1%	36.0%	100.0%
Sports activities (football, netball)	27.4%	8.5%	12.8%	27.4%	23.8%	100.0%
Music dance and Drama	15.2%	20.7%	20.1%	8.5%	35.4%	100.0%
Play therapy sessions at the CFS	8.5%	26.2%	28.7%	7.9%	28.7%	100.0%
Child-focused psychosocial sessions	6.1%	34.8%	33.5%	4.3%	21.3%	100.0%
Indoor games (ludo, snakes & Ladders)	28.0%	11.0%	4.9%	30.5%	25.6%	100.0%
Life skills training	11.0%	26.8%	29.9%	3.7%	28.7%	100.0%
Awareness creation sessions	12.8%	24.4%	34.8%	4.3%	23.8%	100.0%
AVERAGE	**14.6%**	**22.9%**	**22.9%**	**12.6%**	**27.0%**	**100.0%**



3.6.3.3 Understanding of the code of conduct and child safeguarding policy

Indicator 2.2: % of surveyed child-friendly space staff who demonstrate an understanding of the code of conduct and child safeguarding policy following induction.

Baseline Survey: Survey findings indicated that 41.2% (14 out of 34) of the CFS staff and CMC members rated their understanding of the code of conduct and child safeguarding policy following induction as High; 50% (17 out of 34) as Average; 5.9% (2 out of 34) as Low and 2.9% (1 out of 34) were Not Sure.

Evaluation Findings: 63.6% (14 out of 22) of CFS staff and CMC members rated their understanding of the code of conduct and child safe guarding policy at the moment as high. 31.8% (7 out of 22) as average and 4.5% as low. According to category, 66.7% (8/ out of 12) of the CFS rated their understanding of the code of conduct and child safe guarding policy now as high while 60% (6 out of 10) of the CMCs rated it as high. The evaluation findings on the overall there was significant improvement from 41.2% to 63.2% which is 22% increase.

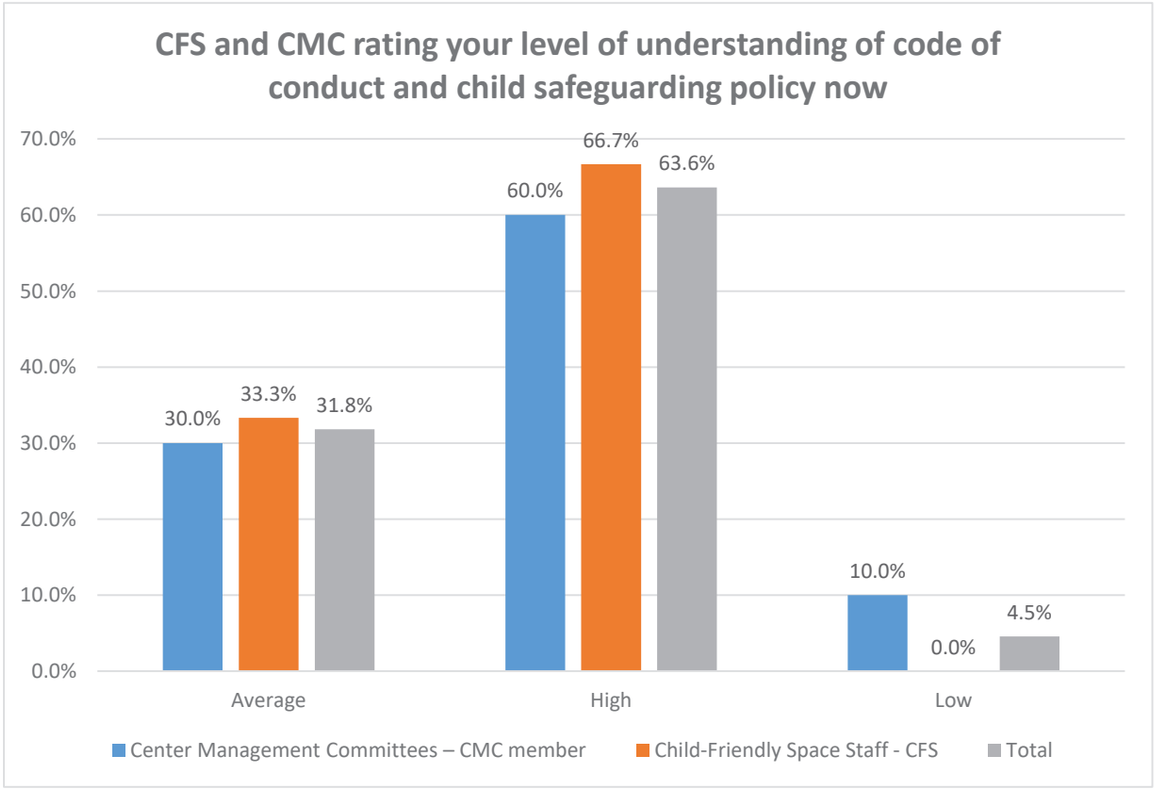


Table 17: Level of understanding of code of conduct and child safeguarding policy now

Basing on your experience, how do you rate your level of understanding of code of conduct and child safeguarding policy now ? CMC and CFS	Zone 3 East	Zone 3 West
Average	20.0%	41.7%
High	80.0%	50.0%
Low	0.0%	8.3%
Grand Total	**100.0%**	**100.0%**

3.6.3.4 Access to Child Protection Referral Pathway at CFS

Indicator 2.3: % of child-friendly spaces where child protection referral pathway is accessible.

Baseline Survey: Findings indicated that 41.2% (14 out of 34) of the of the CFS staff and CMC members rated the level of access to child protection pathways at child-friendly centers as High; 55.9% (19 out of 34) rated it as Average and 2.9% (1 out of 34) as Low

Evaluation Findings: The results show that the project achieved 100% in establishing reporting and referral procedures as well as child friendly information displayed/posters at CFS, while designated referral child protection referral points where highest with CFS staff.

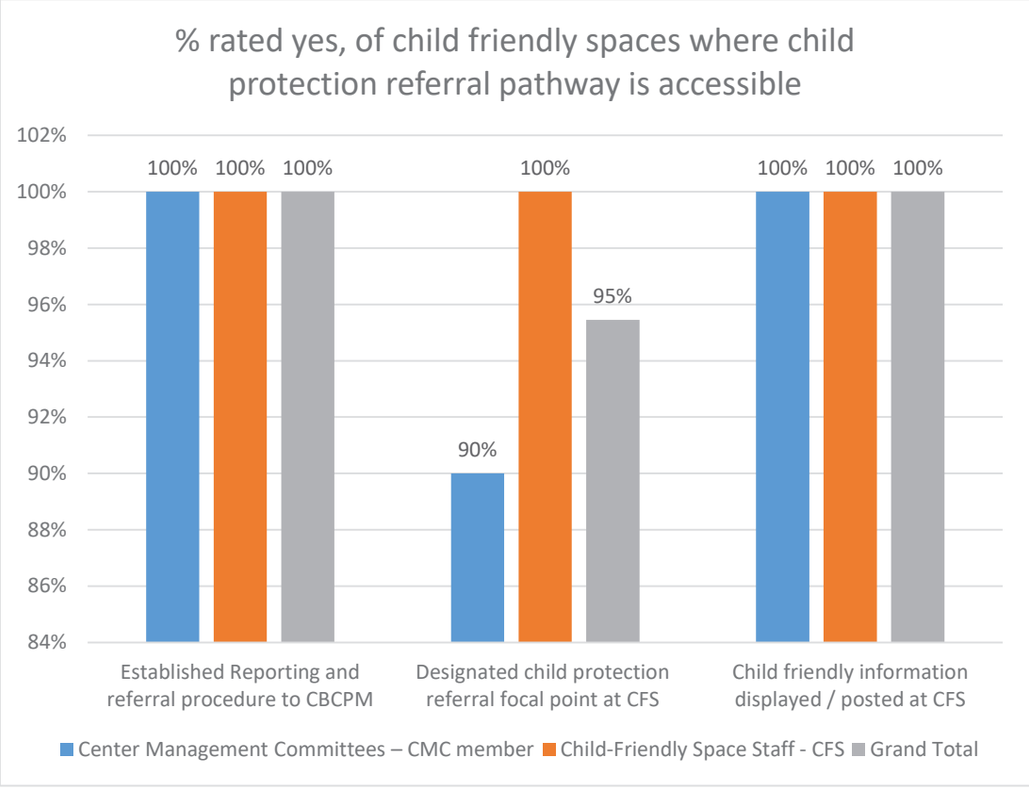


Table 18: Child friendly spaces where child protection referral pathway is accessible

% rated yes, of child friendly spaces where child protection referral pathway is accessible	Established Reporting and referral procedure to CBCPM	Designated child protection referral focal point at CFS	Child friendly information displayed / posted at CFS
Center Management Committees – CMC member	10	9	10
Child-Friendly Space Staff - CFS	12	12	12
Grand Total	22	22	22

3.6.4 Output Indicator 1: Strengthening capacity of major stakeholders of community-based child protection mechanism

3.6.4.1 Capacity Building for CBCPM Actors

Indicator 1: #of community-based child protection mechanism members and child protection awareness raising activists who participated in capacity building training

Baseline survey: Findings showed that 17.9% (10 out of 56) of the CBCPM Actors had ever participated in capacity building training compared to 82.1% (46 out of 56) who reported that No – they had never participated in any capacity building at the beginning of year 2022.
Evaluation Findings: The analysis show that on overall 97% of the CBCPM Actors had ever participated in capacity building training. This was a significant improvement from 17.9% at baseline. All the MAGs, RWC2s and SASA Activists indicated that they had been trained, while 94% of CPCs and 92% of RWCs did the same. The CBCPM Activists attributed the achievements to deliberate targeting and imparting of right knowledge and skills.

Table 19: Basing on your experience, have you ever participated in any TRAINING (obtaining knowledge & skills) focusing on child-protection? Yes

Categories of CBCPM	Female		Male		Overall		Zone 3 East		Zone 3 West		Overall	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Child Protection Committee - CPC	8	50.0%	8	50.0%	16	94%	11	64.7%	5	29.4%	16	94%
MAGs – Male Action Group	1	7.7%	12	92.3%	13	100%	4	30.8%	9	69.2%	13	100%
RWC 1	3	25.0%	9	75.0%	12	92%	6	46.2%	6	46.2%	12	92%
RWC 2	2	50.0%	2	50.0%	4	100%	3	75.0%	1	25.0%	4	100%
SASA Activist	6	33.3%	12	66.7%	18	100%	7	38.9%	11	61.1%	18	100%
Grand Total	**20**	**31.7%**	**43**	**68.3%**	**63**	**97%**	**31**	**47.7%**	**32**	**49.2%**	**63**	**97%**

4.6.4 Outcome 1.2: Vitalizing prevention and response to child protection risks in the community

4.6.4.1 Participation in child protection risk prevention and response activities

Indicator: # of community members who participated in child protection risk prevention / response activities.

Baseline Survey: In general, 41.5% (152 out of 366) of the community members (parents and guardians) reported to have ever participated in any child protection risk prevention /response activities at beginning

of the year 2022, compared to 57.4% (210 out of 366) who said NO and 1.1% (4 out of 366) who said Can't Remember.

Evaluation Findings: Reveal that 48.6% of the community members (parents and guardians) often participate in prevention and response activities on child protection and 48.1% did it not often while 4.13% were not sure as shown in table 16 below. The overall results indicate an improvement from 41.5% to 48.6% which provides pointer of the contribution of the project to increase in community resilience and duty bearers taking on responsibility as per the legal mandate.

Table 20: Community members rate the level of participation in any prevention & response activities on child protection in 2023

	Community members rate the level of participation in any prevention & response activities on child protection in 2023					
	Not Often		Not Sure		Often	
By gender	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**
Female	86	48.3%	10	5.3%	82	46.1%
Male	54	50.5%	4	3.7%	49	45.8%
By Location						
Zone 3 East	101	58.0%	13	7.5%	60	34.5%
Zone 3 West	40	35.6%	0	0.0%	71	64.0%
Average	**70.25**	**48.10%**	**6.75**	**4.13%**	**65.5**	**47.60%**

4.6.4.2 Emergency Support

Indicator: # child protection cases who received emergency support for life-saving, child rights and dignity.

Baseline Survey: There are 1.6% (6 out of 366) of the community member who reported that they Very Often provide emergency support to cases related to life-saving, child rights and dignity; 12.8% (47 out of 366) said they do Often; 62.3% (228 out of 366) said they do Sometimes; and 23.2% (85 out of 366) said Not at All.

Evaluation Findings: The community members (parents and guardians) highlighted that often (19.6%), they provide emergency support to cases related to life-saving, child rights and dignity, 41.4% said they do it not often, 2.1% were not sure while 36.8% did not do it at all. While these results show improvement from 1.6% to 19.6% plus, there was worrying increase in community members who didn't provide at all.

Table 21: Emergency support aimed at life-saving, e.g., take survivors to service centers for treatment / PEP.

Rating	Female		Male		Overall	
	Freq	%	Freq	%	Freq	%
Not at All	55	30.9%	50	46.7%	105	36.8%
Not Sure	4	2.2%	2	1.9%	6	2.1%
Yes, Not Often	81	45.5%	37	34.6%	118	41.4%
Yes, Often	38	21.3%	18	16.8%	56	19.6%

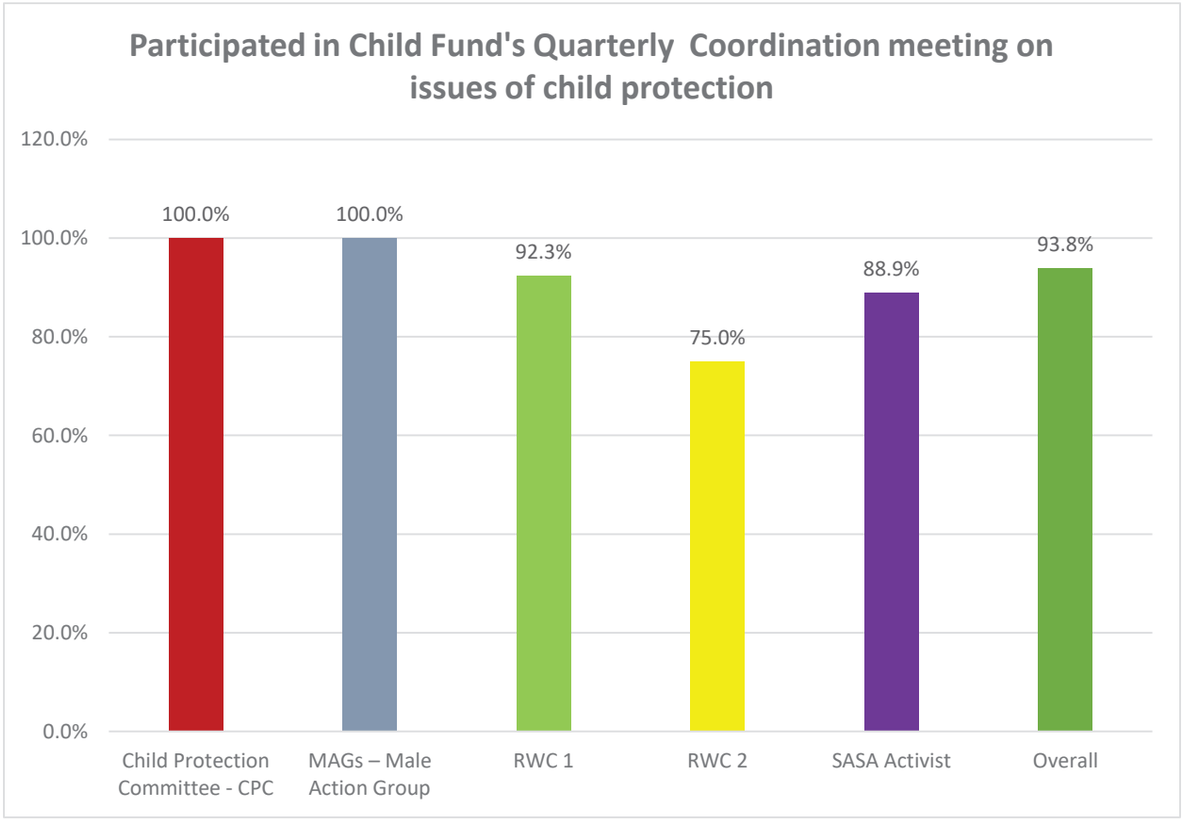
4.6.4.3 Participation in Coordination Meetings

Indicator: # of CBCPM Actors who have ever participated in coordination meetings

Baseline Survey: The proportion of CBCPM Actors that have ever Often participated in any Quarterly Coordination Meeting are 29% (16 out of 56); 54% (30 out of 56) have ever but Not Often; 18% (10 out of 56) said Not at All. By category, 50% (6 out of 12) of the CPC and 44% (7 out of16) of the SASA Activist reported that they have ever Often participated in any Quarterly Coordination Meeting.

Evaluation Findings: The findings indicate those CBCPM Actors that often participate in quarterly coordination meetings we 60.6% (39 out of 65), those not often were 28% (18 out of 65) and not at all were (12.3%). Majority of those CBCPM Actors that participated most were CPC (71%) and SASA Activists (61%). Overall this is a significant improvement from 29% to 60% of the CBCPM actors who participated often in quarterly coordination meetings. 60.3% of the Actors from Zone 3 East reported to participate in the quarterly co-ordination meetings while 40% of the actors from Zone 3 West participated in quarterly meeting.

Graph…: Participation in Quarterly Coordination Meetings



The graph above explains CBCPM actors that participated in Quarterly co-ordination meetings organized by Child Fund.

Table 22: Participated in Quarterly Coordination Meeting on issues related to child protection in your community with following actors. By LOCATION

PARTCIPATED IN QUATERLY COORDINATION MEETING on issues related to child protection in your community with following actors. By Location						
	Zone 3 East		Zone 3 West		TOTAL (YES)	
Respondent Category	Number	percent	Number	percent	Number	PERCENT
FCA-IP education	15	**42.9%**	20	**57%**	35	**53.8%**
URCS - Uganda Red Cross Society	16	**51.6%**	15	**48%**	31	**47.7%**
IsraAID	29	**87.9%**	4	**12%**	33	**50.8%**
SCI - Save the Children	26	**54.2%**	22	**46%**	48	**73.8%**
Local government (DCDO, Probation & Welfare, etc.)	26	**72.2%**	10	**28%**	36	**55.4%**
TPO	15	**57.7%**	11	**42%**	26	**40.0%**
LWF -Lutheran World Federation	30	**49.2%**	31	**51%**	61	**93.8%**
UNICEF	14	**77.8%**	4	**22%**	18	**27.7%**
UNHCR	23	**46.0%**	27	**54%**	50	**76.9%**
OPM	29	**61.7%**	18	**38%**	47	**72.3%**
Police – family Protection Unit	30	**62.5%**	18	**38%**	48	**73.8%**

The table above shows percentage of CBCPM actors that participate in quarterly coordination meeting with the other stake holders in the area.

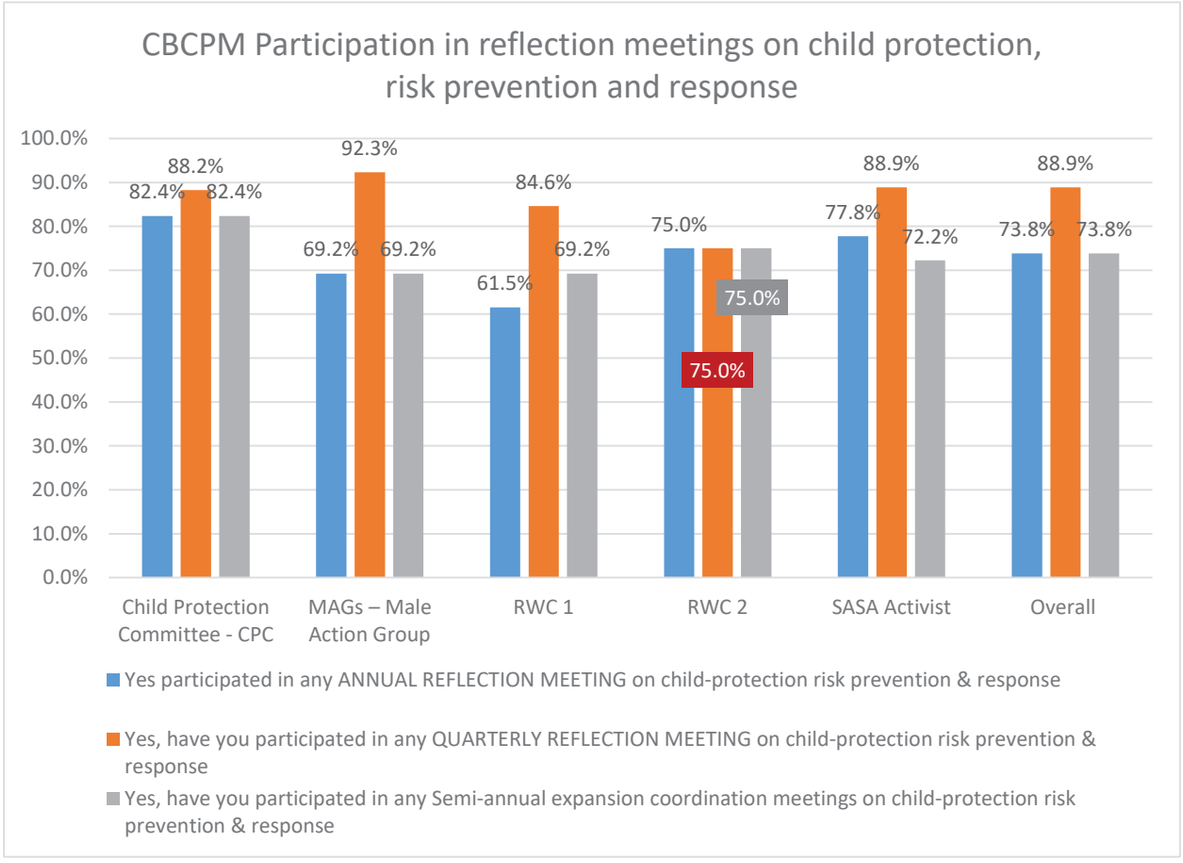
Majority of the CBCPM actors (93.8%) participated in quarterly coordination meeting by LWF while least participated meeting are under UNICEF (27.7%)

Table 23: Basing on your experience, have you participated in any quarterly reflection meeting on child-protection risk prevention & response?

	Not At All		Yes, Not Often		Yes, Often		
Categories of CBCPM	Number	Percent	Number	Percent	Number	Percent	Grand Total
Child Protection Committee - CPC	2	11.8%	3	18%	12	71%	17
MAGs – Male Action Group	1	7.7%	5	38%	7	54%	13
RWC 1	2	15.4%	4	31%	7	54%	13
RWC 2	1	25.0%	1	25%	2	50%	4
SASA Activist	**2**	11.1%	**5**	28%	**11**	61%	**18**
Grand Total	**8**	12.3%	**18**	28%	**39**	60%	**65**

Table 24: Basing on your experience, have you participated in any REFLECTION MEETING on child-protection risk prevention & response? - CBCPM

Participated in any REFLECTION MEETING On Child-Protection Risk Prevention & Response	NO		YES	
	Number	Percent	Number	Percent
Zone 3 East				
Weekly	4	12.5%	28	87.5%
Monthly	1	3.1%	31	96.9%
Quarterly reflection meetings	1	3.1%	31	96.9%
Semi-annual expansion coordination meetings	2	6.3%	30	93.8%
Annual	2	6.3%	30	93.8%
Zone 3 West				
Weekly	8	25.0%	25	78.1%
Monthly	6	18.8%	27	84.4%
Quarterly reflection meetings	7	21.9%	26	81.3%
Semi-annual expansion coordination meetings	15	46.9%	18	56.3%
Annual	15	46.9%	18	56.3%



Baseline Survey: Findings indicated that none of the CBCPM actors reported to have ever participated in any semi-annual expansion coordination meeting. 10.7% (6 out of 56) said Not at All and 89.3% (50 out of 56) said Not-Sure.

Evaluation Findings: The CBCPM Actors who indicated that they have participated in semi-annual coordination meetings on average were 43.1% (28 out 60), 30.8% (20 out 65) said not often, not at all were 24.6% (16 out of 65) and 1.5% (1 out of 65) was not sure. On overall this is an improvement from zero percent to 73.9% (those who said often and not often combined).

Table 25: Participation in Semi- Annual Expansion Coordination Meetings

	Not At All		Not Sure		Yes, Not Often		Yes, Often		
CBCPM	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Grand Total**
Child Protection Committee - CPC	3	17.6%	0	0.0%	8	47.1%	6	35.3%	17
MAGs – Male Action Group	4	30.8%	0	0.0%	6	46.2%	3	23.1%	13
RWC 1	4	30.8%	0	0.0%	2	15.4%	7	53.8%	13
RWC 2	1	25.0%	0	0.0%	1	25.0%	2	50.0%	4
SASA Activist	4	22.2%	1	5.6%	3	16.7%	10	55.6%	18
Grand Total	**16**	24.6%	**1**	1.5%	**20**	30.8%	**28**	43.1%	**65**

4.6.5. Outcome 1.3: Promoting child protection awareness raising activities in the community

Participation in Awareness Raising

Indicator: # of community members who participated in child protection awareness raising activities

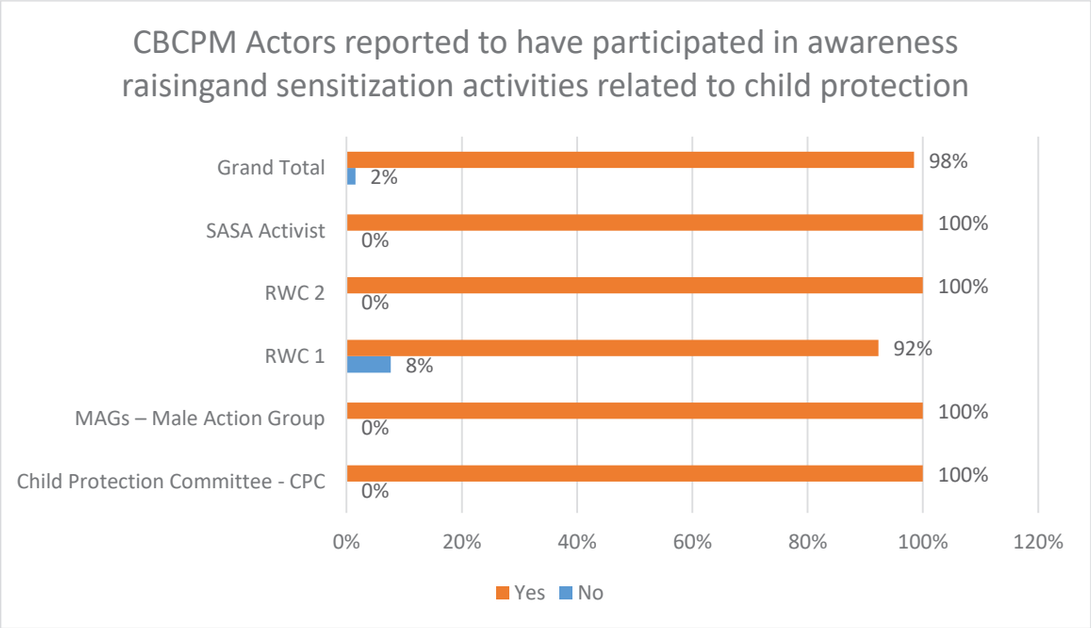
Baseline Survey: There are 82.1% (46 out of 56) of the CBCPM Actors who reported to have ever participated in any awareness raising and sensitization activity (organized by Child Fund) related to child protection at beginning of the year 2022. In comparison, 17.9% (10 out of 56) said NO.

Evaluation Findings: This revealed that 98% (64 out of 65) of the CBCPM actors reported to have participated in awareness raising and sensitization activities related to child protection. The table below explains percentage of each actor and their level of participation in awareness raising and sensitization activities. 100% of the Actors in Zone 3 West participated in awareness raising and sensitization activities compared 98% of the actors in Zone 3 East participated.

Table 26: Community members who participated in child protection awareness raising activities

	No	No Total	Yes					Yes Total	Grand Total	
Zone	**RWC 1**	**0**	**Child Protection Committee - CPC**	**MAGs – Male Action Group**	**RWC 1**	**RWC 2**	**SASA Activist**			
Zone 3 East	1	1	11	4	6	3	7	31	32	97%
Zone 3 West	0	0	6	9	6	1	11	33	33	100%
Grand Total	1	1	17	13	12	4	18	64	65	98%

Figure 3: CBCPM actors reported to have participated in awareness raising and sensitization activities related to child protection



4.6.5 Outcome 2.1: Operation of Child-Friendly Spaces and Reinforcement of Activity Programs

4.6.5.1 Activity Programs and Standard Operation Plans

Indicator: # of reorganized/developed activity programs and standard operation plans for child-friendly spaces

Baseline Survey: Findings showed that 88.2% (30 out of 34) of the CFS Staff and CMC members reported to be aware (said YES) about the existence of an operation plan for the Child-Friendly Space. In comparison, 11.8% (4 out of 34) reported not to be aware (said NO)

Evaluation Findings: 100% of the CFS and CMCs were aware of the existence of the CFS operation plans in their areas which is s significant improvement from 88.2% at baseline.

4.6.5.2 CFS Care Teacher Capacity -Building Training and Activity Curriculum Development Workshop.

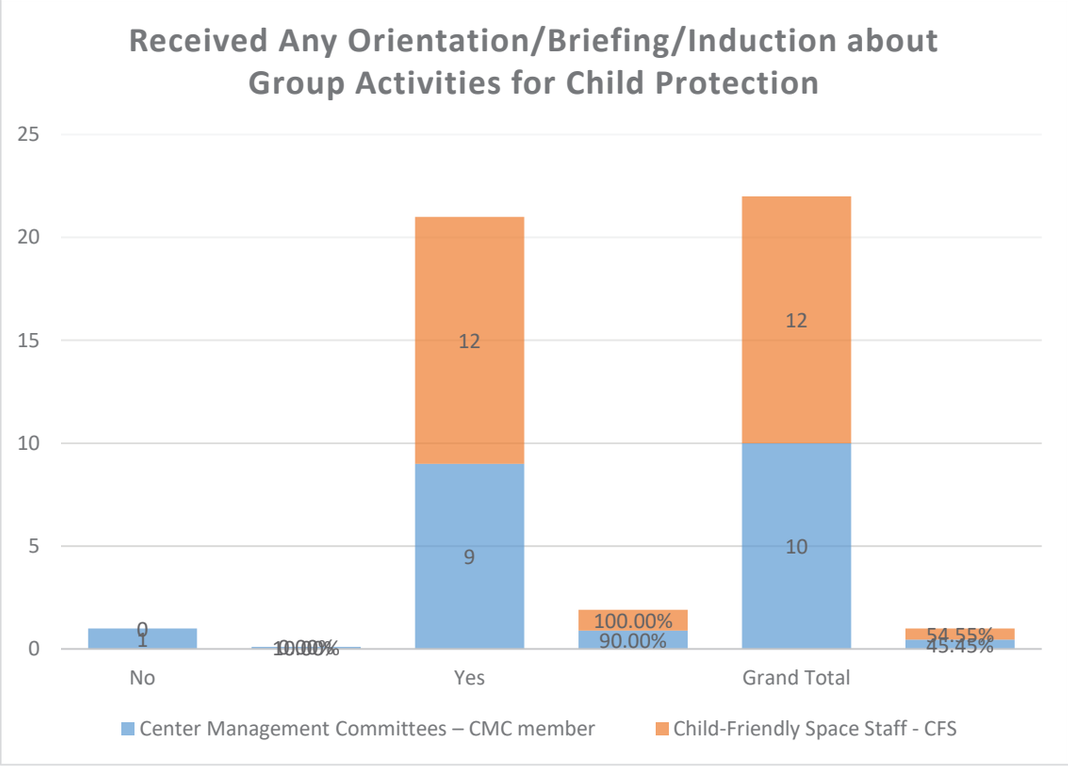
Baseline Survey: Findings showed that 88.2% (30 out of 34) of the CFS Staff and CMC member reported to have attended orientation and operation workshop (said YES); In comparison, 11.8% (4 out of 34) said NO to be aware (said NO).

Evaluation Findings: The overall findings revealed that 95.45% of the CFS staff and CMC members reported to have attended orientation and operation workshops as compared to 4.55% who indicated they had not attended. However, results show an improvement from 88.2% to 95.45% due to the project interventions.

Table 27: Since 2022, have you received any orientation / briefing / induction about group activities for child protection?

Since 2022 , have you received any orientation / briefing / induction about group activities for child protection?	No	Yes	Grand Total
Center Management Committees – CMC member	1	9	10
Child-Friendly Space Staff – CFS	0	12	12
Grand Total	**1**	**21**	**22**

Figure 4: CMC and CFS Staff received any orientation / briefing / induction about group activities for child protection



4.6.5.3 Capacity-Building Training

Indicator: # of child-friendly space personnel who participated in capacity-building training

Baseline Survey: In terms of capacity building, 82.4% (28 out of 34) of the CFS staff and CMCs said YES- they had ever received training. By position, 84.6% (11 out of 13) of the CMC said Yes compared to 81% (17 out of 21) of the CFS staff who said the same.

Evaluation Findings: Overall 90.91% CFS staff and CMC members indicated that they participated in capacity building training and 90.09% had not as shown on the graph and table below. This was an improvement from 82.4% at the start of the project implementation.

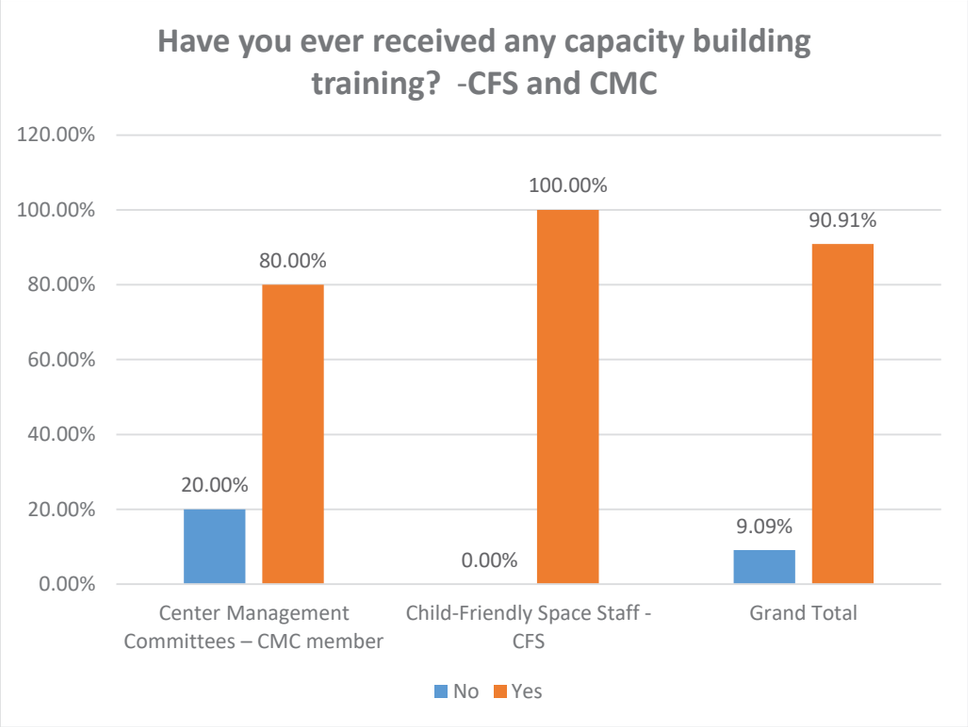


Table 28: Have you ever received capacity building training?

	Center Management Committees – CMC member		Child-Friendly Space Staff - CFS		
	Freq	**Percent**	**Freq**	**Percent**	**Total**
No	2	20.0%	0	0%	2
Yes	8	80.0%	12	100%	20
Grand Total	**10**	100.0%	**12**	100%	**22**

In addition, below is the table for workshops ever attended.

Table 29: attend any Capacity building workshop on Child protection Child safeguarding Psycho social support for children Skills on how to interact with and manage children at the center

Did you attend any Capacity building workshop on Child protection Child safeguarding Psycho social support for children Skills on how to interact with and manage children at the center	Center Management Committees – CMC member	Child-Friendly Space Staff - CFS	Grand Total
No	10.00%	8.33%	9.09%
Yes	90.00%	91.67%	90.91%
Grand Total	**100.00%**	**100.00%**	**100.00%**

The evaluation revealed that 90% (9 out of 10) CMCs participated in capacity building workshops on child protection, safe guarding, psychosocial support for children aimed obtaining skills on how to interact and manage children at the center compared to 91.7% (11 out of 12) CFS who participated.

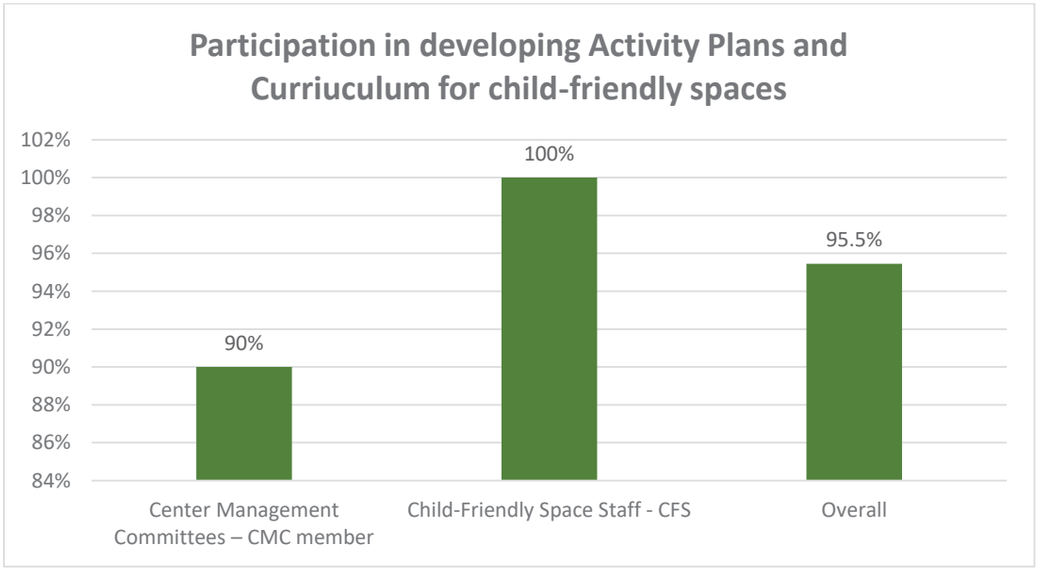
Table 30: Basing on your experience, have you ever participated in any TRAINING (obtaining knowledge & skills) focusing on child-protection

Basing on your experience, have you ever participated in any TRAINING (obtaining knowledge & skills) focusing on child-protection ? Yes - CBCPM												
Categories of CBCPM Activists	**Female**		**Male**		Overall		**Zone 3 East**		**Zone 3 West**		Overall	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Child Protection Committee - CPC	8	50.0%	8	50.0%	16	94%	11	64.7%	5	29.4%	16	94%
MAGs – Male Action Group	1	7.7%	12	92.3%	13	100%	4	30.8%	9	69.2%	13	100%
RWC 1	3	25.0%	9	75.0%	12	92%	6	46.2%	6	46.2%	12	92%
RWC 2	2	50.0%	2	50.0%	4	100%	3	75.0%	1	25.0%	4	100%
SASA Activist	6	33.3%	12	66.7%	18	100%	7	38.9%	11	61.1%	18	100%
Grand Total	**20**	**31.7%**	**43**	**68.3%**	**63**	**97%**	**31**	**47.7%**	**32**	**49.2%**	**63**	**97%**

4.6.5.4 CFS Care Teacher Competency-Building Training and Activity Program Development Workshop

Baseline Survey: There are 88.2% (30 out of 34) of the CFS staff and CMCs who reported that YES- they have ever participated in developing activity plans and curriculum for CFS. In terms of position, 95.2% (20 out of 21) of the CFS staff said YES compared to 76.9% (10 out of 130 who said the same.

Evaluation Findings: 95.5% (19 out of 22) of the CFSs and CMCs reported that they have ever participated in developing activity plans and curriculum for CFS. 100% (12 out of 12) of CFSs said yes while 90% (9 out of 10) were CMCs.



3.6.1 Stories of Change



Figure 2: Jakudu Rose, 17 years of Bongilo Viallge, Block 7

MSC 1: Jukudu Rose, 17 years, Child Headed Household, Bongilo village, Block 7

Before life was hard for us as I had even dropped out of school to cater for my younger brothers so that they can go to school.

We used to sleep in the same house with my younger brothers but ever since the BRePS project coming, they were able to build a house for us which I now sleep in. Besides that we were also supported with a mattress, bedsheets and a bar of soap.

We were registered by one of the community activists called Mr. Kaya Andrew and that is how we got to become a beneficiary.

Because they were able to construct a house for us and provide us with some basic needs as mattress, bedsheets and soap which improved our living conditions.

All we have to do is to work hard so that we should not return back to the state that we had been in before ChildFund intervened.



Figure 3 Yongole Emmanuel, 17 years of Idiwa Village, Block B

MSC 2: Yongole Emmanuel – 17 years of Idiwa 1, Block B

Before the conditions were worse because there was no one to cater for me and actually am suffering from epilepsy that used to disturb me a lot.

I was identified by CFS Facilitator within our village and referred to ChildFund for support.

ChildFund supported me with a mattress and bedsheets which I currently use for sleeping.

I urge ChildFund to continue supporting me and my family with the necessary support that they are offering me.



Figure 4 Joyce Tukwaye, 6 years of Lukiri Village, Block 17

MSC 3: Moris Mule – 34 years and a mother to Joyce Tukwaye – 6 years of Lukuri village in Block 7

Before the situation was not okay because she could easily collapse from the sickness which always required intensive care and I was unable to do that by myself.

Being a MAG member the most important was the construction of CFS centre which brought peaceful co-existence among the children. They were able to support the vulnerable children. My daughter was identified from the CFS Centre because she has chronic malaria by one of the SASA Activists and referred to ChildFund and that was how she was identified. They were able to help my daughter with a mattress and one pair of bedsheets and a bar of soap and she is now able to sleep in a safe place.

As a parent I really thank ChildFund so much for the support they have given my daughter and they have to continue with their project in the community.

3.7 Sustainability

The KIIs and FGDs indicate that despite the short period of the implementation of the project there are mechanisms and pointers to sustainability of interventions and outcomes realized which include;

- The community also will work to reduce rate of GBV because of the knowledge acquired and this will continue because the community is sensitized
- Some of the changes will continue because some materials provided like the radio will still help the community.
- The strengthening of the community structures and community based approaches used in training and dialogues have contributed to ownership, capacity and empowerment of the CBCPM to continue responding and providing child protection services at community level.
- The network with other partners through the interagency coordination mechanism has strengthened child protection services delivery through community structures e.g peer advisor network.
- The constructed facilities at the CFS, feedback meetings, recreational facilities, fencing at the CFS are permanent features for the community to utilizes with support from the district since they are linked to the primary schools.
- It is a short term project, withdrawal of facilitators stipend,

- Food prioritization has demoralized community from voluntary participation in community activities

3.8 Lessons Learnt and promising good Practices

The project has provided several opportunities for learning and possible replications with the settlement and other areas.

- CFS activities can enable CBCPM Activists, RWCs, CMC and CFS staff identify issues that are affecting children e.g. if the children are behaving violently it's because of parents in the community or if the children are dirty then you know there is a health problem in the community.
- CSF CMC and staff with good communication skills support to run CFS center as the community is composed of children, youth, elders, etc which require different approaches to deal with different categories of people and how to accept feedback from them.
- The ecological model has been critical in protecting children and has been effectively applied using the community based approaches that enhanced ownership and sustainability, build resilience.
- A community based referral mechanism for child protection created demonstrates that referral of cases for better management can be effectively handled by CBCPM Activist to the satisfaction of the communities they serve.
- A support mechanism with participation in coordination activities of community structure is vital to ensure improved implementation and avoided duplication.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

The project achieved main goal of strengthening community-based child protection mechanisms by addressing key child protection concerns and risks that children in Palorinya refugee settlement continue to face while 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 establishment of the 3 CFS centres was instrumental in providing children with much required opportunities for facilitating the child protection services after the closure of the most of substandard ECD Centres by the district. The empowerment of the CBCPM Actors and networking with other development partners boosted the project contribution to child protection.

Although the project achieved its outcomes, due to the short period of implementation of 1 years and 10 months, the impact could not be achieved and require further interventions including supporting the CBCPM Actors to be coordinated and monitored due constant movements of the refugees to their countries of origin and back as well integrating them in the district and sub-county structures for sustainability. It is not certain that the CSF staff will be maintained as their salaries are paid by ChildFund. The community radios require sustainable mechanism for maintenance.

4.2 Recommendations for future programming

ChildFund should immediately design a follow up project in line with UNCHR and OPM framework on refugees that support transition from emergency to development approach. For instance, in line with the ReHOPE Framework, Child Fund with a focus on child protection should continue to empower communities to plan, implement, and account for activities that enable both

household and community resilience; ensure inclusion of refugees within district development plans and subsequent annual work plans, and promote the ReHOPE principles. Most especially Principle 2: Follow a rights-based approach that prioritizes equity, human rights, gender responsiveness, and women's empowerment, principle 3: Engage and empower the community and place refugees and host communities within a development context, principle 4: Leverage comparative advantage; build on the strong examples of agencies working together based on their comparative advantage, principle 5: Build on existing program blocks and best practices, principle 6: Promote a harmonized, area-based approach aligned under the district development plans and the district planning processes, principle 7: Use harmonized program tools to adopt a common approach and ensure that this harmonized approach aligns with and supports government systems, and principle 8: Build on and strengthen existing coordination structures.

Also, promoting the ownership and long-term sustainability of programs and continuing to enhance service delivery is an area of comparative advantage as a ReHoPE actor.

In line with CRRF, Child Fund should work towards eliminating the challenges faced by children such as psycho-social distress due to children witnessing extreme violence, Lack of a comprehensive response for children due to limited funding for child protection, especially in the emergency response, Limited livelihoods activities which has increased the vulnerability of women and girls who are the bread winners of the families, Limited access to education (secondary school) and vocational training which has increased the vulnerability of the adolescent girls thus subjecting them to the traditional roles of getting married at an early stage

Specifically, at the settlement level, there are limited ECD centres in Parolinya/Itula sub-county, therefore transitioning the CFS centers will be an alternative option. Refresher training courses for CFS staff will be required, as well as more qualified staff and improved remuneration. Alternatively, ChildFund could work with other partners like Windle Trust and Teach For All/Uganda to access volunteer teachers for ECD.

The reporting and referral mechanism established around CFS should be documented and shared for adoption and replication in other refugee setting as a model. The CFS CMCs should be prepared to takeover not only ownership but resources. Strengthen referral at CFS for timely interventions.

ANNEXURES

Annex 1. Evaluation Questions

Evaluation Parameters	Specific questions *(Outputs: Outcomes: Impact: Strategy)*
Relevance How relevant is the project to the priorities and policies of the target group, the district, National, International entities? (Design vs priorities and needs)	i. How relevant were the objectives and activities in addressing the identified needs of the targeted population? ii. How did the beneficiaries perceive the relevance of this project and how did the activities improve the lives of targeted beneficiaries? Are there any stories of change? iii. 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? iv. To what extent was the project able to adapt and provide appropriate response to contextual changes and emerging local needs and priorities of beneficiaries?
Coherence How well does the project fit in integrated with the activities and priorities of other agencies and organizations (including local and national government)?	i. Was the intervention consistent with other actors' interventions in the same context? ii. Were there synergies and interlinkages between the intervention and other interventions carried out by the same institution? iii. Was the intervention consistent with the relevant international norms and standards to which that institution/government adheres?
Effectiveness Has the project been effective in achieving the intended project objectives? (Resources utilized vs achieved results)	i. To what extent were the planned objectives reached (as in log-frame and per indicator)? ii. To what extent did project activities contribute to the overall goal and realization of wellbeing of wellbeing of children and youth in Zone 3? iii. What were the major factors influencing the achievement of the objectives of the project? iv. What opportunities for collaboration were utilized and how did these contribute to increased effectiveness or otherwise? iv. Were there proper accountability and risk management frameworks in place to minimize risks on implementation?
Efficiency Has the project been efficient in achieving the intended objectives? (Resources utilized vs timeframe)	i. How efficient was the delivery of project not only in terms of expenditure, but also in terms of quality and systematic implementation of activities? ii. Was the project activity implementation approach considered to have been cost-efficient, while not compromising quality? iii. What would have been opportunities within project to reach more beneficiaries within the available budget or to reduce costs while reaching at least the same number of beneficiaries without compromising quality? iv. What choices were, made in terms of collaboration and non-collaboration during program design? Why were these choices made? v. Were some alterations made to the project design in terms of collaboration during the implementation based on the reality on the ground? vi. What were the outcomes of these choices for effective and efficient project implementation?

Evaluation Parameters	Specific questions *(Outputs: Outcomes: Impact: Strategy)*
Impact What impact (Changes) has the project had on beneficiaries and non-beneficiaries?	i. What changes are being seen in Building Resilience and Protection Systems for the Well-being of Children in Palorinya Refugee settlement and Host Communities in Obongi District (positive, negative and unexpected/surprising)? How has the project contributed toward those changes? ii. What degree of participation of community members can be seen in communities (e.g., to what extent do children, parents/guardians, CBCPM members (RWC, CPC) and awareness raising activists (SASA, MAGs) have a voice in decisions and activities that affect them)? How has the project contributed to this? iii. What have been some changes (positive, negative and unexpected/surprising) Strengthening effective and safe community-based child protection mechanism and improving psychosocial well-being of children? How has the project contributed toward those changes? iv. Has the project increased community members with improved ability to prevent and respond to child protection risks? v. Has the project improved on child-friendly space activity participants who responded that psychosocial stability increased after participating in CFS activities
Sustainability Will the benefits of the project be sustained after the end of the project?	i. Will the changes caused continue beyond the life of the project? ii. What mechanisms did ChildFund (or the project) and partners put in place to sustain the key project results? iii. How did the project work with local partners to increase their capacity in a sustainable way? iv. What motivations /mechanisms were put in place for partners to continue playing these roles? v. What are the risks facing sustainability of project results?
Conclusions and Recommendations What conclusions and recommendations can be deduced from the results with specific attribution to the project?	What are the lessons learnt, best practices, most significant stories and recommendation per evaluation category (i.e. effectiveness, efficiency, relevance etc.)

Annex 2: Structured Questionnaire – Community Members (Parents, Guardians)

STRUCTURED SURVEY QUESTIONNAIRE
Endline Evaluation Of Building Resilience And Protection Mechanism For The Well-Being Of Children And Youth In Refugee and Host Community In Palorinya Refugee Settlement In Obongi District – Northern Uganda

Dear Sir/Madam,

My name is…….. Iam working on behalf of CHILDFUND Uganda. We are conducting baseline survey aimed at assessing child protection mechanisms among refugees and host communities in Palorinya settlement in Obongi district. Therefore, you have been identified as a key person to help offer your opinion about this matter. I humbly request you to respond to the following questions. The response you give shall be used only for improving service delivery among refugees and host communities. The information obtained from you will be treated with maximum confidentiality. Thank you very much.

	QUESTION Category	**Specific Question**	**Response**		
	Question number	Auto generated			
	Date	Auto generated			
	Code of interviewer	1 = Moses Jiji 2 = Nadia Ali 3 = Mazira Gertrude 4= Augustine Lubanga			
	Respondent Category				
	Community member - Refugee		1		
	Community member – Host / not refugee		2		
1	**LOCATION CHARACTERISTICS**				
1.1	**GPS Coordinate**	Capture GPS coordinate of respondent location			
1.2	Region	West Nile Sub Region	YES	NO	
1.3	District	Obongi			
1.4	**Sub County** Itula	**Zones** Zone 3 West Zone 3 East **Parish –**	**Village**	**Block –** *skip for refugees only*	
1.7	Spatial characteristics	Trading center	YES	NO	
		Not trading center	YES	NO	
		Inside Palorinya Refugee settlement	YES	NO	
		Outside settlement – Host community	YES	NO	
2.0	**RESPONDENT CHARACTERISTICS**				
2.1	**Sex**	Male Female	YES	NO	
2.2	**Age**	How old are you?			
2.3	**Disability**	Does the respondent have a disability?	YES	NO	If YES, skip to 2.4
	If YES, specify type of disability	Deaf & dumb Blind Minor physical disability			

	QUESTION Category	Specific Question	Response		
		Major physical disability (legs, arms Multiple disabilities Other			
2.4	**Community Role**	*Parent*			
		Guardian			
		Foster parent			
		Other			
2.6	**Education Status**	Have you ever attended school?	YES	NO	
		If YES, what level did you attain?			
2.7	**Marital Status** What is your current marital status?	1 = Married 2 = Widowed 3 = Divorced / separated 4 = Not Living with partner 5 = Single parents 5 = Other	YES	NO	
2.8	**Residential** What is your residential status?	1 = Living in own house 2 = Living with family member house 3 =Living in charity center 4 = No house / shelter 5 = Living in GBV Shelter 6= Other	YES	NO	
2.9	**Nationality** What is your nationality?	1 = South Sudanese 2 = Congolese 3 = Ugandan 4 = Others (specify)	YES	NO	
2.10	**Income sources** What is your major source of income?	1 = Cash payments / remittances from UNHCR 2 = Remittance from relatives, friends, by-passers 3 = Business / services 4 = Farming 5 = Salaried Job 6 = Other	YES	NO	

3.0 Goal (Impact) - Child Protection Risks

Q.N 3	Survey Questions	Likert Scale			
		High = 1	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved Access – ultimate goal				
3.1	Basing your experience, how do you rate the level of access of child protection services in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved provision				
3.2	In your opinion, how do you rate your capacity to respond to child protection risks in your area in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved Safety				

Q.N 3	Survey Questions	Likert Scale			
		High = 1	**Average = 2**	**Low = 3**	**Not sure = 4**
3.3	In your opinion, how safe is the PHYSICAL ENVIRONMENT (at home & community) that children live in 2023?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
	Improved dignity				
3.4	Basing on your experience, how do you rate the LEVEL OF PSYCHOLOGICAL WELL-BEING among GIRLS below 18 years in 2023?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
3.5	Basing on your experience, how do you rate the LEVEL OF PSYCHOLOGICAL WELL-BEING among BOYS below 18 in 2023?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
	Improved rights				
3.6	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among CHILDREN to claim their rights in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.7	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among PARENTS to claim their rights of children in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.8	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among LEADERS to protect the rights of children in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.9	Basing on your experience, how do you rate your level of understanding of CHILD PROTECTION POLICIES in your area in 2023?	High = 1	Average = 2	Low = 3	Not sure = 4

4.0 Objective / Outcome 1 Strengthening capacity of major stakeholders of community-based child protection mechanism

Abilities of community members

4.1	**In your opinion, how do you rate the level of ability in doing the following in the year 2023?**	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
4.2	Able to IDENTIFY a child protection case related to Child abuse, neglect, violation, exploitation	1	2	3	4
4.3	Able to REPORT a child protection case	1	2	3	4
4.4	Able to REFER a child protection case (referral)	1	2	3	4
4.5	Able to PROVIDE psychosocial first aid	1	2	3	4
4.6	Able to FOLLOW-UP a child protection case	1	2	3	4
4.7	Able to MOBILISE COMMUNITY	1	2	3	4
4.8	Able to consider BEST INTERESTS of the child in cases of emergency or LIFE-THREATENING RISKS	1	2	3	4
4.9	Willingness to REPORT HIDDEN CASES (Unreported cases e.g., child marriage, defilement) without fearing revenge from community	Yes = 1	No = 2	Not Sure = 3	

5: Outcome 2. Improving PSYCHOSOCIAL WELL-BEING of children participating group based activities in child-friendly space

	Psychosocial support activities offered to children (12-17 years)				
5.1	Basing on your experience in 2023, have you ever talked to children about the following?	Very Often = 1	Often = 2	Not At All = 3	Not Sure = 4
	How to manage body changes (beards, breasts, pubic hair, voice change, body odour, etc)	1	2	3	4
	How to manage bad emotions (anger, stress, disappointments)	1	2	3	4
	How to manage positive emotions (excitement, happiness, success)	1	2	3	4
	How to manage peer pressure	1	2	3	4
	How to avoid suicide thoughts	1	2	3	4
	How to talk to friends on avoiding dangers	1	2	3	4
	Knowing where to get assistance in case you face a danger / problem	1	2	3	4
	Safety				
5.2	Basing on your experience in this years 2023, have you received any report from children expressing their fear of being un-safe?	YES = 1	NO = 2	CAN'T REMEMBER = 3	
5.3	If YES, what was the nature of the fear?				
5.4	In your opinion, how do you rate the level of children participation in group activities intended to promote child safety and well-being in 2023?	HIGH = 1	AVERAGE / medium = 2	LOW= 3	NOT SURE = 4
	Follow-up question on group activities				
5.5	Basing on your experience, have you ever accessed any of the following at child-friendly spaces in early 2023?	YES = 1	NO = 2	CAN'T REMEMBER = 3	
	Displayed chart showing referral pathways at child-friendly spaces	1	2	3	4
	Reporting a child protection case to child-friendly space	1	2	3	4
	Contacting a f staff at child-friendly space – Have you ever been contacted by CFS staff / ever contacted CFS staff on child protection cases	1	2	3	4
	Obtaining and share child friendly information from child-friendly space – have you ever received information from CFS	1	2	3	4

6: Outcome 1.1. Strengthening capacity of major stakeholders of community-based child protection mechanism

6.1	Basing on your experience, have you participated in any AWARENESS RAISING & SENSITISATION ACTIVITY (giving information) related to child protection in the year 2023?	**YES = 1**	**NO = 2**	**NOT SURE = 3**	
6.2	Basing on your experience, have you participated in any TRAINING (obtaining knowledge & skills) focusing on child-protection in year 2023?	1	2	3	

7: Outcome 1.2. Vitalizing prevention and response to child protection risks in the community

7.1	**Basing on your experience, how do you rate the level of participation in the following prevention & response activities on child protection in 2023?**	**OFTEN = 1**	**NOT OFTEN = 2**	**NOT SURE = 3**	
	Preventing harm to children at individual, family, community levels (root causes)	1	2	3	
	Help victims / survivors not to face additional harm, abuse, neglect, exploitation or violence, no to face stigma – support children at risk to access support	1	2	3	
		1	2	3	
7.2	**Basing on your experience, have you supported any child at risk to receive any support in 2023?**	**YES, OFTEN = 1**	**YES, NOT OFTEN = 2**	**NOT AT ALL = 3**	**NOT SURE = 4**
	Emergency support aimed at life-saving, e.g., take survivors to service centers for treatment / PEP	1	2	3	4
	Reporting of CP cases to police to support survivors to get access to justice	1	2	3	4
	Support a child to get registration papers from OPM	1	2	3	4
	Support children to access to Food and NFIs	1	2	3	4
	Refer cases for further support from service providers	1	2	3	4

8: 2.1. Operation of child-friendly spaces and reinforcement of activity programs

8.4	Basing on your experience, how do you rate the LEVEL OF CHILDREN PARTICIPATION IN SELECTION OF ACTIVITIES at the child-friendly spaces (CFS) in 2023?	HIGH = 1	LOW = 2	NOT AT ALL = 3	NOT SURE = 4
8.5	In your opinion, do you think child-friendly spaces (CFS) provide a safe and secure environment for the children in year 2023?	OFTEN = 1	NOT OFTEN = 2	NOT AT ALL = 3	NOT SURE = 4

8.7	In your opinion, do you think the staff at child-friendly spaces (CFS) were SUPPORTIVE AND SENSITIVE to the children in 2023?	ALWAYS = 1	NOT ALWAYS = 2	NOT AT ALL = 3	NOT SURE = 4
8.9	In your opinion, what is your LEVEL OF SATISFACTION about services offered to children at all the child-friendly spaces in 2023?	Very Satisfactory = 1	Averagely Satisfactory = 2	Not Satisfactory = 3	Not Sure = 4
8.10	Basing on your experience, have you ever had a complaint about Child-Friendly Spaces?	YES = 1	NO = 2	NOT SURE = 3	If yes, skip to 8.11
8.11	If YES, did you report the complaint?	1	2	3	If yes, skip to 8.12
8.12	If YES, did you receive feedback?	1	2	3	
8.13	If YES (in 8.11), was the reporting process safe to you?	1	2	3	
8.14	If YES (in 8.11), were other community members able to report complaints and receive feedback on same issues reported?	1	2	3	
8.15	Have you ever received capacity building training – CFS staff	YES = 1	NO = 2	NOT SURE = 3	
8.16	Connection with community				
8.17	Connection with service providers				

Annex 3: Structured Questionnaire – SASA, MAGs, RWC, LC

STRUCTURED SURVEY QUESTIONNAIRE
Endline Evaluation of Building Resilience And Protection Mechanism For The Well-Being Of Children And Youth In Refugee and Host Community In Palorinya Refugee Settlement In Obongi District – Northern Uganda

Dear Sir/Madam,

My name is……..Iam working on behalf of CHILDFUND Uganda. We are conducting baseline survey aimed at assessing child protection mechanisms among refugees and host communities in Palorinya settlement in Obongi district. Therefore, you have been identified as a key person to help offer your opinion about this matter. I humbly request you to respond to the following questions. The response you give shall be used only for improving service delivery among refugees and host communities. The information obtained from you will be treated with maximum confidentiality. Thank you very much.

	QUESTION Category	**Specific Question**	**Response**		
	Question number	Auto generated			
	Date	Auto generated			
	Code of interviewer	1 = Moses Jiji 2 = Nadia Ali 3 = Mazira Gertrude 4= Augustine Lubanga			
	Social status				
	Refugee	YES	NO		
	Host / not refugee	YES	NO		
	Respondent Category				
	RWC 1		1		
	RWC 2		2		

	RWC 3		3		
	SASA Activist		4		
	MAGs – Male Action Group		5		
	Child Protection Committee - CPC		6		
	Other, specify		7		
1	**LOCATION CHARACTERISTICS**				
1.1	**GPS Coordinate**	Capture GPS coordinate of respondent location			
1.2	Region	West Nile Sub Region	YES	NO	
1.3	District	Obongi			
1.4	**Sub County** Itula	**Zones** Zone 3 West Zone 3 East **Parish –**	**Village**	**Block –** *skip for refugees only*	
1.7	Spatial characteristics	Trading center	YES	NO	
		Not trading center	YES	NO	
		Inside Palorinya Refugee settlement	YES	NO	
		Outside settlement – Host community	YES	NO	
2.0	**RESPONDENT CHARACTERISTICS**				
2.1	**Sex**	Male Female	YES	NO	
2.2	**Age**	How old are you?			
2.3	**Disability**	Does the respondent have a disability?	YES	NO	If YES, skip to 2.4
	If YES, specify type of disability	Deaf & dumb Blind Minor physical disability Major physical disability (legs, arms Multiple disabilities Other			
2.6	**Education Status**	Have you ever attended school?	YES	NO	
		If YES, what level did you attain?			
2.7	**Marital Status** What is your current marital status?	1 = Married 2 = Widowed 3 = Divorced / separated 4 = Not Living with partner 5 = Single parents 5 = Other	YES	NO	
2.8	**Residential** What is your residential status?	1 = Living in own house 2 = Living with family member house 3 =Living in charity center 4 = No house / shelter 5 = Living in GBV Shelter 6= Other	YES	NO	
2.9	**Nationality** What is your nationality?	1 = South Sudanese 2 = Congolese 3 = Ugandan 4 = Others (specify)	YES	NO	

2.10	**Income sources** What is your major source of income?	1 = Cash payments / remittances from UNHCR 2 = Remittance from relatives, friends, by-passers 3 = Business / services 4 = Farming 5 = Salaried Job 6 = Other	YES	NO	

3.0 Goal (Impact) - Child Protection Risks

Q.N 3	Survey Questions	Likert Scale			
		High = 1	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved Access – ultimate goal				
3.1	Basing your experience, how do you rate the level of access of child protection services in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved provision				
3.2	In your opinion, how do you rate your capacity to respond to child protection risks in your area now?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved Safety				
3.3	In your opinion, how safe is the PHYSICAL ENVIRONMENT (at home & community) that children live in now?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
	Improved dignity				
3.4	Basing on your experience, how do you rate the LEVEL OF PSYCHOLOGICAL WELL-BEING among GIRLS below 18 now?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
3.5	Basing on your experience, how do you rate the LEVEL OF PSYCHOLOGICAL WELL-BEING among BOYS below 18 years now?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
	Improved rights				
3.6	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among CHILDREN to claim their rights in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.7	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among PARENTS to claim the rights of children in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.8	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among LEADERS to protect the rights of children in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.9	Basing on your experience, how do you rate your level of understanding of CHILD PROTECTION POLICIES in your area now?	High = 1	Average = 2	Low = 3	Not sure = 4

4: Outcome 1.1. Strengthening capacity of major stakeholders of community-based child protection mechanism

4.1	Basing on your experience, have you ever participated in any AWARENESS RAISING & SENSITISATION ACTIVITY (giving information) related to child protection?	**YES = 1**	**NO = 2**	**NOT SURE = 3**	
4.2	Basing on your experience, have you ever participated in any TRAINING (obtaining knowledge & skills) focusing on child-protection ?	1	2	3	

5: Outcome 1.2. Vitalizing prevention and response to child protection risks in the community

5.1	**Basing on your experience, how do you rate the level of participation in the following prevention & response activities on child protection in 2023?**	**OFTEN = 1**	**NOT OFTEN = 2**	**NOT SURE = 3**	
	Preventing harm to children at individual, family, community levels (root causes)	1	2	3	
	Help victims / survivors not to face additional harm, abuse, neglect, exploitation or violence, no to face stigma – support children at risk to access support	1	2	3	
5.2	**Basing on your experience, have you supported any child at risk to receive any emergency support aimed at life-saving?**	**YES, OFTEN = 1**	**YES, NOT OFTEN = 2**	**NOT AT ALL = 3**	**NOT SURE = 4**
	Emergency support aimed at life-saving, e.g., take survivors to service centers for treatment / PEP	1	2	3	4
	Reporting of CP cases to police to support survivors to get access to justice	1	2	3	4
	Support a child to get registration papers from OPM	1	2	3	4
	Support children to access to Food and NFIs	1	2	3	4
	Refer cases for further support from service providers	1	2	3	4

6. Promoting child protection awareness raising activities in the community

6.1	**Have you ever participated in any QUATERLY COORDINATION MEETING on issues related to child protection in your community with any of the following actors?**	**YES, OFTEN = 1**	**YES, NOT OFTEN = 2**	**NOT AT ALL = 3**	**NOT SURE = 4**
	ChildFund	1	2	3	4
	FCA-IP for education	1	2	3	4
	URCS – Uganda RED CROSS Society	1	2	3	4
	IsraAID	1	2	3	4
	SCI- Save the Children	1	2	3	4
	TPO	1	2	3	4

	LWF -Lutheran	1	2	3	4
	UNICEF	1	2	3	4
	UNHCR	1	2	3	4
	OPM	1	2	3	4
	Local government (DCDO, Probation & Welfare, etc.)	1	2	3	4
	Police – family Protection Unit	1	2	3	4
6.2	**Basing on your experience, have you participated in any REFLECTION MEETING on child-protection risk prevention & response?- CBCPM**	**YES, OFTEN = 1**	**YES, NOT OFTEN = 2**	**NOT AT ALL = 3**	**NOT SURE = 4**
	Weekly meetings	1	2	3	4
	Monthly meetings	1	2	3	4
	Quarterly reflection meetings	1	2	3	4
	Semi-annual expansion coordination meetings	1	2	3	4
	Annual	1	2	3	4

Annex 4: Structured Questionnaire – CFS staff & CMCs

STRUCTURED SURVEY QUESTIONNAIRE
Endline Evaluation of Building Resilience And Protection Mechanism For The Well-Being Of Children And Youth In Refugee and Host Community In Palorinya Refugee Settlement In Obongi District – Northern Uganda

Dear Sir/Madam,

My name is…….. I am working on behalf of CHILDFUND Uganda. We are conducting baseline survey aimed at assessing child protection mechanisms among refugees and host communities, in Palorinya settlement in Obongi district. Therefore, you have been identified as a key person to help offer your opinion about this matter. I humbly request you to respond to the following questions. The responses you give shall be used only for improving service delivery among refugees and host communities. The information obtained from you will be treated with maximum confidentiality. Thank you very much.

	QUESTION Category	**Specific Question**	**Response**		
	Question number	Auto generated			
	Date	Auto generated			
	Code of interviewer	1 = Moses Jiji 2 = Nadia Ali 3 = Mazira Gertrude 4= Augustine Lubanga			
	Respondent Category				
	Child-Friendly Space Staff - CFS		1		
	Center Management Committees – CMC member		2		
1	**LOCATION CHARACTERISTICS**				
1.1	**GPS Coordinate**	Capture GPS coordinate of respondent location			
1.2	Region	West Nile Sub Region	YES	NO	

1.3	District	Obongi				
1.4	**Sub County** Itula	**Zones** Zone 3 West Zone 3 East	**Parish –**	**Village**	**Block –** *skip for refugees only*	
1.7	Spatial characteristics	Trading center		YES	NO	
		Not trading center		YES	NO	
		Inside Palorinya Refugee settlement		YES	NO	
		Outside settlement – Host community		YES	NO	
2.0	**RESPONDENT CHARACTERISTICS**					
2.1	**Sex**	Male Female		YES	NO	
2.2	**Age**	How old are you?				
2.3	**Disability**	Does the respondent have a disability?		YES	NO	If NO, skip to 2.6
2.4	**If YES, specify type of disability**	Deaf & dumb Blind Minor physical disability Major physical disability (legs, arms Multiple disabilities Other				
2.5	**Education Status**	Have you ever attended school?		YES	NO	
		If YES, what level did you attain?				
2.6	**Marital Status** What is your current marital status?	1 = Married 2 = Widowed 3 = Divorced / separated 4 = Not Living with partner 5 = Single parents 5 = Other		YES	NO	
2.7	**Residential** What is your residential status?	1 = Living in own house 2 = Living with family member house 3 =Living in charity center 4 = No house / shelter 5 = Living in GBV Shelter 6= Other		YES	NO	
2.8	**Nationality** What is your nationality?	1 = South Sudanese 2 = Congolese 3 = Ugandan 4 = Others (specify)		YES	NO	
2.9	**Income sources** What is your major source of income?	1 = Cash payments /remittances from UNHCR 2 = Remittance from relatives, friends, by-passers 3 = Business / services 4 = Farming 5 = Salaried Job 6 = Other		YES	NO	

3.0 Goal (Impact) - Child Protection Risks

Q.N 3	Survey Questions	Likert Scale			
		High = 1	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved Access – ultimate goal				
3.1	Basing your experience, how do you rate the level of access of child protection services in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved provision				
3.2	In your opinion, how do you rate your capacity to respond to child protection risks in your area in year 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
	Improved Safety				
3.3	In your opinion, how safe is the PHYSICAL ENVIRONMENT (at home & community) that children live in now ?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
	Improved dignity				
3.4	Basing on your experience, how do you rate the LEVEL OF PSYCHOLOGICAL WELL-BEING among GIRLS below 18 years in year 2023?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
3.5	Basing on your experience, how do you rate the LEVEL OF PSYCHOLOGICAL WELL-BEING among BOYS below 18 years in year 2023?	**Good = 1**	**Fair = 2**	**Poor = 3**	**Not sure = 4**
	Improved rights				
3.6	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among CHILDREN to claim their rights in 2023 ?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.7	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among PARENTS to claim their rights of children in 2023?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.8	In your opinion, how do you rate the level of AWARENESS & KNOWLEDGE among LEADERS to protect the rights of children in 2023 ?	**High = 1**	**Average = 2**	**Low = 3**	**Not sure = 4**
3.9	Basing on your experience, how do you rate your level of understanding of CHILD PROTECTION POLICIES in your area in 2023 ?	High = 1	Average = 2	Low = 3	Not sure = 4

4: Outcome 2. Improving PSYCHOSOCIAL WELL-BEING of children participating group-based activities in child-friendly space

	Orientation				
4.1	Since 2022 , have you received any orientation / briefing / induction about group activities for child protection?	YES = 1	NO = 2	CAN'T REMEMBER = 3	
4.2	Are you well knowledgeable about how child-friendly space (CFS) operates?	YES = 1	NO = 2		Skip – for only CMCs

4.3	Do you engage with Center Management Committees (CMCs)?	YES = 1	NO = 2	CAN'T REMEMBER = 3	Skip – for only CFS staff
4.4	If YES, what is your level of engagement?	High = 1	Average = 2	Low = 3	Not sure = 4
4.5	Do you engage with CFS staff?				
4.6	If YES, what is your level of engagement?	High = 1	Average = 2	Low = 3	Not sure = 4
4.7	Basing on your experience, how do you rate your level of understanding of code of conduct and child safeguarding policy now ?	High = 1	Average = 2	Low = 3	Not sure = 4

5. In your opinion, how do you rate the level of access to child protection referral pathway at the child-friendly space in your area?

5.1	Established Reporting and referral procedure to CBCPM	YES	NO
5.2	Designated child protection referral focal point at CFS		
5.3	Child friendly information displayed / posted at CFS		

6. Psychosocial support activities offered to children (12-17 years)

6.1	Basing on your experience this year 2023, have you talked to children about the following?	Very Often = 1	Often = 2	Not At All = 3	Not Sure = 4
	How to manage body changes (beards, breasts, pubic hair, voice change, body odour, etc)	1	2	3	4
	How to manage bad emotions (anger, stress, disappointments)	1	2	3	4
	How to manage positive emotions (excitement, happiness, success)	1	2	3	4
	How to manage peer pressure	1	2	3	4
	How to avoid suicide thoughts	1	2	3	4
	Talking to your friends about avoid dangers	1	2	3	4
	Knowing where to get assistance in case you face a danger / problem	1	2	3	4
	Safety				
6.2	Basing on your experience now, have you received any report from children expressing their fear of being un-safe?	YES = 1	NO = 2	CAN'T REMEMBER = 3	
6.3	If YES, explain the nature of the fear?				
6.4	In your opinion, how do you rate the level of children participation in group activities intended to promote child safety and well-being in 2023?	HIGH = 1	AVERAGE / medium = 2	LOW= 3	NOT SURE = 4

7: 2.1. Operation of child-friendly spaces and reinforcement of activity programs

7.1	Basing on your experience now, have you participated in developing ACTIVITY PLANS AND CURRICULUM for child-friendly spaces?	YES = 1	NO = 2	CAN'T REMEMEBR = 3	
7.2	As a child-friendly space staff, have you attended any CAPACITY BUILDING TRAINING workshop ? – CFS staff on the following:	YES = 1	NO = 2	CAN'T REMEMEBR = 3	
	Child protection Child safeguarding Psycho social support for children Skills on how to interact with and manage children at the center				
7.3	**Basing On your experience, have you participated in following stages of designing child-friendly spaces ? – CBCPM**	**YES = 1**	**NO = 2**	**CAN'T REMEMEBR = 3**	
	Idea generation / Proposing Idea to have CFS in your area	1	2	3	
	Site selection where the CFS is located	1	2	3	
	Activity selection	1	2	3	
	Community Mobilization	1	2	3	
	Supervision & Maintenance activities	1	2	3	
7.4	**Are you aware about the existence of an Operation plan for the Child-Friendly Space in your area?**	YES = 1	NO = 2	CAN'T REMEMEBR = 3	
	If YES, when was it developed (Month / year)?	1	2	3	
	If YES, is it being followed / used (schedule)?	1	2	3	
7.5	Basing on your experience, how do you rate the LEVEL OF CHILDREN PARTICIPATION IN SELECTION OF ACTIVITIES at the child-friendly spaces (CFS) in 2023?	HIGH = 1	LOW = 2	NOT SURE = 3	
7.6	In your opinion, do you think child-friendly spaces (CFS) provide a safe and secure environment for the children in 2023?	OFTEN = 1	NOT OFTEN = 2	NOT AT ALL = 3	
7.7	In your opinion, do you think the staff at child-friendly spaces (CFS) were SUPPORTIVE AND SENSITIVE to the children in 2023?	ALWAYS = 1	NOT ALWAYS = 2	NOT AT ALL = 3	
7.8	In your opinion, what is your LEVEL OF SATISFACTION about services offered to children at all the child-friendly spaces in 2023?	Very Satisfactory = 1	Satisfactory = 2	Not Satisfactory = 3	Not Sure = 4

7.9	Basing on your experience, have you ever had a complaint about Child-Friendly Spaces?	YES = 1	NO = 2	NOT SURE = 3	
7.10	Have you ever received capacity building training?	YES = 1	NO = 2	NOT SURE = 3	

Annex 5: Focus Group Discussion Guide for RWCs and Women Groups

ENDLINE STUDY: "BUILDING RESILIENCE AND PROTECTION MECHANISM FOR THE WELL-BEING OF CHILDREN AND YOUTH IN REFUGEE AND HOST -COMMUNITY IN PALORINYA REFUGEE SETTLEMENT IN OBONGI DISTRICT, UGANDA".

Background Information

Date	
Name of interviewer	
Location	
Type of respondents (RWC, Women)	
Attendance List (Attach)	

1. **Introductory remarks:**
   Thank you very much for accepting to be part of this discussion today*, my name is……..and my colleague the note taker is* …….. we are a team of researchers from PCI, who are undertaking an EndLine Evaluation survey on behalf of Child Fund International. We would like to discuss with you on issues related to child protection. The results of this discussion will be used by Child Fund International to develop strategies that aim at improving child protection programming in Obongi District. So, feel free in this discussion, everything you share with us is confidential.
2. **Explain the aims of the discussion**:
   Child Fund Uganda has implemented a project "Building Resilience and Protection Systems for the Well-being of Children in Palorinya Refugee settlement and Host Communities in Obongi District, Uganda". The project aimed at addressing key child protection concerns that pose a threat to the wellbeing of children as well as their parents, caregivers and household members in Palorinya refugee settlement.
3. **Address the issue of confidentiality**:
   All information collected will be confidential and participants names will not be disclosed neither will any attributions for quotes be made in the final report. I hope this encourages you to speak openly.
4. **Ice breaker:** ask the members to introduce themselves, by mentioning their names, position and location.

Evaluation Parameters	Broad Evaluation questions	Specific questions *(Outputs: Outcomes: Impact: Strategy)*
Relevance	*How relevant was the project to the priorities and policies of the target group, the district, (Design vs priorities and needs)*	v. How relevant were the objectives and activities of BRePS Project in addressing your needs? vi. How did the activities of BRePS Project improve your life? Are there any stories of change? vii. How did Child Fund work with other partners to respond to your needs and those of other targeted beneficiaries?
Coherence	*How well did the project fit in integrated with the activities and priorities of other agencies and*	v. Were the BRePS Project activities related to other activities of Child Fund?

Evaluation Parameters	Broad Evaluation questions	Specific questions *(Outputs: Outcomes: Impact: Strategy)*
	organizations (including local and national government)?	vi. Was the BRePS Project activities/ programs relevant to what other organizations do in the settlement?
Effectiveness	*Was the project effective in achieving the intended project objectives?* *(Resources utilized vs achieved results)*	v. Do you think the BRePS Project achieved its planned objectives? Explain why you say so? vi. To what extent did project activities contribute to the overall goal and realization of wellbeing of children and youth in Zone 3? vii. What were the major factors influencing the achievement of the objectives of the project? vii. Do you think the financial resources were used well to achieve the results?
Efficiency	*Was the project efficient in achieving the intended objectives?* *(Resources utilized vs time frame)*	vii. Was the delivery of project activities implemented with minimum resources? i.e used local materials viii. Was the project activity implementation considered less expensive means, emphasizing quality? ix. What opportunities within project enabled Child Fund to reach more beneficiaries? x. How did the BRePS Project implementers work with other partners?
Impact	*What impact (Changes) has the project had on beneficiaries and non-beneficiaries?*	vi. What changes can be seen in BRePS for the Well-being of Children in the settlement and Host Communities (positive, negative and unexpected/surprising)? vii. How has the project contributed toward those changes? viii. How have you participated in decisions and project activities that affect you and your children? ix. Has the project increased community members with improved ability to prevent and respond to child protection risks?
Sustainability	*Will the benefits and changes ofthe project be sustained after the end of the project?*	vi. Do you think the changes caused by the project continue after the closure of the project? vii. What mechanisms did ChildFund (or the project) and partners put in place to sustain the key project results? viii. How did the project work with local partners to increase their capacity in sustaining the changes? ix. What are some of the risks that could face sustainability of project results?
Conclusions	*What conclusions and recommendations can be deduced from the results with specific attribution*	What are the lessons learnt, best practices, most significant stories and recommendations per evaluation category (i.e. effectiveness, efficiency, relevance, impact, sustainability etc.)

Evaluation Parameters	Broad Evaluation questions	Specific questions *(Outputs: Outcomes: Impact: Strategy)*
	to the project?	
Recommendations	*Suggestions for improvement*	1. What suggestions do you make to Child Fund for improving future projects in your community?

Annex 6: Survey Questionnaire Tool adapted from Stirling Children's Well Being Scale (SCWS)

Target: Children

Introduction:

Hello.
I am ……. from Promise Consult International, a consultancy firm registered in Uganda that has been contracted by Child Fund to assess the ECD and Livelihood needs and service delivery challenges in this community.

You have been selected to participate in this baseline survey, in this [Location]……. We would like to ask you some questions that will help us to better understand the protection needs of girls and boys in your community.

Your participation is voluntary, and you can choose not to participate or to only answer some questions. Please note that your answers will not directly affect the provision of services, but we hope that they will help actors in the refugee response to better understand child protection issues in the community and to improve child protection programming or services in the future.

All information collected will be confidential and participants' names will not be disclosed or will any attributions for quotes be made in the final report? All your responses will be kept strictly confidential.

Do you have any questions?

Do you agree to proceed with your participation in this questionnaire? *(Ask participants for their verbal assent to participate. Consent of parents for their children to participate should have been obtained by those who identified the children to participate in the survey)*

Section 1: Children's safety and well-being
Questions: We would like to talk to you, about your feelings, regarding your life in general, here at the CFS and in the community.

There are some statements or descriptions below about how you might have been feeling or thinking about things, since the beginning of this year. For each one please put a tick in the box which best describes your thoughts and feelings; there are no right or wrong answers.

No	Statement / Description	Never	Not much of the time	Some of the time	Quite a lot of the time	All the time
1	I think good things will happen in my life	1	2	3	4	5

2	I have always told the truth	1	2	3	4	5
3	I've been able to make choice easily	1	2	3	4	5
4	I can find lots of fun things to do	1	2	3	4	5
5	I feel that I am good at some things	1	2	3	4	5
6	I think lots of people care about me	1	2	3	4	5
7	I like everyone I have met	1	2	3	4	5
8	I think there are many things I can be proud of	1	2	3	4	5
9	I've been feeling calm	1	2	3	4	5
10	I've been in a good mood	1	2	3	4	5
11	I enjoy what each new day brings	1	2	3	4	5
12	I've been getting on well with people	1	2	3	4	5
13	I always share my sweets (eats)	1	2	3	4	5
14	I've been cheerful about things	1	2	3	4	5
15	I've been feeling relaxed	1	2	3	4	5

Section 2: Children's participation in group activities

Question: We would like to talk about the activities you enjoy or engage with your friends at the CFS. There are some examples below about the activities you might have been enjoying or engaging in with your friends. For each activity, please put a tick in the box that best describes your participation.

No	Group Activity	Never	Not much of the time	Some of the time	Quite a lot of the time	All the time
1	Child rights clubs	1	2	3	4	5
2	Debate clubs	1	2	3	4	5
3	Sports activities (football, netball)	1	2	3	4	5
4	Music dance and Drama	1	2	3	4	5
5	Play therapy sessions at the CFS	1	2	3	4	5
6	Child-focused psychosocial sessions	1	2	3	4	5
7	Indoor games (ludo, snakes & Ladders)	1	2	3	4	5
8	Life skills training	1	2	3	4	5
9	Awareness creation sessions	1	2	3	4	5

We have completed all the questions. Thank you for your participation and for sharing your views.

Annex 7: Most Significant Cases (MSC) Stories Criteria

These MSCs are a continuation of those cited in section 3.6.1: Stories of Change.

MSC 1: Lubajo Chaplin Kenge (Charity Kojo 6 years, Judith Kade – 4 years, Wurjo Saviour) – 3 years of Viallge A Block 1

Before: We received the support life was really hard because me and our children had nowhere to sleep since the house we had was in a bad state.

Process of Intervention: First and foremost, I would like to thank ChildFund and the BRePS Project for having built a house for my children and family at large and having supported them with basic needs such as clothes, bedsheets, and bar of soap. I was able to receive psychosocial support from the community Activists from Child Fund.

Now
Ever since we got the support as being the father to these children life improved because we are now sleeping in a house with a roof. Besides that, I was also engaged in several awareness and sensitization meetings which were able to help me understand some of the difficulties.

MSC 2: Lousi Bangu – 11 years and Joshua Luwate -10 years of Lukiri Village, Block 7

Before: The conditions were really hard in terms of accommodation facilities. Sending children to school was a problem as a mother. And food wasn't enough by then.

Process of intervention: As being the household head for these children, the coming of BRePS Project was able to support my children. My children were identified from the CFS Facility by the Facilitator and they were followed up to home and that was how they were able to benefit as they both suffer from epilepsy. ChildFund was able to give me more comfort because they were able to support my children with 2 pieces of mattresses, 2 pieces of bedsheets and 2 bars of soap.

Now: If there is any other support from ChildFund they should continue giving it to the community.

Annex 8: Evaluation Timelines

Phase & Activities	**Time lines (2023)**						**Lead person**
Phase / Activities	25th Oct - 3rd Nov	7th -14th Nov	16th-21st Nov	22nd-26th Nov	29th-30th Nov	4th - 15th Dec	
Planning and inception							
Assignment kick off meetings with the client							**Child Fund**
Identification and mapping of key stakeholders for the evaluation							**Child Fund**
Compilation and review of key documentation							**Child Fund/PCI**
Development and Refinement of study methods							**PCI**
Design and discussion of study tools							**PCI / Child Fund**
Preparation of the inception report							**PCI**
Upload of tools onto digital tablets							**PCI**
Travel to Obongi	6th Nov						**PCI/ Child Fund**
Recruitment of research Assistants and Training of research assistants		7th - 8th					**Child Fund/PCI**
Primary Data collection		9-16th					**PCI**

Travel back from the Obongi			14th Nov				PCI
Data analysis and writing of the draft Needs assessment report			15th -26th Nov				PCI
Submission of the draft needs assessment report for review, feedback and validation meeting				27th Nov			PCI/ Child Fund
Incorporation of feedback							PCI
Submission of Final Report					30th Nov		PCI
Data analysis and writing of the draft Evaluation report						4th- 10th Dec	PCI
Submission of the draft Evaluation report for review, feedback and validation meeting						11th - 13th Dec	PCI / Child Fund
Incorporation of feedback						14th -15th Dec	PCI
Submission of Final Report						15th Dec	PCI

Annex 9: Data collection plan

BRePS Project Endline Evaluation Plan

Days	RA1	RA 2	RA3	RA4	Consultant
	Location	Respondents	Location	Respondents	Location
Monday	Training	Training	Training	Training	Training
Tuesday	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	Consultative Meeting
Wed	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	KIs
Thur	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	KIs
Friday	FGDs/KIs	FGDs/KIs	FGDs/KIs	FGDs/KIs	KIs
Saturday	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	Survey 30 respondents	KIs

Annex 10: List of Key Informants and Focus Group Discussion Participants

#	Names	Title	Institution	Contact
	Atiku Ceaser	ACSD- Education	OPM	0775659492
	Jiycon Kim	Project Manager	ChildFund Korea	0788326542
	Okello David	Field Officer	Better World	0777312851
	Jenny Park	Project Manager	ChildFund Korea	
	George Murothore	Senior Protection Officer	UNHCR	0760496636
	Nijonsaba Annah	Asst. Protection Officer	OPM	0774154549
	Nancy Lalweny	AEO	UNHCR	0773937328
	Acini Robert	EPO	WIU	0775718513
	Gulo Collin	Project Officer	LWF	0788240408
	Laraku Felix A.	PEO	Obongi DLG	0772877278
	Abubakar Sam Longa	DIS	Obingi DLG	0782832598

#	Names	Title	Institution	Contact
	Siraji Nasuru	PO-SKII	CEFORD	0778322595
	Oduti Jimmy	Field Officer	SEED EFFECT Uganda	0770708333
	Recisedo Richard	CPO	FCA	0772968461
	Anzoo Anne	SCP	LWF	0775934475
	Okoboi Joseph M.	PO-Education	WCH	0772593304
	Zahan James	ECCE P.O J.	PALM CORPS	
	Alidipi Tom	P.O Rising	RICE WEST NILE	0783110518
	Tunda Alex	Team Lead	YEFOSR	0772253415
	James Luwate	RWC II	Dongo Village	
	Hazi Martin	RWC II	Dongo Village	
	Zaibah Swadiko	RWC II	Dongo Village	
	Lochalamoi James	RWC I	Dongo Village	
	Boyton Bakata	RWC II Gen, Sec	Dongo Village	
	Zainab Abbas	RWC II Vice C/p	Dongo Village	
	Solomon Bunduki	RWC II	Dongo Village	
	David Wani	RWC 1	Dongo Village	
	Michael Sebit	RWC I C/p	Dongo Village	
	Michael Modi	RWC 1 Leader	Village 1, Block B, Zone 3 West	
	Lopia Nelson	RWC 1 Leader	Village 1, Block B, Zone 3 West	
	Alias Mansuk	RWC 1 Leader	Village 1, Block B, Zone 3 West	
	Joseph Lubyayo	RWC 1 Leader	Village 1, Block B, Zone 3 West	
	James Kemi	RWC 1 Leader	Village 1, Block B, Zone 3 West	
	Simon Yongo	RWC 1 Leader	Village 1, Block B, Zone 3 West	
	Noway Grace	Women Activist	Village J, Block B, Zone 3 West	
	Eunice Tabu	Women Activist	Village J, Block B, Zone 3 West	
	Kila Rose	Women Activist	Village J, Block B, Zone 3 West	
	Rose Subua	Women Activist	Village J, Block B, Zone 3 West	
	Kiden Rose	Women Activist	Village J, Block B, Zone 3 West	
	Betty Gire	Women Activist	Village J, Block B, Zone 3 West	
	Rose Poya	Women Activist	Village J, Block B, Zone 3 West	

#	Names	Title	Institution	Contact
	Cecilia Dudu	Women Activist	Village J, Block B, Zone 3 West	
	Murray Mary Nanadi	Women Activist	Village J, Block B, Zone 3 West	
	Aneno Judith	Women Group	Bongilo	
	Golda Kole	Women Group	Bongilo	
	Doreen Julian	Women Group	Bongilo	
	Rejoice Anjudu	Women Group	Bongilo	
	Joice Sadia	Women Group	Bongilo	
	Assumpta Miriam	Women Group	Bongilo	
	Pita Evaline	Women Group	Bongilo	
	Nyomou Irene	Women Group	Bongilo	
	Jennifer Sunday	Women Group	Bongilo	
	Jeska Monnay	Women Group	Bongilo	
	Simon Yongo	RWC	Zone 3 West	
	James Kenny	RWC	Zone 3 West	0784256329
	Jospeh Lubuyo	RWC	Zone 3 West	0770698288
	Elias Mansuk	RWC	Zone 3 West	0786565009
	Lopia Nelson	RWC	Zone 3 West	0779014028
	Michael Modi	RWC	Zone 3 West	0775693850
	Noway Grace	Women Group	Village A, Block B	
	Eunice Tabu	Women Group	Village A, Block B	
	Kila Rose	Women Group	Village A, Block B	
	Kiden Rose	Women Group	Village A, Block B	
	Betty Gire	Women Group	Village A, Block B	
	Rose Paya	Women Group	Village A, Block B	
	Cecilia Dadu	Women Group	Village A, Block B	
	Murrey Mary Namadi	Women Group	Village A, Block B	

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