

CHILDFUND DEINSTITUTIONALIZATION OF VULNERABLE CHILDREN IN UGANDA (DOVCU)

In partnership with

Retrak

Child's I Foundation

And

Transcultural Psychosocial Organization (TPO Uganda)



FINAL REPORT

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ACRONYMS

ACF	Alternative Care Framework
APC	Advancing Partners & Communities project
CBO	Community Based Organization
CDOs	Community Development Officers
CCLs	Child Care Institutions
CRO	Child Restoration Outreach
CSI	Child Support Index
CSS	Community Support Structure
DOs	District Officers
DCDO	District Community Development Officer
DOVCU	De-institutionalization of orphans and vulnerable children project in Uganda
EP	Essential Package
ES	Economic Strengthening
FBO	Faith-based Organization
HH	Household
HIV	Human Immunodeficiency Virus
HVC	Highly Vulnerable Children
IGA	Income Generating Activities
KCCA	Kampala City Council Authority
KNRC	Kampiringisa National Rehabilitation Centre
M & E	Monitoring and Evaluation
ME	Micro Enterprise
MIS	Management Information System
MGLSD	Ministry of Gender, Labour & Social Development
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PRA	Participatory Rural Appraisal
PSWOs	Probation and Social Welfare Officers
RHs	Remand Homes
SCORE	Sustainable Comprehensive Responses for Vulnerable Children and their Families
SDS	Strengthening Decentralization for Sustainability
SOPs	Standards of Operating Principles
TAC	Team around the Child
TWG	Technical Working Group
UNCRC	UN Convention on the Rights of the Child
USAID	US Agency for International Development

I. EXECUTIVE SUMMARY/OVERVIEW

a) Project background:

At the inception of the project, it was estimated, that about 50,000 children were living in about 500-800 children's homes in Uganda¹. Every year, thousands of children in Uganda are leaving their families and communities and ending up on the streets or in institutional care due to family separation resulting from violence and abuse within the home, family breakdown, poverty, high prevalence of alcoholism and substance abuse, psychosocial distress, and harmful cultural practices. Children, who are highly vulnerable for institutionalization, include those affected by conflict, those engaged in child labour or trafficking, children with disabilities, orphaned children, and street children (UNICEF, 2015). These conditions are more severe in war-affected Northern Uganda where post-traumatic stress disorder (PTSD), trauma and depression are common and poverty is widespread.²

Over the last decade, babies' homes have multiplied in Uganda. Most of the homes do not offer any reintegration or alternative family-based care program, and 22% only offer international adoption. Considering the impact that living outside of family care can have for children's development, the DOVCU project is relevant and was timely to contribute towards the operationalization of the National Alternative care framework, in light of the high numbers of care institutions, many of which continue to operate outside the legal framework provided by government.

The Deinstitutionalization of Orphans and other Vulnerable Children in Uganda (DOVCU) project that was funded by USAID, lasted 42 months (July 2014- December 2017). The project supported efforts made by the Ministry of Gender Labor and Social Development (MoGLSD) to implement its national Alternative Care Framework. DOVCU was implemented by a consortium led by ChildFund and its key partners Retrak, TPO and Child's I Foundation.

Project Implementation team and Institutional arrangement

The DOVCU project was implemented through sub-granting , whereby ChildFund the lead organization administered funds to its sub-grantee partners. All partners brought extensive technical expertise and experience, maximizing each other's strengths.

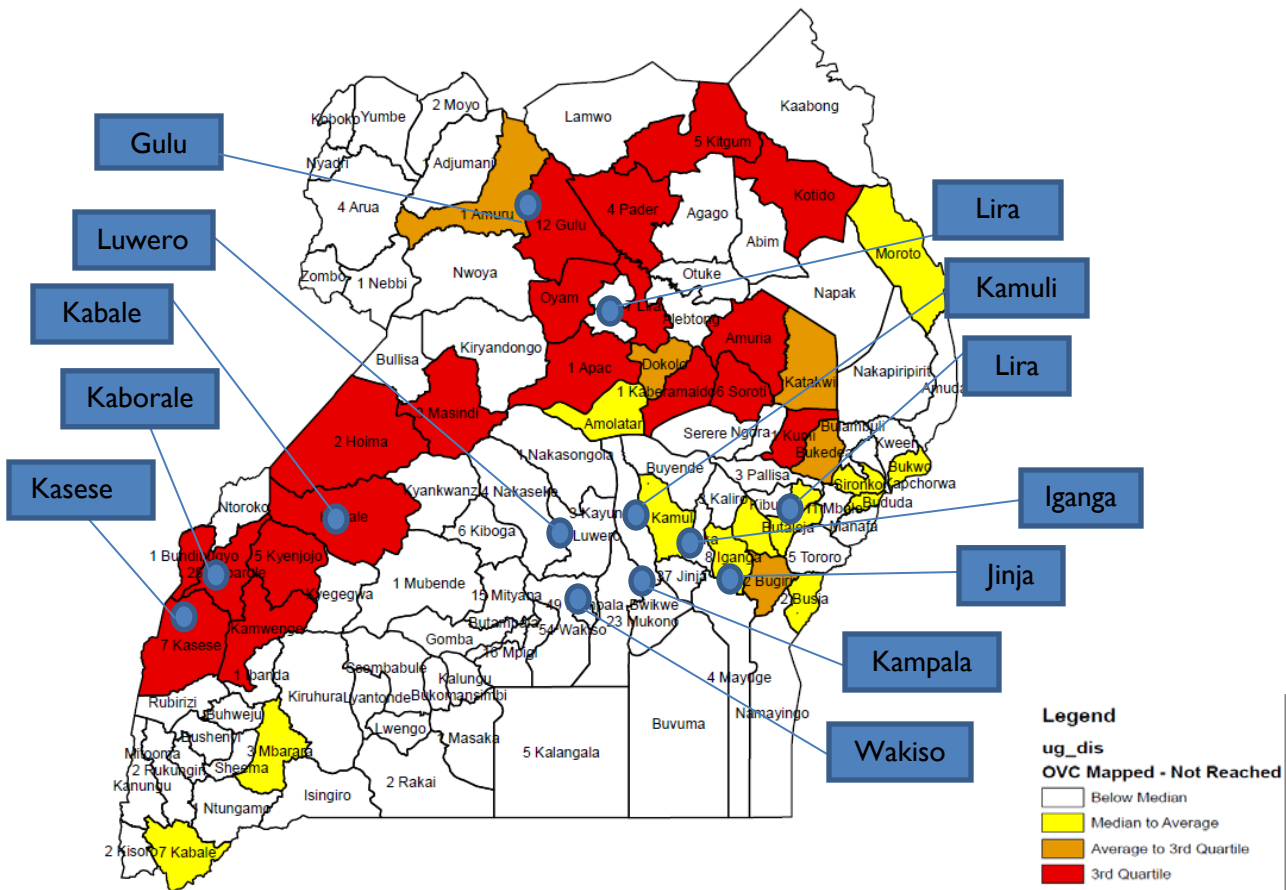
¹ This estimate is based on a 2014 assessment - (Walakira, Ddumba-Nyanzi and Bukenya, 2014).

² Walakira e. et al. Situational Analysis of Social Protection in Northern Uganda. Report Submitted to TPO Uganda. January 2011.

1. **Child Fund was prime agency** and was responsible for the overall leadership and management of the project as well as lead implementation in the North, East and Central regions. Took lead in economic systems strengthening, community systems strengthening and parenting.
2. **The Ministry of Gender, Labour and Social Development** is the line ministry concerned with children affairs that has developed the Alternative Care Framework for children outside of parental care. DOVCU worked with Probation and Social Welfare Officers (PSWOs) and Community Development Officers (CDOs) with mandated and statutory responsibility supported the roll out and implementation of Alternative care policies, for vulnerable children; provided technical assistance to CSO partners on child care and protection; coordination of formal and informal child protection mechanisms; represented children in conflict with the law in court sessions the law and conducted inspection and support supervision to child care institutions among others.
3. **Retrak's** role in the DOVCU project was to work with the MGLSD to deliver capacity building training and reintegration of street connected girls and children in the five government remand homes in Gulu, Fort portal, Mbale, Naguru and Kampiringisa
4. **Child's I Foundation's** role in this consortium was capacity building of both the formal and informal structures and actors involved in the care and protection of children outside appropriate family care by providing structured training, technical assistance, mentorship and support to stakeholders at various levels to support the roll out and implementation of the Alternative Care Framework and reintegration processes of children from child care institutions.
5. **TPO** led implementation in the Western Region and focused on community systems strengthening, providing psychosocial support, response to substance abuse, mental health and child protection in the DOVCU coverage area.
6. **Local partners involved in implementation;** ChildFund sub-granted 5 CBOs namely; (Acholi Child and Family Programme, Lango Child and Communities Development Federation (LACODDEF), Mbale Area of Communities (MAFOC), Jinja Area Communities Federation (JIACOFE), Community Effort for Child Empowerment (CECE), mainly ChildFund long term local partners to monitor and sustain placements through community systems strengthening and promote collaboration between the formal and informal child protection mechanisms to strengthen the families and support placements of children back into nurturing families.
7. ChildFund sub granted to **VIVA/CRANE a FBO network of churches and local organizations** that focuses on getting children off the streets and out of CCIs back into families and supporting families at high risk of separation by working with a network of

churches and other local organizations as a strategy to coordinate FBOs effort to support children’s wellbeing through offering parenting skills, psychosocial support as a means to help families cope with stress, resolve family conflict through mediation and monitor children’s wellbeing.

b) Figure I. Shows the Map of Uganda Showing the Targeted Districts.



In 2010, an estimated 8 million of Uganda’s 17 million children were classed as orphans and vulnerable children- 2.4 million orphans and over 5.5 million living with other vulnerabilities. Orphans and other vulnerable children face numerous risks resulting from extreme poverty, high prevalence of HIV/AIDs, loss of protective factors such as stable home environments and

Although vulnerability is spread in all regions of Uganda, ChildFund and consortium partners selected the 12 districts which concentrate 50% of children living in institutions, had great number of institutions and the post conflict areas in the north where magnitude of vulnerability is highest compared to other parts of the country. (OVC Situation Analysis 2010).

The project was implemented in two phases. The pilot phase I was undertaken in the 6 districts of Mbale, Kamuli, Luweero, Gulu, Kabarole and Kasese this involved the foundational project activities. The phase II districts of Kampala, Wakiso, Lira, Jinja, Iganga, and Kabale.

c) Strategic objectives addressed by the project

The project was to improve the safety, well-being, and development of highly vulnerable children, particularly those living without adequate family care across 12 districts.

The DOVCU project specific objectives are:

- At least 43,200 vulnerable children will show an improvement in their wellbeing in the two years following their enrollment in the project.
- At least 2,087 children living in institutional care, or in the streets, are reunified with biological families or placed into alternative family-based care, and demonstrate a lower vulnerability score following reunification or placement in alternative family-based care.

d) General overview of activities and approaches

DOVCU piloted an integrated package of interventions to create opportunities for existing institutions to re-conceptualize their role and skills to implement the National Alternative Care Framework, thus ensuring family based care is prioritized for all children. In addition, this project worked to strengthen informal child protection mechanisms, and mobilize communities to monitor children's wellbeing and strengthen the household economy and parenting skills. The project provided training to community leaders and faith-based organizations to utilize a variety of community mobilization methods to support family-based care.

e) The main achievements of the sub grant during the specified time period

The end of project report was prepared primarily through analysis of project monitoring data and the preliminary highlights of USAID/DCOF end of project evaluation by Maestral at the exit of their field assessment. Some of the key immediate highlights of the initial debrief by the assessment team included the following;

1. There is much enthusiasm about the project expressed by many stakeholders

The project was very relevant. Overall, compared to the baseline, stakeholders in the district government, community structures and also beneficiaries (families) seem to have changed their ideas around child care institutions, their role, and the importance of children growing up in family care. The words “*mind-set change*” came up many times in interviews and discussions.

2. The projects’ strategy, and several of its approaches, were appreciated and perceived as useful by the stakeholders and beneficiaries who were involved in the project.

For example: The partnership between DOVCU and the government was very appreciated by the government: district stakeholders have expressed that DOVCU has capacitated them to do their work, and that DOVCU was “*unique*” as compared to many other projects they had experience with and that had not to the same extent involved the government in the process and in the decisions made in that process.

3. The partnership between DOVCU and the government (district government and district professionals) was very appreciated by child care institutions too: since DOVCU-consortium is a consortium of NGOs, they could easily have been seen as “competitors” by CCIs, but, as one CCI expressed it, they appreciated soon that “it was not a project of ChildFund but of the government” and this made them more keen to collaborate.

4. The strategy of involving community mechanisms and para-social workers also seems to have worked well: The activities undertaken by such mechanisms in the communities have been very appreciated by villagers and beneficiary households for the support they extend and the role they play. There was one person who said that “*when you are not following up on interventions then people are not kept on their toes*” (and as a result change is not sustainable). In conclusion, the follow up provided by para social workers and community structures was very important for the sustainability of project.

5. The Family Status and Vulnerability Index (FSVI) and Child Status Index (CSI) tools were perceived as useful tools for identification of vulnerable households and to prioritize beneficiaries.

The use of these tools made the selection of beneficiaries transparent, stakeholders felt, and facilitated the acceptance of the support provided to some beneficiaries by other community members. The perceived “*fairness*” of the selection, which was facilitated by the transparency that these tools enabled, prevented jealousy between neighbors and community members. People wanted to continue using those tools.

6. **Households with reunified children**, the fact that the reintegration package included items for the whole family, and not just the reunited child is another example of relevance of the project's approach.
7. **For prevention households, the sequencing of activities and support was appreciated:** The fact that financial literacy and management training and participation in various support groups came first, facilitated the "impact" of the cash assistance that came after.

Two activities that were singled out as very useful were the training on parenting skills and the un-conditional, but well-prepared cash support provided to vulnerable households. The evaluation team came across several cases where the cash assistance delivered through this approach was perceived as transformational in helping the HH, first to pay for the most immediate needs, and then to invest and start growing the money through labour activities. However, the experience varied between HH. This will be further analyzed to be included as lessons, in the evaluation report.

8. The project has also had an impact on how various stakeholders do their work

Many of the **child care institutions** visited have changed their practices: have developed policies and standards for their work, have changed admission practices, and do more work now towards the placement of children back into family care. There is a critical mass of child care institutions that have changed the way they look at their work with children.

f) Summary of key learning, results and successes

The use of the integrated package has influenced lives of targeted project participants and has demonstrated improvement in the live situation of target high at risk of separation based on the vulnerability classification of households at baseline (BLV) and end line (ELV) in absolute numbers. Overall the number of destitute households reduced from 1252 to 670 (38%) reduction at the end line, while the number of struggling category of households increased from 974 to 1534 households, (57%) positive progress in the lives of targeted project participants. *Refer to figure 2 in Appendix 1.*

The project demonstrated increased capacity and changes in practice of child care institutions in adherence to Approved Home's Regulation (AHR) guidelines towards meeting standards and compliance to ensure the continuum of care. *(See figure 3. Appendix 1).*

We have learned that reintegration of children is a complex and systematic process that requires reasonable time and resources to successfully accomplish because of the different vulnerabilities that could have led to child family separation.

g) Major challenges, constraints, and lessons learned

1) **The project had a long preparatory phase.** This left too short a time for many project activities to really have the positive effect that could have been achieved had the implementation period been longer. e.g. under ES component, the destitute households did not have time to transition into growing households, but may have *just* made it to be categorized as a “struggling” household. So even if there was improvement in these HH, with more time, we likely would have seen greater improvements. To highlight these changes, all 6 phase 1 districts (Kamuli, Mbale, Luweero, Kasese, Kabarole and Gulu) where implementation of economic interventions were conducted for at least 18 months, the findings indicate that with over 50% of households in the destitute category at the baseline, end line results show a significant improvement of over 60% moving to struggling category and 2% in growing category. This shift was achieved by, addressing vulnerability in a holistic and multi-dimensional way through individual household case management process for a period of at least 12-18 months to cause a change in household livelihood economic conditions and reduced vulnerability.

In addition, financial literacy training (planning, budgeting and savings) is required at least twice prior to cash transfer.

2. At the inception of the project when the assessment of the CCIs started in 2015, there was a misconception by both the government, and by CCIs that if they did not comply with the recommendations of the assessment, CCIs would be closed down. However, this was never the case, but some CCIs, closed, as a result of their own initiative. The project and the government took a much softer approach. There was some criticism expressed by several stakeholders because of this. On one hand, some people have felt that DOVCU did not do enough to enable the national government to play their role after the assessments of CCIs were done. DOVCU could not facilitate closure of CCIs due to lack of MoGLSD approved guidelines on closure processes for the unregistered CCIs. Therefore, the project staff provided technical assistance to the district leadership in collaboration with the respective Probation and Social Welfare officers of the affected districts to implement the closure processes of CCIs. It is important to note that, there were no established Interim and Transitional Care Centre’s to take care of children from a closed CCI either and to ensure safety of the children, moving the children from one residential placement to another, was avoided where possible. DOVCU however facilitated inspection, monitoring and provided technical assistance to the CCIs to ensure compliance to the approved home rules and regulations, while advocating for the child care institutions to transform into interim and transitional care centers and development of the closure guidelines by MOGLSD as a long term

and sustainable solution. DOVCU also focused on guiding the CCIs on the use of appropriate tools and processes while tracing families, reunifying children, care planning and follow up to support permanent reintegration.

3.The project worked in 12 districts (which was a big scope), but within each district, just in two sub-counties and each of the sub-counties, only two parishes were selected (when there are many more sub-counties in each district). It was felt that the scope was too small for the district.

Based on the DOVCU's experience, for the prevention of at risk of separation interventions to cause a more significant change, project activities would have been better concentrated in fewer districts and with focus on specific sub-counties mapped as being suppliers of children to institutions. DOVCU did learn that, it is not possible to determine the geographical scope for the placement of children outside of family care because this takes a more rigorous process and working on a case by case basis.

4.The National Framework for Alternative Care provides the framework for delivering and facilitating access to appropriate alternative care options for children deprived of parental care in a way that addresses existing gaps. Inadequate resources available to government institutions for carrying out statutory responsibilities with respect to child care and protection is a limitation. Probation and social welfare officers often struggle to undertake the field work necessary to make proper case assessments and recommendations; after placement follow ups; and to carry out regular inspections of child care institutions due to lack of resources. The Children's Amendment Act 2016, enabled the drafting and costing started in 2017 by government to operationalize the National Alternative Care Framework including establishment of district Alternative care panels and Basket Fund will be created to address some of the current gaps in the short term as government works through institutional reforms within the child welfare sector. The panel will work within current governmental structures. Therefore, National Framework costed action plan will be used as a tool for resource mobilization to fund used to mobilize donor funding for the District Basket Fund which will facilitate operation of the Panel with respect to all aspects of alternative care. Although DOVCU's work was aligned to the National Framework and the project contributed towards its implementation through roll out of the policy across the 12 districts of operation, there is need to strengthen the central ministry to function and provide the technical oversight and enforcement of the policy countrywide.

5. Limited monitoring and reporting of child care institutions to government as the vast majority of them operate outside government regulations and are as such not aware or compliant with their reporting obligations. By end of project implementation, there was no central register for alternative care that captures the number of child care institutions and the number of children in the different care options. The current ministry statistics are based on a

2012 baseline study that was by no means comprehensive as it could only capture those institutions that were either registered with the ministry or the respective district local governments and those who were not registered but whose presence was known. With the limited operational resources it even becomes harder for the Probation officers to conduct regular inspection and monitoring as stipulated in the approved home rules and regulations.

As part of policy and technical oversight role of MoGLSD, there is need to strengthen formal registration of child care institutions and this could possibly be prioritized through a mapping and an assessment exercise countrywide of all known and unknown child care institutions aimed at establishment of a central registry for the whole country. This information is very vital and useful to inform the CCI registration process and monitoring operations of the certified CCIs. It would further enable the limited human resource to provide tailored technical assistance and guidance in a more cost effective and appropriate to the CCI capacity needs.

6. Advocacy in the project is key. This is because most of the work requires talking and engaging a wide variety of players. The advocacy required starts from national to household level which is challenging yet very key.

7. Use of an integrated package keeps all children safe in families and also those at risk of separation are supported to remain at home.

Some of the key learning based on the project monitoring data indicates that cash transfer is a catalyst to reducing household economic vulnerability, however, a combination of economic and social interventions is associated with the largest reductions in vulnerability (both social & economic aspects).

Social worker home visits for direct case management and peer support for receiving families ensures child permanency in family care. We learned that because of the complexity of the reintegration process, group based approach cannot work for reunified households/children.

The DOVCU's bottom-up, top-down participatory approach, involving formal and informal stakeholders from all levels was critical success factor for achievement of results and this was done through participatory targeting, capacity building, delivery of relevant package, methods and strategies to institutions, families, children and communities to prevent separation and re-separation and ensure reunification of children in families in a safe and sustainable manner.

We also learned that it may not be possible to know where children to be reunified at coming from at the start of the project and therefore reintegration process is complex and sensitive. It requires ample and systematic preparatory phase across a wide geographical coverage and effective combination of interventions to prevent separation, placement of children back into family care and ensure care and protection.

Based on DOVCUs learning, we suggest that similar project in future need to include Independent research and advocacy piece that can strengthen systemic change at national level for effective implementation of child care reform countrywide. This may also require a project timeline of at least seven or more years to attain desirable outcomes for the vulnerable children and their families and systemic change. Knowledge management and learning using longitudinal case studies to monitor change and recommendations on what works and can be done in future projects.

One key learning from the DOVCU program was the importance of investing in Uganda's social welfare force in order to 'do child protection' with huge numbers of social workers required to provide continuous follow-up support to households. In these cases, para-social workers and community volunteers were not mobilized to prepare communities and to follow up cases.

2. PROJECT IMPLEMENTATION BY RESULT/OBJECTIVE

a) The activities and approaches planned and completed during the project, including any modifications to the planned activities.

DOVCU started in July 2014 and the official launch was conducted in November 2014. ChildFund, together with INGOs, Government and Local partners, piloted an integrated package of interventions to : a) create opportunities for existing institutions to re-conceptualize their role and skills to implement the National Alternative Care Framework, thus ensuring family based care is prioritized for all children; b) reintegrate street girls; c) strengthen Ministry of Gender, Labour & Social Development's (MGLSD) and district's capacity to monitor institutions and effectively implement the new Alternative Care Framework. DOVCU interventions promoted, collaborated and worked with a range of stakeholders to build capacities, strengthen coordination and implementation of the Alternative care Framework to improve response and prevention of separation to children outside of family care or at risk of separation, promote local capacities including skills building, training, coaching, shadowing and

technical assistance, strengthen the institutional changes, professional practices and policy environment, and strengthen child protection mechanisms. DOVCU strengthened both formal and informal systems for service delivery for vulnerable children at the community level.

The project also actively pursued opportunities for information sharing, dissemination of lessons learned at various forums including; Sub-regional Child care reform Exchange workshop, March 2015, Kigali, Rwanda; Children’s Summit June 2016, Kampala, Uganda; Best Interest of the Child in the Justice System Conference, August 2016, Nairobi Kenya; 15th ISPCAN European Regional conference, October 2017, Hague, Netherlands. The project conducted end line survey by externally contracted agency from September to October 2017. Therefore, DOVCU endline was conducted during the No Cost extension period of July- December 2017.

b) Overall achievements, major challenges and constraints, responses and lessons learned.

Economic Strengthening activities were integrated into the care and access to basic services aimed at reducing child family separation and at improving the wellbeing of the children within the HH. At the end of the project a total of 1404 of 1440 households of the life of project target had been supported through cash transfer of an average 100 US dollar to access food, shelter, health, education material for children and stabilize their basic household needs.

Type of economic strengthening support received at household level

Type of economic strengthening support by category	Total number of Households
Total number of targeted households trained in financial literacy before cash transfer	1404
No of At- Risk households that received Cash Transfer	971
Reunified households that received Cash Transfer	433
Number of Highly vulnerable youth supported with cash transfer	49
Total number of households trained in business skills, Financial Literacy, Savings and credit in all categories (includes other Community members)	3878
Target number of destitute and struggling households trained in VSL methodology	2235
Total number of Struggling & growing households trained in Micro-enterprise Selection, planning and Management (ME-SPM)	1532
Sources: DOVCU monitoring data.	

According to the Livelihoods Pathway, the target households were encouraged to participate in all economic strengthening support except cash transfer which was restricted to destitute households only. All targeted households received other non-economic support from DOVCU case management process to strengthen their capacities over time to allow them become stable (no longer struggling)

The project trained 3878 households exceeding the life of project target of 1,920 households in business skills savings and credit investments. Endline evaluation findings confirm that while there has been no change in bank account ownership in phase 1 districts, households still state that they are now able to save, largely through the VSLAs with 44% of end line phase 1 households now having access to credit services (as shown in the table 2 and 3 below) Several respondents mention that the training has showed them the collective responsibilities associated with the VSLA and stress the importance of paying back on time so that the VSLA can keep functioning. This is marginally reflected in the monitoring data where fewer households have failed to pay, and a slightly larger number of respondents have paid back in full.

Table 2: Household Monetary income

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

VSLA group performance by endline data collection in November 2017

VSL loan repayment status of 133 groups in 12 districts	Total number of households	% of households
Trained on VSLA associate Methodology	1587	NA
Overall Loan repayment status within 6 months prior to endline data collection for all the 133 VSL groups formed	1287	81%
Loan borrowed from VSL groups 6 months to end line period	1042	81%

Repayment status (HH that Failed to pay within VSL group loan period) (cycle I and II) combined	95	7%
On-going weekly repayment status by endline (Cycle I & II) combined	966	76%
Fully paid as at endline data collection (Cycle I & II) combined	217	17%
Source: DOVCU End line FSVI data		

The table 3 above explains VSL performance of all the 133 groups regardless of the time of its formation. This table specifically indicates the pattern of the target households mainly destitute and struggling who participated in the VSL groups. Through their participation in Village Savings and Loan groups and other social interventions, 47% have access to credit services (SACCO, Government & Non-government Finance credit facilities) compared to 24% at baseline and repayment status for borrowed loans have slightly improved to 17% compared to baseline findings 13% according to the project monitoring reports using the Family Status Vulnerability Index tool, to understand household economic resilience.

Through project support, in total 259 youth (including street connected girls, remand home youth, children from at risk and reunited with family) who were highly vulnerable and at risk of separation and reunified from remand home and from the street were skilled and 70% are in gainful employment while the 30% are still self-employed and able to meet their basic needs.

By the end of the project 672 (334 male and 338 female) 65% caregivers of life of project target (from both at risk and reunified households) show reduced substance use and abuse. This has resulted in positive social behavioural changes observed within the households which promotes care and protection of children.

Through DOVCU's capacity building and systems strengthening of child care institutions a total 1743 from the supported CCIs (1465), remand homes (74) and children from Mbale Street (204) and 5 children who are in the process of domestic adoption (foster care) of 2087 life of project target have been reunified with biological families. It is important to note that the majority, 1072 (567 male, 505 female) children are of primary school going age six to fourteen years (6-14 years). 125 children (98 boys and 27 girls) of less than five (5) years of age were reintegrated back into family care with DOVCU support. Over 698 reunified within DOVCU coverage and 612 reunified children followed up outside of DOVCU coverage were stable in their respective receiving households for at least 6 months, signifying permanency in family care. Project monitoring data reveals stability and improved wellbeing in family care especially for children who have been home for more than 24 months since reintegration. The quantitative data shows slight improvement in child wellbeing of children who were reunified outside DOVCU coverage. Between baseline and endline, monitoring data indicates that overall, there has been a reduction in child vulnerability scores for children living in targeted households. Children who have been reunified from the street or remand homes, consider their situation with regards to food security and nutrition to have improved. Generally, children who have been placed back into family care from CCIs perceive their access to services and food to be more precarious

following reunification and this initially adds to stress and reduces psychosocial well-being, but with time and follow up bond with family. It is also reported that a majority of children at risk and children reunified, all cited violence against children to have been something they experienced, but that this was not something they worried about now.

During the past two years, DOVCU trained and strengthened the capacity of stakeholders including establishment of eleven out of the twelve targeted district Team Around the Child structures to serve as gatekeepers for child care institution admissions and to ensure successful reintegration outcomes. Despite and multiple challenges involved in reintegration processes, at least 38% (356 out of 1465 children) from CCIs were reunified with their families and had their reintegration supported through the Team Around the Child. During the end line quantitative data collection from 91 CCIs reassessed, a total of 1150 children were prevented from admission into the residential care institutions as a result of the Alternative Care training by DOVCU. This was achieved through joint effort by the child care institutions, parasocial workers, Community Support Structures (CSS) who identify and refer identified cases at-risk of separation directly to Probation and Social Welfare Officer who is mandated to issue the care order according to the law, children's act and children's homes regulations, it is combination of the people who care for the child and probation officer. This was obtained from CCIs records, discussion notes, referral forms and speaking to the CCI directors and social workers about how they prevented an admission into their respective CCIs and worked with probation officer to have the children placed with kinship if the parent cannot be found a trusted FIT person (is a trained trusted volunteer person within the community) as the tracing is on-going to take temporary care. Therefore, these cases cannot be discussed by the TAC since they are issues are being handled with the family or next of kin to ensure the children remains at home. During project implementation and follow up of children, the project staff learned the following lessons:

- Timely and proper family preparation including frequent visits of parents, guardians to children helps to create a strong bond between the two parties and make the work of child reintegration less laborious for social workers.
- We learned that a majority of children reunified can cope and stay within their families because these families have existing capacities to provide for their children and only need to be reminded of the parental or guardian responsibility. PSS and parenting education are very key social interventions for preventing reunified children from leaving home again.

During the end line data collection from reintegrated children, there was a challenge of regular monitoring and follow up for those children who come from sub-counties and parishes where DOVCU had not been implementing its prevention activities. This was true for reintegrated children who came

from other districts, where DOVCU was not operating. The project team had to ensure referrals, linkages and engagement of local leaders and probation officers and next of kin to support in monitoring the reintegrated children. This was a key learning. From follow up visits by social workers, the reintegrated children feel excited to be in their village despite the comfort at the child care institution. This was not the same for all children because some children are also known to keep visiting their peers in the CCI because they do not like home. Some CCIs have developed weekend programs to engage the children to slowly transition back into their communities. Reunification of children by DOVCU ended in the month of May 2017. With DOVCU's capacity building support and family support, a total of 1743 children were placed within family care. Individual care plans were used to ensure safe placements for a total of 1310 (698 children within DOVCU supported districts and 612 outside DOVCU coverage) and based on the follow up, these children are reintegrating well and have all been at home for at least 12 months. It is important to note that a total of 433 children were reunified directly by CCIs with minimal or no involvement of the project staff. However, the project staff were able to move with CCI social workers to ascertain the proper reintegration processes and this was done during the distribution of reintegration package (Posho, beans, Mattresses, Scholastic materials, Blankets and clothing to the reunified household). In addition, children reunified from the street and remand home were followed up and supported by DOVCU irrespective of the location and district where the children were placed and less than 10 children are having difficulty with reintegration.

No child who was reassessed at endline was placed into family after end of May 2017. Therefore all the reunified children reported on by the project were children who at the time of re-assessment using the Family Status Vulnerability Index (FSVI) and Child Status Vulnerability (CSI) tools had stayed in family care for a period of a minimum of eight (8) months and at least 24 months longest.

- Preventive measures and addressing drivers to separation in a holistic approach using the integrated approach/package of interventions for high at risk of separation children and through working with families and partners in the available referral networks is very effective and influences positive change to improve life situation.
- Most child care institutions are understaffed and the few are unqualified which makes compliance and enforcement of standards challenging. This therefore requires constant mentorship and coaching to enable them to learn the basic social work skills. Follow up support is still limited and use of trained community structures and para-social workers to follow up can bridge the gap of inadequate manpower since they are community based depending on the area of coverage.

c) Targeted Program Regions

The project activities were implemented in the 12 districts and all the 4 regions of North in Gulu and Lira districts working ChildFund local partners; in central in Wakiso, Luweero as well as Mbale, Jinja and Kamuli districts in the eastern region. In Iganga and Kampala districts the project collaborated with the district local government that is currently following up on the project interventions with community structures while in the western region, TPO still has on-going USAID projects and is providing on-going follow up with the para-social workers in this region.

d) RESULTS OF ACTIVITIES

Objective 1.0: Reduction of unnecessary separation of children from their families.

Result 1.1: Households with children at risk of family separation recover asset, stabilized household consumption and economic conditions (Destitute households re-build short-term capacity to pay for basic necessities).

A. Activity 1.1: Provision of cash transfers and asset transfers to destitute households, and linkages to other sources of support.

a. Output 1.1.1: Destitute households receive cash and asset transfer to stabilize household consumption.

By end of project, 97.5%, 1404 (497 M, 907 F) of 1440 life of project participants of whom 771 households at risk of separation and 633 households are reintegrated households were supported with an average of \$100. 75% received direct cash transfers due to lack of mobile handsets and limited service providers while 25% of the care givers received cash through the e-wallet mobile money. All caregivers were trained on financial literacy to build their capacity in finance planning and management that enabled them access basic needs such as foods, decent beddings, scholastic materials and medication among others. By the end of the project, 788 (63%) of the household moved from most vulnerable/destitute to vulnerable/struggling along the continuum and 10 (1%) graduated to poor but stable/ the growing level. 454 (36%) supported at risk of separation and destitute households remained in economic vulnerability category of most vulnerable /destitute by end of project because of the financial, physical and social status of the households are. The household heads include; disabled, sick and elderly.

Output 1.1.2: Targeted Destitute Households linked to other support services

Through the provision of a continuum of support to the preventive and reintegrated households, 30% (40 VSL groups) have benefited from linkages, collaboration, referral and

networking with other partners within DOVCU target communities. Project participants have benefited from existing government programmes and other service providers including; Operation Wealth Creation program, at least 10 beneficiary groups were provided fruit seedlings, improved high quality seeds, oxen and ox-ploughs for cultivation. Two VSL groups in Mbale district were supported to access government funding of USD 1000 under Women Empowerment Fund with support of the sub-county CDO; in Gulu district, 45 children destitute and struggling households were linked to SOS village for non- residential education scholarships to meet the cost of primary secondary and vocational skills training respectively. At least over 800 Project participants are recorded to have benefited through referral and linkages by parasocial workers and project staff to health facilities to access health services that include; family planning and antenatal services for adolescents and women, free HIV testing, counselling and access to treatment, Sexually Transmitted Infections (STI) and cervical cancer screening by government. The linkages were very critical in complementing DOVCU efforts of promoting continuum of care for protective environment for children.

B. Act 1.2: Develop protection strategies to improve household's cash management, savings and credit, and financial literacy through Savings/Credit/Investment Groups, Selection Planning and Management of Microenterprise

a. Output 1.2.1: Struggling households trained in cash management and income generation skills

A total of 133 Village Savings and Loan (VSL) groups with 2953 (2067 females, 886 males) members were formed in the 12 target districts. 2,235 categorizes as struggling households (at-risk and reintegrated households) while 925 households are members of the communities who expressed interest and willingly joined the VSL groups and received financial literacy training as an integral part of the SCI group activities. 78.9% (1,516) of 1920 life of project target struggling households assessed at baseline and end line received financial literacy training while 83% of the targeted destitute and struggling household were equipped with skills and knowledge through VSL group trainings. The targeted households were also trained in cash management, Savings and Credit Investments (SCI) within the target communities which resulted in ability of group members to cope with shocks and emergencies.

By October 2017 at least 54% (72 out of 133) VSL groups had completed the first cycle and members shared out (based on the 9-12 month cycle) their savings with accrued interest. For example, in Luwero district, 10 VSLA groups that completed their 9 months cycle in October 2017 shared out, and each member received on average Uganda shillings 278,000 equivalent to US dollars 77. (See table 1 in Appendix 1). Groups determined the interest rate depending on how much the group members agree to borrow and pay within an agreed timeframe. Overall

less than 2% are reported to have requested for social funds saved within the group to support a group member in case of emergency or due to unforeseen challenges but repaid fully.

Micro Enterprise –Selection Planning and Management training (ME-SPM)

DOVCU trained Project staff and all the CDOs from the 24 targeted districts using a ToT (training of trainers) method in Micro Enterprise- Selection, Planning and Management (ME-SPM), a training package for members of existing VSL group participants who are interested in starting up micro- enterprises for income generation. This was done through a cascade approach to VSL groups with a minimum of six month's first saving cycle, assessed and members were to be capable of utilizing the ME SPM training to start and grow enterprises. By end of December 2017, a total of 1532 members trained in Micro-Enterprise Selection, Planning and Management (ME-SPM) skills to enable them select, plan, manage micro enterprises and be able to sustainably meet their needs. These were particularly households members who had participated in a VSL groups through one share out (either 9 months or 12 months from the group establishment and by-laws, then the group members are individually assessed for their interest in and capacity ot absorb further training in microenterprise development. This resulted into establishment of 1532 micro-enterprises mainly kiosks and road side selling. Through these micro enterprises (MEs), members have realized improved income and can sustainably and consistently meet the needs of the children such as food, scholastic materials and medication.

ME- SPM Training

Module 1: Microenterprise Selection
Module 2: Market and Skills (operating a microenterprise)
Module 3: Capital Costs and Sources of capital
Module 4: Profitability and ability of microenterprise income to cover household expenses
Module 5: Microenterprise Planning
Module 6: Managing microenterprises

As a sustainability strategy, the project trained 123 Village Agents who are volunteers and trainers from each VSL group to continue providing ongoing support (coaching and mentoring) to the VSL groups. In case of new group formation as a result of project achievement, the CDO, working with the Village Agents will guide the formation process and training. Overall the VSL model has gained trust and is being replicated by surrounding communities where DOVCU was operational.

Results 1.2: Older HVC with highly demanded skills in the local labor market.

C. Act 1.3: Older HVC participate in vocational training to provide livelihood option and prepare for graduation from program.

a. Output 1.3.1: Youth trained in vocational training institutes develop highly demanded skills in the local labor market.

Short term (3-9 months) vocational training targeted older youth especially heads of households and destitute households and children reunified back home. The project created links with employers who were interested in hiring graduate and upon graduation, youth were invited to join Savings and credit Investment groups where financial literacy training was provided. All these were mitigating mechanisms to ensure that the youth is skilled and employed so that he/she can sustain their family.

DOVCU exceeded this target and supported 166 (91 male, 75 female) versus 144 youth across 12 target districts in vocational skills training in different courses. 85% of the youth who received training from Ministry of Education and Ministry of Trade, Industry and Cooperatives by the end of project were in gainful employment and their livelihood has greatly changed. They are helping their siblings with school fees and basic requirements at home. While, 93 street connected girls who are part of the total number of 259 youth supported under DOVCU received apprenticeship training in hair dressing, tailoring and garment cutting are all employed. Therefore, overall DOVCU project supported 259 children households (both at risk and reintegrated) to enroll back into formal and informal vocational institutions to acquire skills and live a better life than before this vocational training. DOVCU equipped the youth with life skills, and financial literacy training which instilled in them a positive attitude towards work as well as developing positive relations. The skilled youth are able to make informed financial decisions in relation to earning, spending, saving, borrowing and investment. DOVCU raised their awareness and risks associated with the employment and child labour as they transition to adulthood. Through collaboration with the sub-county Community development officers, the youth have been linked to take advantage of a government led Youth Livelihood Programme aimed to support youth to access funding for income generation projects. Overall DOVCU created links with employers who were interested in hiring graduate and upon graduation, youth were invited to join Savings and credit Investment groups where financial literacy training was provided. All these were mitigating mechanisms to ensure that the youth is skilled and employed so that he/she can sustain their family.

For more details see Table 2 in Appendix 1 on youth supported.

Results 1.3: Target caregivers show improved parenting skills and understand the benefits of family-based care.

Act 1.4: Highly Vulnerable Households (including adoptive and reintegrated households) receive parenting education as per expanded Essential Package.

- a. Output 1.4.1: Highly vulnerable including adoptive and reintegrated households involved in parenting education visited/ followed up by trained volunteer's members of Community Support Structures.**

Using the DOVCU parenting manual translated into 7 different languages (English, Luganda, Leb-Langi, Lunyakole- Rukiga, Lunyoro- Lotoro, Lusoga, Lukonjo and Acholi) at community level, 96 trained Parasocial workers and 192 community support structures strengthened care givers understanding of child protection issues and attachment, this promoted positive and supportive networks for families. The community sensitization and awareness creation meetings conducted by parasocial workers focusing on the project package of interventions on parenting education, keeping children in families, child protection, awareness on effects of substance abuse and issues of community policing to ensure that cases of child abuse are reported or referred to the relevant support services has resulted in mitigating risk and improving the situation of children at risk of separation. This was reinforced by parenting group sessions both group and individual household interactive learning sessions were conducted on a monthly basis by Para-social workers with support from DOVCU social workers for at least 45 to 90 minutes based on a selected topic by group members during the weekly group meetings and home visits conducted on a monthly basis to handle the appropriate parenting skills at household level. By the end of the project, a total of 41 parenting groups were formed and 5,812 households participating in these parenting groups. In terms of psychosocial wellbeing, parenting training was very impactful because parents reported they now know their duties and how to approach children and have improved their social behaviors and practices in the way they now treat their children.

Empowering vulnerable households with parenting knowledge and skills on parenting has been a much appreciated intervention by the target communities. Through parenting education, targeted caregivers are now coping well with observed changes in the level of distress among caregivers who received knowledge and skills, peer counselling, follow up support form community members. Caregivers have learned and appreciate the need to care for children in order to promote children's well-being including a positive sense of self, as well as the child's ability to cope with stressful situations, temper emotional arousal, overcome fears, and accept disappointments and frustrations. The reintegrated households have appreciated the fact that they were supported through counselling sessions that prepared them to receive their children back home and promised to take care of the reintegrated children because they have realized that it is their responsibility to nurture children in parent-child relationship within the family setting.

During a parenting group session in Mbale district, a parent said, *"I appreciate parenting skills and knowledge training especially on my role as a parent of providing care, love and respect and security to my children. Children need to be cared for and protected from injury and physical and sexual maltreatment. (Source: Parent in Mbale).* Parents have learned coping skills as a result of participating in the parenting group sessions.

b) Output 1.4.2 Number of families/households visited annually by CDO and para-social workers

During the project life span, it is noted that 85% (1894/2235) of at risk supported households including at least 5% reunified households within parishes of DOVCU coverage where parasocial workers, CDOs and project staff could easily access to deliver project interventions and conduct regular follow up visits on a monthly basis. In addition, during DOVCU endline quantitative data collection follow up and re-assessment of 1,310 children who had been home for a period of 9 to 24 months was conducted by Project staff and CCI social workers in both DOVCU and outside DOVCU coverage. However due to the logistical demand and vast geographical coverage where the children were reunified, follow up was not done in a systematic manner for all the reunified children. Quaterly monitoring visits were conducted for a total of 361 children reunified with support of Team Around the Child (TAC), a total of 698 children who were placed within DOVCU coverage were followed up after a period of 3-6 months to ensure these children are in school and those who have medical conditions including HIV+ cases access their medication and refills timely. A total of 612 children were followed up within 9-12 months and 433 children reunified outside DOVCU coverage by CCI social workers were visited by the Project staff at least once every 6 months and reassessed once a year using the Child Status Index tools. DOVCU endline data collection indicates a majority of the children are still at home except a few of less than at least 5% are children who have relocated to their original home towns or village without leaving sufficient information to guide the social workers to the new destination of residence.

DOVCU staff also engaged with next of kin, local leaders, and probation officers to promote linkages / collaborations within stakeholders in their respective locations outside DOVCU geographical coverage to provide a supportive environment to the reunified children including physical follow up. Other forms of follow up included phone call conversations by project staff and CCI social workers to ensure adequate home based support services were accessed by the reunified children. Referrals to any existing social support mechanisms were made by social workers during this engagement with other partners, teachers, neighbors, local leaders, relatives or next of kin of the reintegrated child. During endline data collection, all children assessed using the Child Status Index tool, reported that, there is extension of social support including; parenting education sessions have contributed to increased awareness in parenting skills among care givers, improved communication between care givers and children.

Project monitoring data highlights that participation in social interventions (i.e. VSL, parenting, AA groups) of both at risk and reunified households resulted in improved child and parent relationship. It also contributed to the reduction of household vulnerability due to care giver participation in different community support groups within the preventive communities.

D. Act 1.5: Parents Groups: Peer support in group sessions to reinforce home visits and promote peer support

a. Output 1.5.1: Households participate in group parent support sessions.

Overall, 42% (3617 of 8640 households of life of project target) were supported through peer to peer sessions and counselling by community support structure and parasocial workers as a practical way of reinforcing parents' positive values and coping skills that facilitate positive child development and growth. Based on the monitoring quantitative data, at least 3,617 parents/caregivers demonstrate tremendous changes as a result of the peer to peer support through sharing success personal/ individual family stories in handling and protecting their children. Information sharing done during peer to peer sessions resulted in referral or linkages of project participants to existing community programmes or service delivery facilities within their community. These included; VSL groups, youth groups women groups and others.

Risk assessment sessions were conducted by Remand home focal point persons and project staff using the journey of life session's tool for groups of children in schools, in remand homes and in the communities to facilitate recovery and healing. This became a useful tool for promoting peer to peer support among children in children groups. Children became aware of risky behaviour, their rights and learned how to assess a risk including how to explain their lives as a journey, identify the problems affecting them at different stages of growth and development and share personal experiences freely, know and understand what children need to grow meaningful lives and learned how to cope with challenges in life. This was a very successful strategy especially for peer to peer support among children who faced different challenges at home or in their communities. The reunified children were later able to make friends during these peer to peer sessions after being away from their peers especially for the case of children reunified from remand homes and Child care institutions (CCIs). For the children who were reunified within DOVCU parishes that had also been supported by the project's prevention component, the mobilization and training of parasocial workers and child protection mechanisms served as protective factors. In many cases, children and caregivers reported that the reunification would not have been successful if not for mediation and follow up by project staff and local leaders. We were also told that there were few cases (3 out of 74) of children's experiences of reunification that were sometimes problematic, especially in areas where prevention activities had not taken place and the children returned to the Remand home as a result. Post reunification follow up visits were conducted to monitor the children's progress and to assess the wellbeing of the child. DOVCU was able to organize a community awareness meeting on child rights and protection facilitated by Probation Officer, police and psychologist in such "hot spot" sub-counties aimed to reduce re separation.



Above photograph: JOL Sessions in progress with children from Adwila P/s and Ogur Central P/s

For more details on the observed changes refer to table 3 in Appendix 1 below.

Results 1.4: Children living in households supported to recover from psychosocial problem show reduced psychosocial distress.

E. Act 1.6: Strengthen community support structures using CSS Model to screen households in psychosocial distress and respond directly or through referrals.

a. Output 1.6.1: Caregivers in psychosocial distress receive psychosocial support

DOVCU package of interventions was useful in tackling immediate causes that contribute to high risk of separation in vulnerable households such as economic support to families to meet basic needs, parenting skills training to caregivers to provide ability to cope with stress and overcome psychological barriers to being a parent.

By end of the project, 57% (1297 of 2235 households) caregivers and parents, (at- risk and reunifying) had been supported and this exceeded the life of project target of 960 households. This was a successful element particularly in the target community where the project interventions addressed the highest vulnerability factor of alcohol abuse as identified during baseline to cause family discord. ChildFund and TPO used the Alcohol Anonymous (AA) methodology to offer counselling, psychosocial support, parenting education, child protection awareness and the approach of peer support session to support in the rehabilitation process. This was one of the much-appreciated interventions by the community.

Table showing % of individuals (At risk and reunified households) participating in peer support groups showing reduction in substance abuse in 12 districts.

	Total number of households supported assessed at end line;		% and # of caregivers participating in peer support group and showing reduced substance use	
	All districts	Phase 1 districts	All districts	Phase 1 districts
Total	2235	1228	672 (30%)	373 (30%)
Male	1027	546	334 (37%)	177 (36%)
Female	1208	682	338 (28%)	196 (26%)

Source: DOVCU project monitoring reports

Based on the endline quantitative data assessment using the Family Status Vulnerability Index tool, (FSVI), at least 30% households (both at risk and reunified) caregivers showed reduced substance abuse, negative social behavioral status; social behavioral, family, and mental pattern of the household or common problems in the household including abuse of alcohol and drugs. A majority of these members belonged to Alcohol Anonymous groups where the group members supported each other through personal testimonies, participate in economic activities like VSL groups or parenting groups. As part of project close out, project staff conducted regular follow up visits to 101 members of Alcohol Anonymous groups and reported that a total of 95 out of 101 members had quit alcohol consumption while 6 of them had relapsed and still struggling to quit alcohol abuse. Therefore, we learned that, the social support factor, environment and the individual effort are very important in addressing the issues of substance abuse. At community level, Para- social workers and CSS were trained and conducted home visits and referred cases to health and other services and facilities to ensure that destitute or struggling households receive a comprehensive package of services.

Community support structures (CSS) have played a big role in creating awareness on psychosocial support, parenting education and child protection through, sensitization, music, dance and drama, interactive learning sessions, home visitation and follow up, that is observed to have improved parent and caregivers attitude towards supporting children to go to school, parents have learned to recognize and manage negative feelings and cope with psychosocial and stressful situations. Other social problems reported as a result of community support structures follow up and support based on project monitoring reports include; domestic violence reduced as a result of open communication within households; testimonies of emotional relief are reported; group members are more supportive to each other and share coping strategies, counselling, children are reported to be more self-disciplined at home.

DOVCU project staff accompanied by a clinical psychologist and psychiatrist visited each district bi-annually or quarterly to provide technical guidance to the health workers at sub-county level

and the parasocial workers especially in screening and referral of cases respectively. Referral for healthcare needs to health institutions was done. Through networking with disability focused NGOs like CORSU, Chesire Services Limited (NGO) and church foundations provided one off distributions of assistive devices and scholastic materials to a total of 20 children with physical disabilities in two districts. This made a significant difference in the lives of these disabled children, by assisting these children to go attend school and to play and interact with other children. Overall, the project worked mainly children living within project coverage and with residential facilities taking care of children with special needs. The main aim was to change their mindset, attitudes and restore hope to parents / caregivers of children with disabilities. Overall, disability remains a big challenge in terms of access to services and reunification of disabled children was even more complex and challenging with no successful reunification of disabled children. DOVCU had great success in preventing separation of disabled children from family.

F. Act 1.7: Facilitate peer support groups post-treatment, for people recovering from substance abuse

a. Output 1.7.1: Individuals recovering substance users participate in peer support post-treatment groups.

By end of December 2017, seven (7) patient support groups across the 12 districts of coverage of parents and care givers with children who suffer mental health related, disability issues, epilepsy and adults with distress and depression were functional.

Due to increased awareness on substance abuse and drug abuse, 2081 community members versus 960 life of project target were participating in peer support groups. This was as a result of continuous awareness creation and response with DOVCU interventions about voluntarily participation in Alcohol Anonymous (AA) groups which are self-help groups of alcoholics that are recovering or have recovered from alcoholism. The group is run by alcoholics themselves basing on inclusion and a desire to stop drinking.

A total of 32 AA groups (468 members) 80% male formally abusing alcohol were self-formed as a result of project awareness creation. According to ChildFund end-line quantitative data (Dec. 2017), of the 1228 interviewed and assessed using the Family Status Vulnerability Index tool (FSVI), 28% (349/ 1228) reported to have reduced alcohol consumption joined parenting groups and are also participating in Alcohol Anonymous Groups (post treatment groups).

G. Act 1.8: Community sensitization on substance abuse using peer counselling, follow up, checking on relapsed members, coping and managing.

a. Output 1.8.1: Targeted caregivers in psychosocial distress including community members sensitized on substances abuse using peer counselling, follow up, checking on relapsed members, coping and managing.

As mentioned above, DOVCU social interventions reinforced each other because of the complex and multiple vulnerabilities faced at individual household level. In the last six months before the of the project, out of 101 AA group members visited, 95 were recovering from alcohol and 6 were still struggling and had relapsed. Therefore continued peer support among group is on-going even beyond project life as a result to support their colleagues to reduce and give up high alcohol consumption including providing peer counseling and psychosocial support. The members noted the 6 alcoholic cases had relapsed due to distress and group members committed to following up these members.

This strategy was very effective for a number of reasons which the community members and stakeholders outlined and can be replicated. It includes;

- Holding community wide sensitizations on the dangers of alcohol abuse in the areas most affected was important. This was done with the support of the para social workers who knew these places so well.
- Involving the professionals such as police, clinical officers to discuss the effects of substance and alcohol abuse was key. These spoke to people using examples and pointed out how to handle extreme cases.
- Formation of AA groups worked very well. This was voluntary and experience sharing helped them understand and work towards addressing the underlying causes of alcohol and substance abuse.
- Working with volunteer role models (those who stopped drinking and abusing drugs) contributed to acceptance and willingness to change behavior and follow up by CSS and parasocial workers promoted openness and readiness to change for the better and support those who are relapsing.

H. Act 1.9: Broker partnerships with health service strengthening projects, to prioritize mental health in target districts.

a. Output 1.9.1: 12 health facilities providing PSS for patients referred by CSS.

At baseline, in October 2016, DOVCU had anticipated to collaborate with 12 health facilities to provide health related support to 200 cases aimed at providing services to cases referred by the social workers and adopted the standard MGLSD referral tool for children and Village Health Team referral form for adults. By close of project life, DOVCU was collaborating with 55 health facilities including 12 hospitals, health center IV, health center III and other NGO health institutions and made 881 referrals, from reunified households and at risk households, for medical mental sickness, family planning, child immunization, accessing ARVs, disability and many others. This was as a result of project staff, with the support of district health personnel, conducting community health outreaches and community sensitizations on health related issues as a strategy to improve on access to health care and treatment in the target communities. These referrals point to the gravity of the health challenges in the target communities.

Results 1.5: Accessible mechanisms and structures to male and female caregivers and responsive to their support needs in child care.

I. Act 1.10: Identify and assess the capacity of existing community-based child protection systems.

a. Output 1.10.1: Community support structures identified and with capacity building plan in place.

Communities are made up of pre-existing formal and non-formal structures that offer support to their members. A total of 192 non- formal community support structures (CSS) were selected using a participatory and community involvement to work with the parasocial workers at parish and village level.

For example, In Kabarole and Kasese 16 CSS groups conducted dissemination events on awareness raising on social problems that drive children away from family care and follow up visits to children reunified within parishes of project intervenitos. This resulted into strengthened families psychologically, socially and morally, the endline evaluation highlights the contribution of this structure towards improved access to basic services, increased enrollment of children back to school, access to health services and follow up of project participants, strengthened follow up and referral networks for better reunification of children and minimal cases of re-separation reported from family care.

DOVCU therefore strengthened both the formal and informal structures for provision and delivery of sustainable and coordinated response of child welfare and protection systems at community level. Working through the informal structures (community support structures) the project was able to provide family based interventions that promote positive parenting; child protection; initiate community conversations on family strengthening; home visits; follow up

and monitoring; psychosocial support; substance abuse reduction and referral. The trained community support structures have been empowered to manage child protection issues of children at- risk of family separation, are able to follow up through home visits and monitor the reintegrated children within their communities. The Community Support Structures (CSS) that collaborated with DOVCU were facilitated with music dance and drama equipment. These CSS groups have played a big role in reducing child separation through music dance and drama, songs, role plays in the community, family mediation, conducting trainings on child protection and parenting, providing psychosocial support and referral of cases for further support.

J. Act 1.11: Through a coordinated strategy, build community-based child protection systems' ability to assess and respond to risks that can lead to family separation.

a. Output 1.11.1: Volunteers demonstrate understanding of project home visit and psychosocial support guidance as evidenced in training post-test.

By end of the project, a total of 288 community members (CSS, parasocial workers, Local council, youth, women, VSL groups, religious groups, Village health Team, Village agents)



were trained and worked closely with formal system to support the CSS to identify key capacity gaps such as knowledge of legal frameworks, available services, prevalence of potentially harmful traditional practices and beliefs, and develop a capacity building plan that involves interactive learning

sessions focused on the positive use of traditional and cultural structures that have the potential to enhance child protection support systems. Across DOVCU coverage, the project trained existing traditional institutions including; Kinship networks, clan leaders, religious groups, representatives from chiefdoms in some districts (Mbale, Kasese, Iganga, Jinja, Kamuli and Gulu) , volunteer associations to support in alternative care for children and play an increased role in monitoring and supporting informal care and protection for children within their communities.

One of the key lessons learned, is that the community support structures are a sustainable source of social capital as communities become more enlightened on the importance of family-based care for children and they are able to mobilize create awareness to break the knowledge gaps on reporting cases, provide counselling and guidance about the causes, effects, challenges, refer and make decisions on some of the preventive child protection related aspects within their communities that have resulted in prevention of child family separation. Training of CSS has increased community vigilance in identifying and reporting child abuse cases and working

with the existing community structure like PSWO, CDO, Parish Chiefs, Local Councils, para social workers promotes ownership and sustainability.

K. Act 1.12: Mobilize community structures including youth and children's groups to monitor households at risk and support home visits.

a. Output 1.12.1: Trained volunteers conducting home visits

A total of 288 community volunteers were trained to support community interventions (PSS, Economic strengthening (ES), conduct home visits, parenting education and child protection awareness.

The DOVCU preliminary end-line findings (Maestral qualitative data Nov 2017), indicate that the strategy of involving community mechanisms and para-social workers worked well: the actives undertaken by such mechanisms in the communities have been very appreciated by villagers and beneficiary households for the support they extend and the role they play. There was one person who said that *“when you are not following up on interventions then people are not kept on their toes”* (and as a result change is not sustainable).

In most communities, it is almost impossible to get children to participate in child protection (CP) committees due to socio-cultural inhibitions. Because some of the CSS are youth groups participation of young people is directly enhanced. The project therefore established a network of community volunteers to monitor children’s behavior and prevent abuse and neglect.

The trained community structures will stay as the frontline social workforce to continue to monitor children’s behavior and prevent abuse and neglect within their communities with the support of the Para-social workers who are a recognized formal structure at lower local government level. CSS act as safety nets that provide a protective fabric and widen the circles of support around the child especially where traditional governance structures have been weakened. To promote sustainability of these benefits members of informal structures will be expected to continue with home visits to provide emotional support, spiritual guidance and counselling, information to other service providers and referrals. Home visits help address such challenges. Through counselling, households feel supported and hopeful about their future and can cope with their individual household challenges.

Therefore, the CSS, parasocial workers and local leaders /community development officers agreed to link vulnerable households to government programmes like Operation Wealth Creation.

Results 1.6: Strengthened community level skills and knowledge to effectively manage psycho social conditions that perpetuate child separation.

L. Act 1.13: Facilitate community structures including youth and children's groups to disseminate messages that promote family-based child care and positive child protection practices.

a. Output 1.13.1: Dissemination events led by CSS.

Dissemination events were conducted at all levels, district, sub-county, schools and community aimed to create awareness on project components. The dissemination events were conducted by Parasocial workers, CSS with support of project staff and local government officers at parish level, the project staff and local government staff conducted dissemination at sub-county level and at district level the project staff and district staff were joined by Ministry of Gender, labour and Social Development staff. The dissemination focused on coordination of formal and informal structures and holistic approach to access and delivery of services to vulnerable families and their children which was appreciated by the public. Some of the dissemination strategies are outlined below:

Children's Clubs ; The formation of children's clubs was a strategy to enhance awareness about child protection issues including provision of footballs, skipping ropes hula-hoops for playing after the children have been sensitized on child protection, child rights and responsibilities, risks and risk assessment so that they are abreast with what happens in their life and stages of growth and development; sensitize against dangers of child labour, value of education, and their conduct at home and in the community.

Child protection reflection meetings; At sub-county level and district levels, child reflection meetings for formal and non- formal structures were conducted. These meetings brought together religious, political, technical leaders and other community support structures to discuss child care and protection issues. During project implementation, at least 2 sub-counties of Bungatira and Laroo in Gulu drafted by-laws on alcohol consumption as a result of sensitization of effects of substance and alcohol abuse therefore reported positive contribution by DOVCU towards transforming people's lives holistically. There was a general concern by the district leadership of Gulu about excessive consumption of alcohol even among children and youth. The by-law was therefore passed to regulate the production, sale and consumption of alcohol so that communities', children and youth inclusive could be engaged in healthy and productive livelihood activities. This by-law enabled the local leaders to reduce the number of separating from child family are to live on unsafe streets as a result of alcohol abuse. The local leadership approved this regulation to enable them arrest and prosecute anyone who obstructs the implementation of this by-law. During the last year of project implementation, alcohol sale and consumption in these sub-counties by project end was more restricted to evening hours

only. **Radio talk shows** were used a communication strategy to reach communities even outside DOVCU coverage and these were sponsored by partners including; police and Resident District Commissioner as well. The overall aim is to ensure that families, communities, informal and formal stakeholders work towards strengthening family support of reintegrated children and prevent unnecessary separation. There are many children incarcerated for minor offences and DOVCU used radio programme to raise awareness on juvenile justice and child rights. The feedback from listenership has always been very positive in terms of reported use of diversionary measure such as giving a child supervised community work to occupy and rehabilitate the child instead of sentencing a child to Remand home on petty crimes in the best interest of the child and to correct a child at community level unlike in the past where the child is arrested and immediately sent to Gulu Remand, or Fort portal remand home for example. The project viewed this as positive achievement in a way as a step towards strengthening gate keeping at the community level to reduce child family separation.

At this meeting one of the CCI social workers spoke about sub-counties that were sending children most to institutions. There were sub-counties in Gulu based on statistics were sending children to Gulu remand home every quarter and to CCIs. This radio talk show was followed by community meetings and by close of project, at the remand home, the number of children had reduced from 9 children to 4. The community started using diversionary measures of addressing challenges with the children.



Bishop Baker extreme left, Project officer, MGLSD officer, CCI manager, Probation officer and Social worker during a radio talk show in Gulu on alternative care.

The project conducted 4 regional child protection reflection meetings. The participants included; traditional/ clan leaders, faith based groups, kinship networks and existing community based child protection mechanisms, government officials, CCI, Remand home, health and partners. This was a was a strategy to reach out to those in the districts outside of project coverage as part of follow up support and safeguards to the children reintegrated. At one of the reflection meetings, Bishop Baker of Gulu recommended at the northern region

child protection dialogue and information sharing meeting that civil society and government need to enhance and make the cultural institution relevant in the upbringing of children so that they can seek counsel and advise as appropriate.

In March 2017, 44 participants from government, senior religious leaders, and partners held a meeting organized by VIVA/CRANE a sub-recipient of ChildFund under DOVCU to engage around how Christians in government and civil society could work together more effectively to ensure that children are raised in safe families. Both the Director of Public Prosecution, Justice Mike Chibita and Assistant Commissioner for the Ministry of Gender, Labour and Social Development, present at this meeting, described and agreed that there is need for combined government efforts to work with the church to tackle the immense challenges faced to see children in safe families. At the end of the day's wide-ranging high-level engagement between the participants, it was agreed that, whilst there is clearly a need for non-Ugandans to continue to support the Ugandan church with their efforts, it is essential that this initiative is Ugandan-led.

Objective 2.0: Placement of children who are outside of family care in nurturing families

Result.2.1: Number of children (living in institutions or street children) reunified with biological families or placed into alternative family –based care

A. Act 2.1: Support national efforts to operationalize the Alternative Care Framework, and implement continuum of care at national and district levels.

a. Output 2.1.1: District supported to establish Alternative Care Panels, alternative care directory and child care directory.

DOVCU implemented systems strengthening approach to support the implementation of the Alternative care framework. At the beginning of the project in 2014, without information about the institutions in the country, the nature of the services they were providing nor the capacity of these institutions, we worked with the government to establish a directory of those institutions and the services provided. DOVCU Project supported the assessment of 147 child care institutions mapped in the 12 districts of operation in 2015 as baseline. The purpose of assessing these institutions was to verify the number of existing child care institutions, compliance, adherence to rules and policies, knowledge of Alternative Care guidelines and the Children's Act (amendment) 2016 laws.

The gaps identified necessitated training in Alternative care. Through capacity building of CCIs, local government staff, Para-social workers and community support structures, DOVCU has contributed to promoting a supportive environment to children at risk to prevent separation due to various vulnerabilities and facilitate reintegration within the target households.

Through collaborative efforts, DOVCU supported Ministry of Gender, Labour and Social Development and district mandated probation officers in charge of children affairs to provide an oversight gatekeeping role by supporting CCI assessment and data collection, conduct inspection and enforcement of the law and ACF policy. End of project data analysis (Dec. 2017), indicates that 91 of 147 CCIs were reassessed and found 21 CCIs had closed, 11 transitioned to pre-school or primary school or vocational school and do not operate as CCI because the children who come to such a school are not restricted to formerly supported children in residential care but to a wider community and 3 CCIs have changed to community based approaches as a result of understanding alternative care for children. Project monitoring data indicates that at baseline 95% of CCIs were operating below the required standards as per Approved Home rules 2013 and this has improved with 86% CCIs inspected by probation officers found knowledgeable about and working towards meeting the expected standards stipulated in Approved Children Home Regulations(AHR 2013). Despite, the challenges that still exist in systems strengthening, by project close it is observed that CCIs have made improvements in all areas covered by national standards. Between the baseline and endline evaluation, there are significant changes in the awareness and attitudes of CCI around the national alternative care framework and their role in the alternative care system. This mindset change has mitigated the risks of resistance to the change amongst the child care institutions that was observed at baseline. However, the level of engagement of CCIs with the project, and the changes made in practices of the CCI varied significantly from one CCI to the other.

Alternative care panels/ Team Around the Child (TAC).

MGLSD is responsible for technical oversight on policy and processes of establishing district Alternative Care Panels (ACPs) including the training curriculum for ACPs so that the full microsystem of the Alternative Care panels is operative. There is a variation in understanding of Alternative Care Panel which is provided for in the Children’s Amendment Act, Cap 59 as a gate keeping mechanism and to preserve and facilitate access to appropriate, protective and permanent family care. By end of DOVCU project life, MGLSD had not developed the Alternative Care Panel guidelines neither the training curriculum in accordance with the Alternative care framework policy. DOVCU therefore in consultation with the MGLSD, piloted a temporary structure called Team Around the Child (TAC) with similar functionality as the

Alternative Care Panel and as such had better comprehension of the panel functioning. By end of project, policy guidance material on district Alternative care was not ready for use by the project. DOVCU therefore set up district Team Around the Child structures and trained the members on standards and processes that apply for alternative care options. With the close out of DOVCU, the Team Around the Child (TAC) will change its name to Alternative Care panel and this was only in the 12 DOVCU supported districts country wide. Therefore, the DOVCU pilot structure of TAC provided a practical learning point to guide MGLSD on formation of Alternative Care Panel according to policy. This work is on-going and supported by other USAID funded projects,

In terms of process and operational framework, the TAC phases out with DOVCU and the Alternative Care Panel will be rolled out and will have similar composition of TAC with a total of seven to ten Team Around the Child (TAC) members were appointed by the Chief Administrative Officer (CAO) based on the Probation and Social Welfare Officer's recommendation from the District Orphans and Vulnerable Children Committee(DOVCC) and it includes a CCI representative resident within the district. The DOVCCs have an important role to play in the sustainability of the project, as a coordination structure mandated to oversee all actions to serve orphans and vulnerable children in the district.

Therefore, the composition of TAC and its leadership by district creates a sense of ownership and continuity even without project support. By end of the project, in at least 7 districts, the Team Around the Child committee had initiated a good practice of rotational meetings among the Child Care Institutions to conduct regular monthly meetings to promote their gate keeping role and to encourage CCIs to reconceptualize their work and consider different modalities for supporting vulnerable children that would, for example, provide community based services for children such as education and medical care without separating them from family and thus support family unity, the wellbeing and protection of children.

The PSWO takes on responsibility of mobilizing the TAC members whenever there are cases to review for reunification. The meetings are short and affordable by the CCI with a total cost of about \$50 per meeting for refreshment and lunch dependent on the number of cases for review. CCIs committed to funding Team Around the Child committee meetings through rotational hosting and providing meals and refreshments which is more sustainable and affordable. DOVCC meetings are held quarterly basis and this means the Team Around the Child Sub-committee would also have a sitting on this day. It is on this basis that DOVCU anticipates the transition process from Team Around the Child committee to district Alternative Care Panels will be a build on activity by other projects or government after DOVCU. Once the Alternative Care panel guidelines and training materials have been finalized by MGLSD, the roll out of the new Alternative Care Panels will commence and as mentioned above, ACP is very

similar to TAC and therefore, change of name and formalization of the structure by the District leadership in districts where DOVCU worked. This will be the formal structure aligned to the operations of District Orphans and Vulnerable Children Committee (DOVCC) which meets quarterly. It would mean that the ACP will be a sub-committee of DOVCU composed of multidisciplinary technical staff. Training of all the Alternative care panel will be done by MGLSD. Suffice to say, the 12 districts of DOVCU will benefit from this as a refresher training.

At national level, DOVCU facilitated 2 national alternative care panel meetings chaired and hosted by the Ministry of Gender Labor and Social Development (MoGLSD) with legal mandate to vet prospective foster care and adoptive families. Foster care (formal and informal) as stipulated in the Children's Act is done at district level. However, because of long term foster care processes and quality assurance especially for cases beyond DOVCU project life, the project team did not undertake placement of children under prospective foster parents but facilitated Probation Officers and TAC to follow through this process. This was the same case for short term foster care as well. It is important to note that, this was a new area for the district probation officers and for quality control, DOVCU encouraged review and approval of foster care by the National Panel. DOVCU also made a contribution to promote domestic adoption through advocacy campaign of Ugandan's Adopt in collaboration with MGLSD. In summary, in order to avoid risk of short term placement of children without comprehensive understanding of the levels of vulnerability including the lengthy legal processes, the National Panel which was well experienced and skilled was best placed to undertake this option under DOVCU. A total of six children and prospective families were vetted and approved for long term foster care. Please note, resolutions taken by the national alternative care panel and follow up support to the conclusion of the domestic adoption process is the mandate of the respective district probation officers with support of MoGLSD. The project played a facilitator role to expedite the process.

Act 2.2: Identify and train institutions in family tracing, reunification and reintegration of separated children

a. Output 2.2.1: Institutions with family tracing, reunification and reintegration program in place

DOVCU's success can be summarized by the numbers of the child care institutions assessed and trained across the 12 districts. A total of 136 CCIs of the 147 CCIs assessed at baseline by the project had their directors and social workers trained.



95% of participants had very little knowledge on Alternative care therefore Alternative Care Training improved the level of knowledge necessary for CCIs and equipped them with skills and information on the gaps of operation systems for immediate action and correction. Improvement plans were developed with each CCI addressing the gaps identified during assessment, roles of different people and the support necessary by the technical team in

order to meet the desired outcome as the Approved Home Rules 2013 of operating a CCI. Additional interventions included; supervision supports, hands on coaching and mentoring that aimed to improve management and provision of quality social protection services for vulnerable children.

Mentorship and coaching of social workers and home managers widened their scope of knowledge in Alternative Care. In these sessions the number of children in the home were discussed individually and a care plan developed for each of them. The recommendations available for the children in care according to their social background information provided were reunification, tracing, domestic adoption and fostering. Coaching also improved the details of children on files. Apart from individual mentorship, group mentorships were used for experience sharing which facilitated learning from each other.

At community level Community Support Structures, informal and formal, were trained in the Alternative Care Framework. The participants included; CFPU, CDOs, LCIs, sub county chiefs, parish chiefs, para social workers, religious leaders, child protection committees and drama groups. These are key actors whose mandate involves working towards protection of children and families in communities.

A. Act 2.3: Train and support PSWOs and DOs to understand and implement National Alternative Care Framework

a. Output 2.3.1: PSWOs and CDOs trained and mentored to understand and implement Alternative Care Framework

At district level, a key piece included creation and training of Team Around the Child committees (TAC) responsible for receipt, review and approval of reunification cases from CCIs. The Team Around the Child panel was



formed to review cases of children prepared for reunification, discuss cases of children at risk of separation and occasionally carried out inspection and support supervision visits to CCIs to accompany the probation officer. The project established and trained 11/12 TAC. In December 2017, at least, 8 TACs are reported to have met and are functional. The TACs reviewed and approved 20% (356 out of 1743 children reintegrated from CCI, remand, home, street connected into family based care. Despite the complexity in the reintegration process, project contributed towards placement of 83.5% (1743 children out of the project life of target of 2087), children into alternative family based care. This was a positive step and accomplishment towards deinstitutionalization process. During the last quarter of project implementation, a total of 50 cases (M-18, F-32) were reviewed by TAC for reintegration and 48 cases of which were recommended for reunification while two cases were recommended for further investigation. As a gate keeping measure, by law, Probation, Social and Welfare officers have a duty to apply for care order for a maximum period of three years or until a child reaches the age of eighteen years, whichever is shorter. At baseline, 95% of CCI's were not reunifying children and preferred to keep the children until primary 7 or adulthood. The gaps identified necessitated training in Alternative care. This resulted into firmer issue of care orders only valid for a maximum of three years for children aged four and above to promote children growing up in family rather than placement in residential care. During this reporting period, there were two children who required alternative care and based on the TAC recommendations, these two children received care orders for 3 years which would be reviewed yearly as family tracing was on-going. This is a great improvement in professional practice as compared to baseline. .

Children placed back home directly by project staff or in collaboration with CCI social workers, probation Officers and Community Development officers' technical assistance were targeted with support services (parenting education, substance abuse, economic strengthening activities, education, personal hygiene, health matters, and child protection) and received a reunification package which included; mattresses, blankets, scholastic materials, sugar, soap, beans, posho, clothing, sanitary pads for girls, pants and in case of babies, high protein porridge flour that targeted all the members of that household. The items provided were based on the household needs assessment (Family Status Vulnerability Index -FSVI and Child Status Index (CSI) tools and determining other unique social and economic needs that each child/ household in the case management process. This gave an opportunity for unique recommendations and interventions per household based on the specific needs. The project staff provided PSS, parenting and child protection social services as deemed appropriate. Post reunification follow up visits were conducted to monitor the children's progress and to assess the wellbeing of the child, assess the households for project interventions or linkage to other social service providers. Over 698 reunified within DOVCU coverage and 612 reunified and supported with a package were followed up outside of DOVCU coverage were stable in their

respective receiving households for at least 6 months, signifying permanency in family care, Project monitoring data reveals stability and improved wellbeing in family care especially for children who have been home for more than 24 months since reunification.

In terms of sustainability, the TAC panel has been very successful in the districts of Mbale, Kasese, Kabarole, Lira and Gulu districts which continue even after DOVCU's support had ended to discuss review and approve cases of children prepared for reunification. MGLSD reported to have guided district local governments to absorb TACs which was a transitional structure formed under DOVCU to function within the District OVC Committee (DOVCC) as explained above.

B. Act 2.4: Identify and reunify street girls with families.

a. Output 2.4.1: Street girls reunified with families.

During the project life span, Retrak exceeded the target of 200 and reintegrated 204 highly vulnerable street connected girls with families. As part of the family strengthening support, livelihood start up kits were provided and this was composed of household items that enabled them transition smoothly. 51% of the girls targeted, completed vocational skills and provided with start-up kits to start their own businesses. 84 reintegrated children enrolled in formal school as they were of primary school going age. Girls identified in street situations by Child Restoration Outreach (CRO), were provided with case management services, skills training and 161 girls received income generating activities (IGA) of 60 dollars per household, literacy and numeracy classes, counselling, nutritional and health services, and support to re-enter school. The evaluation documented knowledge and skills amongst staff to provide services on trauma counseling & child preparation for reintegration, life skills for girls, psychosocial support and counselling, monitoring, evaluation and reporting of activities. Some of the difficulties reported by the girls was reproductive health problems because of the risky behavior (sexual exploitation), child trafficking, domestic workers and early marriage. Because of the complex challenges faced by the street connected girls, by project end , 10 girls during follow up visits were found not stable at home (slum environment) in Mbale town. They are very mobile because their families are mobile working to make ends meet. These receiving families needed more frequent follow up visits to their new place of residence and makes reintegration for the vulnerable children even more complex and challenging to deal with. At lower level the project staff worked with local council leaders, with formal structures like Probation and Social Welfare Officers office to conduct follow up visits to reunified families home to ensure permanency of the reunified children. Child Restoration Outreach (CRO) has presence in Mbale with a functional transit centre and focusses on Street children, therefore, the social workers

committed to support these children remain home and link them to community support structures as well.

C. Act 2.5: Train and mentor remand homes in the use of Retraces SOPs for reunification.

a. Output 2.5.1: 6 remand homes trained in Retraces SOPs for reunification.

In March 2017, an external review was conducted of Retrak's efforts to strengthen capacity for reintegration of children from remand homes and the Kampiringisa National Rehabilitation Centre (KNRC) in Uganda. The review showed that the project has been very successful in their collaboration with the MGLSD, resulting in the Ministry's ownership of Retrak's reintegration SOPs and recognition of these as the National Guidelines for Reintegration of Children from Remand Homes and the KNRC and for other service providers in alternative care for children.

Over the past two years, Retrak under DOVCU has trained and mentored a combined total of 65 staff of the 4 remand homes of Mbale, Fort portal, Gulu, Naguru and Kampiringisa National Rehabilitation Center(KNRC) in the use of the reintegration standard operating procedures. All trained persons interviewed acknowledged that their training was useful and that they consider the reintegration tools provided in the SOPs to be both practical and important to ensure successful reintegration outcomes.

Children in remand homes are generally adolescents, while those in child care institutions are mostly younger with a few adolescents, which has implications for reintegration.

The adolescents returning from a remand home face greater challenges when they return home, especially if they have a history of disruptive or criminal behavior. These adolescents often face hostility and protection issues, and require more effort in terms of mediation and follow up with family and community members for reintegration to be successful.

Many children in remand homes have experienced trauma and violence and require professional psycho-social support - which is why the project has engaged four psychologists to help remand home and Kampiringisa National Rehabilitation Centre (KNRC) staff with case management. The psychologists focused on ensuring an appropriate diagnosis of critical cases referred to them by the remand home staff, developing treatment plans for these children, and in some cases visited the children's home to help resolve issues in preparation for release. The remand homes are very appreciative of this project support.

Just like the street connected girls and remand homes, in both settings children often come from poor families, and usually come from urban slum areas where poverty is more intense and complex. In terms of the specific support provided by DOVCU to families receiving children for

reintegration, the material supply items included in the reintegration package were very appreciated, especially the mattresses.

While child care institutions social workers worked with project staff to prepare groups of children for reunification, this was not possible for remand home children because of the judiciary system and processes that determine when a child must be released, and often given on short notice, and result in a situation where children must be released on a daily basis. This challenges the staff's ability to conduct family preparation visits, accompany the child at time of placement, and provide follow up support. DOVCU trained and facilitated a total of 10 community volunteer staff and attached two to each of the 5 supported remand homes to support the case management and reunification of these children.

In June 2017, DOVCU oriented a total of 197 Justice Actors from 58 districts sending children to the remand homes in Family Reintegration Standard Operating Procedures (SOPs) conducted across the four regions of northern, eastern, western and central. The training aimed to strengthen collaboration among various sectors and agencies active in the child justice system in Uganda. The stakeholders represented included; Magistrates, Probation and welfare officers, CIDs, Resident State Attorneys, Police officers from the Child and Family Protection Unit and Parish chiefs. It was an exciting opportunity for the children in the remand homes to interface with the Magistrates and ask them personal questions about their cases and delayed justice. Some of the key action points agreed at the regional workshops Include;



Remand home children in Mbale being consulted

- ~ Magistrate court should not issue any court order without the social welfare report and Magistrate to create a juvenile case register at court where the cases of juvenile offenders are recorded for quick identification and action

- ~ Remand homes need to request court to assign a special day for children's cases and they should be given priority.

An exchange learning visit was conducted among the four remand homes and KNRC, as well as district probation and social welfare officers and MGLSD representatives where the remand home staff learned about very good rehabilitation programmes that promote sustainable reintegration intervention from Luzira Prison. When children are well rehabilitated, they are more likely to stabilize and reintegrate with family and therefore not likely not to re-offend.

D. Act 2.4: Train government personnel and district officers to engage and collaborate with community-based partners to identify children outside of family care, establish secure placements in family based care, and monitor children's wellbeing.

- a. Output 2.4.1: PSWOs and District Officers including psychosocial workers trained to engage in collaborative coordination with community based partners in child identification, tracing and reunification based on findings from community child protection mapping.**

DOVCU supported Remand homes to address critical staff shortages in remand homes and the KNRC through the recruitment and deployment of two social workers per center to work as volunteer focal persons and support case management for reintegration of children, and the engagement of psychologists to work on a case-by-case basis to provide psychotherapy to children with complex behavioral or emotional problems³. Through the mentorship activities, 74 children received direct placement support from Retrak and other DOVCU partner staff as well as follow up support during the project lifetime to fully demonstrate good practice. The DOVCU project is sponsoring vocational training for seventeen of the 74 children that were reunified from remand homes or the KNRC with Retrak support.

Within DOVCU coverage, para-social workers and community support structures are expected to continue supporting the reintegrated children within their communities through counselling, participation in community group meetings and create critical linkages between the informal and formal systems. This worked very well during project implementation and on this basis, the local leaders and district are optimistic these structures it will continue with this voluntary work.

Act 2.5: Strengthen capacity of and coordination among informal community-based actors to promote family unity and to identify and refer children outside of family care.

³ The costs for deployment of volunteer focal persons and psychologist engagement were covered through the DOVCU project and paid directly by the lead consortium partner, ChildFund

b. Output 2.5.1: 240 volunteers trained to identify and refer children living outside of family care.

A total of 288 community members were trained and worked closely with formal system to conduct awareness raising and promote an enabling and supportive environment towards permanency of reintegrated children with family and to address or mitigate challenges encountered and respond by counselling, provide PSS support, discuss the different parenting skills, follow up, do referrals and linkages to at-risk and reintegrated households within the target communities.

c. Output 2.5.2: 12 District inter-religious committees trained to support child reintegration into family-based care (1 per district).

Over the period of implementation, the project has worked with over 43 local church partners in and around Kampala. In order to engage Christian leaders in the city, 2 citywide church leaders' conferences were held. Over 120 participants (church and community leaders) with the help of the world-renowned author and Bible teacher, Rev. Stephen Gaukroger, the conferences and meetings extended and expounded the Bible's view of children and its call for children to live in families. This challenged faith-based leaders to change the way they do children's work and marked a breakthrough in many people's thinking about children who need an array of services for child growth and development such as; access to economic empowerment and psychosocial rehabilitation will help to strengthen families, and linkage to community safety networks to safeguard and support for families by a supportive network of individuals, primarily in a faith based community.

3. MONITORING AND EVALUATION (M&E)

3.1.1. Overview of the M & E activities

The PMP is DOVCU's major tool for management and planning implementation. It establishes the key results that are the basis for project activities and sets targets that inform resource allocation. As part of the project monitoring and evaluation, the project team developed a Project Monitoring Plan (PMP) designed to measure indicators across the project. The PMP is essential to USAID/ DCOF's results-based management approach, as the data collected and reported for each indicator provides USAID/JSI with detailed information regarding program outputs and impacts by describing progress achieved according to the proposed indicators. The PMP was approved in March 2015 with the year one work plan.

It is the primary tool DOVCU uses for monitoring project performance and grantee compliance. DOVCU's approach to project planning, monitoring and evaluation and reporting project is

pragmatic; it addresses the need to collect, aggregate, and analyze data from targeted districts and communities; and reflects the underlying principle of coordination with other implementing partners, local governments and stakeholders. To accomplish project objectives laid out by USAID/DCOF/JSI, the approach includes the application of: integrated package of intervention that will: 1) Assist institutions in putting in place adoption and family tracing mechanisms. A cadre of trained social workers will support institutions as they trace families, reintegrate children or place them in alternative care, and monitor children’s wellbeing in the months following reintegration. 2) Reintegrate street girls using Retrak’s SOPs 3) Strengthen MGLSD and district’s capacity to monitor institutions and effectively implement the new Alternative Care Framework. 4) Strengthen informal child protection mechanisms, and mobilize communities to monitor children’s wellbeing. 5) Strengthen household economy and parenting skills.

A data collection and reporting system including data management system was created to collect quantitative data incorporating the quantitative outcome indicators defined in the PMP, benchmarks and targets agreed for consortium members and the respective regional field offices. Standard templates and data collection forms were developed, adopted and used including Children (Approved Homes) Rules 203 Assessment Toolkit; Family Status Vulnerability Assessment Index (FSVI); Child Status Index (CSI); DOVCU case management tools adapted from Retrak and Child’s I Foundation. Systematic criteria for targeting at risk of separation is included in appendix 1 below. Quantitative data was collected analyzed and reported on regularly (Quarterly, semi-annually and annually) to monitor progress, review performance, provide status reports and make appropriate adjustments to the management of DOVCU activities.

The project conducted a participatory baseline and end-line (qualitative and quantitative) assessment with support from an external consultant.

The project performance versus life of project targets is summarized in table 5 in Appendix 1 below.

4. USAID BRANDING AND MARKING

DOVCU acknowledged USAID and the American People’s support for the project by including the following statement that acknowledges USAID on all project deliverables “This publication was produced by [Sub awardee Name, agreement number AID-OAA-A-12-00047], through Advancing Partners & Communities (APC), a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012.”

ChildFund included the USAID identity (USAID Logo), APC sub-brand (JSI logo) and subawardee logos (ChildFund International Logo, RETRAK, TPO and Child's I Foundation) on all program manuals including; ChildFund Parenting manual 2016; Household Economic Strengthening guidelines 2015; DOVCU case management toolkit 2015; Retrak Reintegration Standard Operating Procedures; Uganda Retrak capacity Assessment of Remand Homes report; Quarterly reports, power point slides and press releases and all other materials developed during the life of the project. This branding was the same for procured commodities including project vehicles, motorcycles, bicycles and other office equipment.

5. PROJECT MANAGEMENT

The project was staffed with the following positions:

1. **Project Secretariat Staff include the following positions:** DOVCU had a secretariat based in the ChildFund Country Office in Kampala and field based staff in the 4 regions of project coverage. The project staffing was structured into technical and operations team. The secretariat team supported by ChildFund Senior Technical Advisors based at ChildFund headquarters in Washington DC. with 5-10% Level of Effort (LOE) included: **Lloyd McCormick**, Director of Youth Programs in the first year, Child Fund's Senior ECD Specialist, **Melissa Kelly**, and was the lead consultant in the development of the *Essential Package*, and Carmen Madrinan, Senior Child Protection Specialist and Brooke DiPetrillo, Project & Grants Management Specialist. Regional M&E Specialist-**Francis Lwanda** supported the country office technical team comprising of; **Timothy Opobo**, Child Protection Program Manager, **Francis Alira**, M&E Manager- (LOE 25-30%), to work with project team of five Technical Specialists – 100% LOE (Child Protection Specialist- TPO, Street connected Specialist-Retrak, Alternative Care Specialist- Child's I Foundation, Household Economic Strengthening Specialist- ChildFund, M&E Specialist- ChildFund), and Project Manager. The team included all program technical staff, Finance and operations team.
2. **Project coordination meetings;** these included all partners (4 consortium, 6 local partners) and local government staff coordination meeting, quarterly program review meeting and others. The value added by the secretariat was significant. It ensured that the field team and local partners are supported and planned activities implemented on time, project procedures and protocells are followed, resources and budgeted appropriately, deliverable are produced and targets and reporting requirements are met.
3. **Consortium Leadership Team:** A consortium Leadership team comprising of National Directors from the three core consortium members (ChildFund, Child's I Foundation and TPO) met initially quarterly in year one and annually in the subsequent years to provide

advice and input in the ways to improve effectiveness of the project. The team’s role was to steer and oversee project operations and pick up any high risk issues to be addressed.

- **The Technical Advisory Group (TAG)** DOVCU participated with other civil society organizations in the umbrella National Child Protection Working Group fully coordinates all national level child protection related meetings on behalf of MoGLSD and supports the implementation of the Alternative Care Framework to host partners and Technical working groups to review policy documents, disseminate information, pilot guidelines and others
- **Technical assistance from ChildFund International office:** ChildFund Country office team provided oversight, policy coordination, technical support and oversight to the project, while also liaising with any relevant contacts/ donor relations. The Headquarters Technical Advisors and Director Programs at the country office provide overall quality assurance to the Project secretariat team in material development, consultancies, development of TORs, Trainer of trainers (TOTs) and provide both virtual and on spot technical assistance as appropriate. The Lead Technical Advisors reviewed all technical documents including quarterly reports, survey, baseline, evaluations and project learning to ensure compliance both in accordance with USAID requirements and ChildFund’s internal guidelines. Therefore, the ChildFund International office team travelled to Uganda field office at least once a year to provide the required quality assurance as appropriate.

6. BUDGET

No immediate budget issues seriously impeded project operations during project implementation. Nearly 1 million dollars in matching funds derived from ChildFund was allocated to programme activities including procurement of basic reunification package to children placed back into family care.

- Overview of expected versus actual life-of-project expenditures to date:

Total award- \$ 4,400,000 for 42 months (July 2014- December 2017)

Expenditure by CORE Line Item:

Line Items	(A) Ceiling Budget US\$	(B) Obligated Budget to Date	(C) Reported Prior	(D) Incurred this Period	(E) Cumulative to Date (E=C+D)	(F) Obligated Amount Remaining (F=B-E)
1. Staff/Labor	\$711,589	\$711,589	\$718,822	\$30,839.12	\$749,661	-\$38,072
2. Allowances/Staff Benefits	\$186,461	\$186,461	\$182,696	\$10,358.17	\$193,054	-\$6,593
3. Consultant Costs	\$209,857	\$209,857	\$223,369	\$31,116.65	\$254,486	-\$44,629

4. Travel Costs	\$105,941	\$105,941	\$116,986	\$6,255.56	\$123,241	-\$17,300
5. Equipment	\$255,510	\$255,510	\$219,619		\$219,619	\$35,891
6. Supplies	\$39,100	\$39,100	\$41,272	\$2,150.48	\$43,423	-\$4,323
7. Other Direct Costs	\$162,941	\$162,941	\$176,514	\$13,205.38	\$189,719	-\$26,778
8. Program Costs	\$358,849	\$358,849	\$341,734	\$10,556.23	\$352,290	\$6,559
Total Direct Costs	\$2,030,248	\$2,030,248	\$2,021,012	\$104,482	\$2,125,493	-\$95,245
9. Subgrants	\$1,668,673	\$1,668,673	\$1,526,881	\$48,577.17	\$1,575,458	\$93,215
10. Indirect Costs	\$701,079	\$701,079	\$668,317	\$30,734.20	\$699,051	\$2,028
Total	\$4,400,000	\$4,400,000	\$4,216,210	\$183,793	\$4,400,003	-\$3

7. OTHER ISSUES

DOVCU Sustainability

Throughout the project, there was effort to ensure sustained positive impact of the project after it ends. The project ensured participation and involvement of government staff namely; Ministry of Gender, Labour and Social Development (MoGLSD); Probation and Social Welfare Officers (PSWO) and Community Development officers (CDO) and other technical local government staff to provide oversight, guidance, technical assistance and monitoring. Therefore, from the start of the project, integrated efforts ensured that the local government staff took on responsibility to participate in project planning, implementation and monitoring focused on integrating activities into project implementation and transferring ownership from the start. The local leaders participated throughout the project implementation including the targeting of project participants. The use of these tools made the selection of beneficiaries transparent, stakeholders felt, and facilitated the acceptance of the support provided to some beneficiaries by other the community members who are known within the communities. At district and sub-county level, as part of coordination, the involvement of other sectors like education, health and production to support through joint monitoring and follow up as part of integrated programming of on-going activities

Throughout the project life, communities' abilities to sustain the impacts of the project have been strengthened to continue or replicated without support from the project through strengthened collaboration with existing community support structures and the parasocial workers to provide a supportive environment to DOVCU project participants and continue to raise awareness of the DOVCU integrated package. Though parasocial workers are volunteers

not paid, DOVCU facilitated the parasocial workers with a monthly stipend of \$28 (UGX 100,000) including a bicycle for movement which was left with them after the project ended. Parasocial workers are officially recognized structure of government to extend community services at household level within the sub-county Community based services department. Therefore, with the handover of bicycles provided by the project was part of the sustainability strategy.

We learned that the parasocial workers play a very key role in supporting reunification and reintegration processes. The parasocial workers participated in family tracing and preparation for reunification in their areas of operation. Most importantly, they shared specific information on a household social vulnerability with the project staff collected during home visits. This was very helpful for social worker during household assessment and preparation.

The parasocial workers always accompanied the reunified children to the receiving household and provided initial psychosocial, parenting skills, and child protection awareness and conducted monitoring of the child and family. Although the parasocial workers are not highly educated, they are able to do basic case management therefore, do risk assessment, prevent and respond by linking or through referral so that the child and family access the basic services.

In most cases, the parasocial workers were a contact point between the CCI, family and the project staff and this was very important for monitoring reunified children and ensuring they stay home. This communication was done through phone calls or update during the monthly meetings with project staff.

Community Development (CDOs can provide oversight and recognition to the parasocial workers function. Most of the work after DOVCU will be voluntarily done and managed because of limited resource allocation to CDOs office at sub-county level. The parasocial workers participated throughout the project cycle the sustainability strategy focused on integrating ongoing initiatives into other ongoing community initiatives or proposed community projects within their communities to sustain the achievements of DOVCU and this with continued dissemination of the project key messages of “ A home is the best place for children”; A family for every child; and All children our responsibility, home visits; counselling and other social interventions based on knowledge and skills acquired to promote safe and protective environment for children.

At community level, the self-sustaining activities implemented by the project include; VSL groups, Alcohol Anonymous groups, parenting groups are self-managed groups. The capacity building and provision of music equipment to community support structures and youth groups will enable them to continue as agents of change to promote child protection and substance abuse community awareness raising activities, mobilization and dissemination of parenting

skills, and psychosocial support as a means to help families cope with stress, resolve family conflicts through mediation, referrals and monitor children's wellbeing.

Working as a sub-committee of the District Orphans and Other Vulnerable children, the TAC will continue with their function of review and recommendation of safe placement of children from CCIs back to family or alternative care options. The district Probation and Social Welfare officer will continue to monitor and inspect child care institutions.

DOVCU strengthened partnerships with ChildFund local partners and TPO as a national organization as sub recipients based across DOVCU coverage to ensure sustainability through their network the project will reach a wider constituency at both district and sub-county level and local government levels. This partnering improved ChildFund's comparative advantage in achieving the outputs and promotes sustainability in districts where ChildFund and TPO have presence in 7 districts of DOVCU coverage. Therefore, working through the established local partners added value and work with communities strengthened community vigilance mechanisms to prevent neglect and abuse that may lead to unnecessary family separation.

Coordination and Partnerships

DOVCU developed cordial and productive relationships with a wide range of partners including Ministry of Gender, Labour and Social Development. DOVCU has also forged good relationships with District and sub-county stakeholders, Institutions, other partners and participated in all child focused district coordination committee meetings. At District and sub-county, Probation and Social Welfare Officer (PSWO) and the Community Development Officers (CDO) respectively, facilitated all Trainers of Trainees (TOT) on Parenting Education, Psychosocial Support and Child Protection Trainings. The PSWO and CDOs participated in planning, reviews, child protection, reflection meetings, implementation of project activities including; CCI assessments & inspections, support supervision, reintegration, monitoring and follow up activities. One major constraint worth noting to some extent at district and sub-county level have been administrative re-organizations that create new administrative divisions and shift personnel after general elections that result in staff re-assignment. This results in new relationship building with the new personnel. Under DOVCU coverage it happened in six of the 12 districts.

DOVCU was successful in building effective partnerships at the local level with community level formal and informal structures. PSWOs, CDOs, Social Workers and Regional Project Officers facilitated the trainings of the formal and informal structure at lower local level. The project worked with parasocial workers and community support structures trained by the district and sub-county government officers. These structures have been active in carrying out DOVCU work

in identifying, selecting, implementation, monitoring, reporting, family tracing, reintegration, referrals, raising awareness and follow up on prevention of child family separation and alternative care for children. The CSS music, dance and drama groups, are a visible means of raising awareness. It is at this level that success is evident.

Referral systems

DOVCU utilized the existing MoGLSD referral system which maps resources across formal child welfare and protection systems (education, health, and protection), and non-formal community services (child protection committees, parent-child support groups) that are available within communities and in target districts of the project. Through an established SOP that accompanies the case management system it sets the pathways for referral to services, through agreement among relevant agencies/groups, for the child and family; corresponding roles and responsibilities; clear guidance on actions to be taken and on follow up and review mechanisms. As children in institutions or at high risk of separation are the focus of DOVCU its focus on referral for services related to the *continuum of care*, as required for ensuring the child's welfare and protection in family or in the course of implementation of care plans outlined for reintegration of the child and family, through case management.

DOVCU tools, curricula, adopted, adapted for this project

- a. **Parenting package** parenting skills package, designed to promote age appropriate positive parenting to strengthen care givers understanding of protection issues and attachment.
- b. **Household Economic Strengthening materials** that outlined the approach and guidelines undertaken to addressing issues to prevent unnecessary separation of children from families and to facilitate satisfactory long –term reintegration of separated children into families.
- c. **Micro Enterprise Selection, Planning and Management (ME-SPM) manual** used to train participants interested in starting up income generating
- d. Market Assessment study was conducted across the 12 district of DOVCU to provide evidence based information to target groups to identify and understand the potentials for high-value, locally-linked microenterprise markets.
- e. **DOVCU case management toolkit**

The DOVCU Case Management Toolkit was developed and adapted to provide materials to assist DOVCU project staff in organizing key case management processes and related information and in applying case management in a coherent manner.

8. SUCCESS STORY

A SUCCESS STORY OF AT RISK OF SEPARATION HOUSEHOLD SUPPORTED TO LEAST VULNERABLE.

Mugoya (pseudonym), categorized as struggling household head from Namunsi parish, in Mbale district received project support and based on an assessment using the FSVI tool had graduated from destitute to struggling as a result of participating in VSL group. Mugoya is a member of Charity B VSL group and said; “I borrowed a loan from our VSLA group in 2016, started a small scale business of selling second hand clothes. I made some profits from the business and later got another loan and bought a grinding mill at 3,000,000 shillings in 2017”. He is now able to pay fees for his children, feed the family and provide other basic needs. “My family used to eat one meal a day but now able to eat 3 meals a day” he continued. He attributes the success to DOVCU project for empowering members with micro-enterprise, selection, planning and management knowledge that enabled him start, develop, improve, grow, and maintain a microenterprise, which can provide an income stream to support the family economically. He even accessed credit at a low and favorable interest rates as compared to the financial institutions from his VSL group.



Mugoya operating a grinding mill procured as a micro-enterprise to mill cereals and grain to support his family in Mbale

Appendix I.

Table 1: VSL group status for selected districts during the reporting period as at Dec.2017.

District	# of VSLA groups	Savings portfolios (UGX)	Loan portfolio
Kabarole	09	8,752,000	7,011,000
Kabale	13	18,250,800	15,900,500
Mbale	07	20,415,400	17,480,000
Kamuli	05	3,119,000	2,675,000
Iganga	09	35,305,500	19,558,200
Kasese	15	7,468,000	5,675,000
Jinja	17	13,566,000	8,665,000
Lira	13	13,464,000	12,926,000
Luwero	10	55,794,200	50,214,800
Total		176,134,900	131,430,500

Source: DOVCU end of project report 2017

Table 2: Number of HVCs that have completed vocational skills training; disaggregated by type of training, sex and districts.

Youth Vocational Skills Training Program	Gulu	Iganga	Jinja	Kabarol	Kampal	Kamuli	Kasese	Lira	Luwero	Mbale	Wakiso	Grand Total	Male	Female
Art and Decoration	0	0	0	0	0	0	0	0	1	0	0	1	0	1
BCP	10	3	0	0	0	2	0	2	2	0	0	19	19	0
Carpentry and Joinery	4	0	0	0	0	0	1	1	3	1	0	10	10	0
Catering	1	0	0	0	5	0	0	0	0	0	0	6	4	2
Computer	0	0	2	0	0	0	0	0	0	0	0	2	2	0
Driving & Mechanics	0	0	2	0	0	2	2	0	0	1	0	7	7	0
Hair Dressing	9	7	10	5	6	3	3	1	10	28	0	82	6	76
Home Economics	2	0	0	0	0	0	0	0	0	0	0	2	1	1
Motorcycle Mechanics	0	0	0	3	0	0	0	2	0	0	0	5	5	0
Motor Vehicle Mechanics	6	0	0	6	0	0	2	1	4	5	0	24	24	0
Shoe Making	0	0	0	0	0	0	0	0	2	0	0	2	2	0
Tailoring & GC	0	2	0	0	1	1	2	1	1	36	0	44	0	44
Welding & Metal Fabrication	0	2	0	0	0	0	1	0	3	2	0	8	8	0
Formal education	0	0	0	0	0	0	0	0	0	47	0	47	0	47
Total	32	14	14	14	12	8	11	8	26	120	0	259	88	171
% of the youth engaged in gainful employment												39% (101)	25% (22)	46% (79)

Source: DOVCU End line Data.

Table 3. Child Vulnerability Based on Child Status Index Scores on Food and nutrition and basic services.

Different Categories of children supported.	Baseline			End line		
	Measures of risk			Measures of risk		
	High at risk	Medium risk	Low risk	High at-risk	Medium risk	Low risk
Reintegrated CCI	1 (0%)	426 (76%)	132 (24%)	0 (0%)	340 (61%)	219 (39%)
Reintegrated RH	0 (0%)	22 (100%)	0 (0%)	0 (0%)	14 (64%)	8 (36%)
Reintegrated Street	7 (6%)	96 (82%)	14 (12%)	0 (0%)	57 (49%)	60 (51%)
At risk of separation	84 (3%)	2459 (89%)	235 (8%)	14 (1%)	2071 (75%)	683 (25%)

Source: DOVCU Baseline and end Line data.

Summary deductions; Using the Child Status Index tool to track improved wellbeing, children reunified from the street or remand homes, consider their situation with regards to food security and nutrition to have improved. 51% of street connected reunified children have shown reduced vulnerability at project end line compared to the 12% at baseline. In comparison to children reunified from CCI children, with 39% were at low level of vulnerability at end line and 24% at baseline. This reduction is attributed to effectiveness of the integrated package and support services that resulted in reduced risk and improved wellbeing of children to remain home. Importantly, children emphasize that while they may eat less regularly at home than when they were at the remand homes, they eat more of a balanced diet. This is similar to perceptions of children reunified from CCIs. The data around children previously living on the street is more in line with children from destitute households, where the situation was bad and it is much better.

Table 4. Number of Team Around the Child and cases reintegrated during the period 2015-April 2017

Districts	Districts with TACs established	Districts with Functional TACs	# of CCI, RH, Street Connected children reunified from 2015 -2017 - with DOVCU support.	# of reunified cases handled by TAC	% of reunified children in supported districts handled by TAC
Total	11	8	1743	356	356 (20%)

Gulu			112	16	16 (14%)
Lira			157	14	14 (9%)
Jinja			105	37	37 (35%)
Iganga			47	47	47 (100%)
Kamuli			113	71	71 (63%)
Mbale			464	103	103 (22%)
Kasese			123	20	20 (16%)
Kabarole			148	32	32 (22%)
Kabale			114	21	21 (18%)
Luwero		0	141	0	0 (0%)
Kampala	0	0	59	0	0 (0%)
Wakiso		0	160	0	0 (0%)

Source: DOVCU quantitative end-line data 2017

Figure 2. Compares the Vulnerability status of the Households at Baseline and End line.

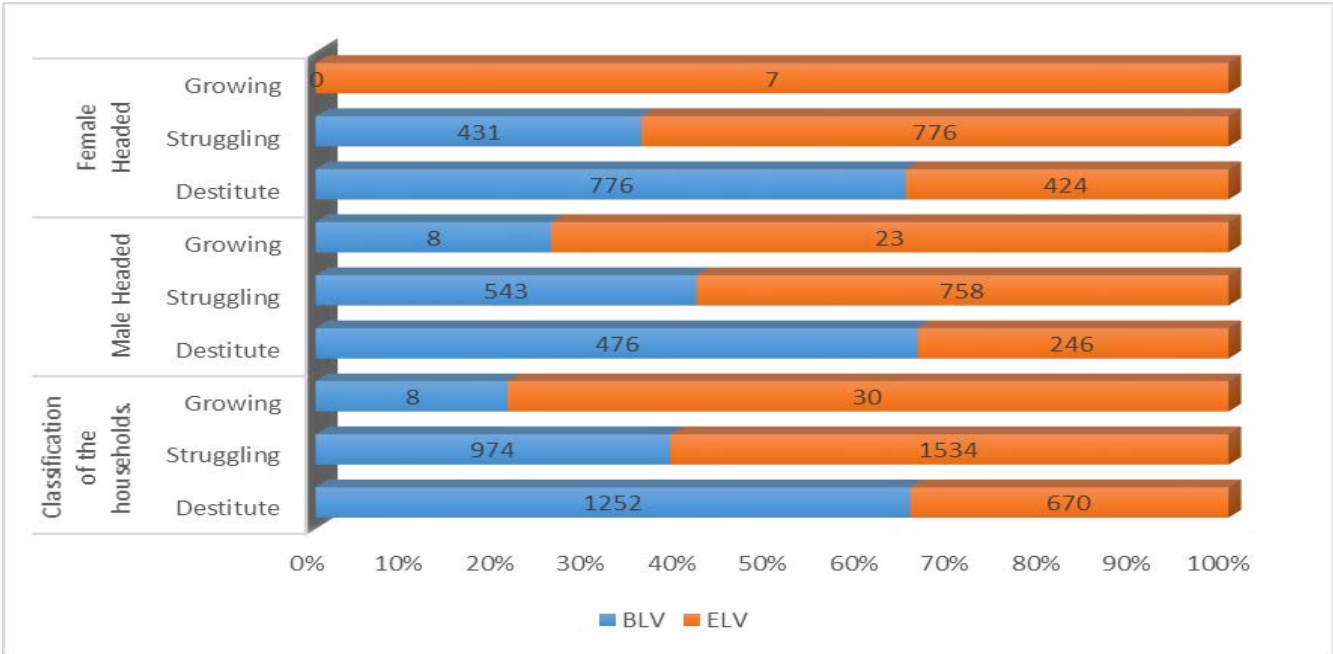
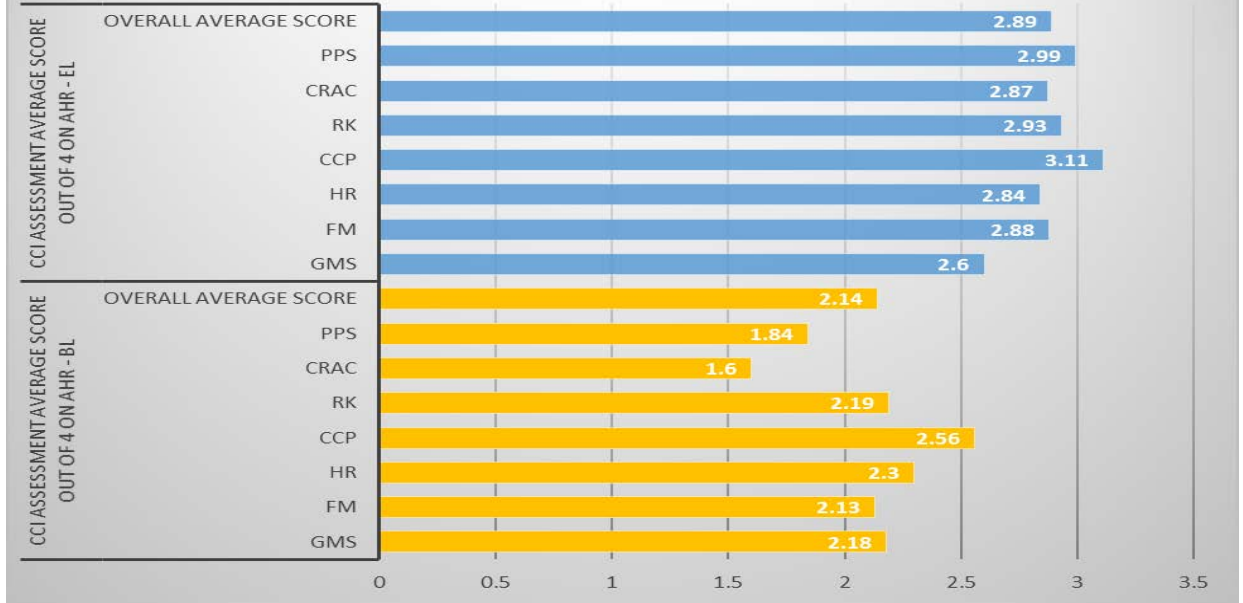


Figure 3. Compares the performance of the CCIs at baseline and end line based on the AHR from the MGLSD.

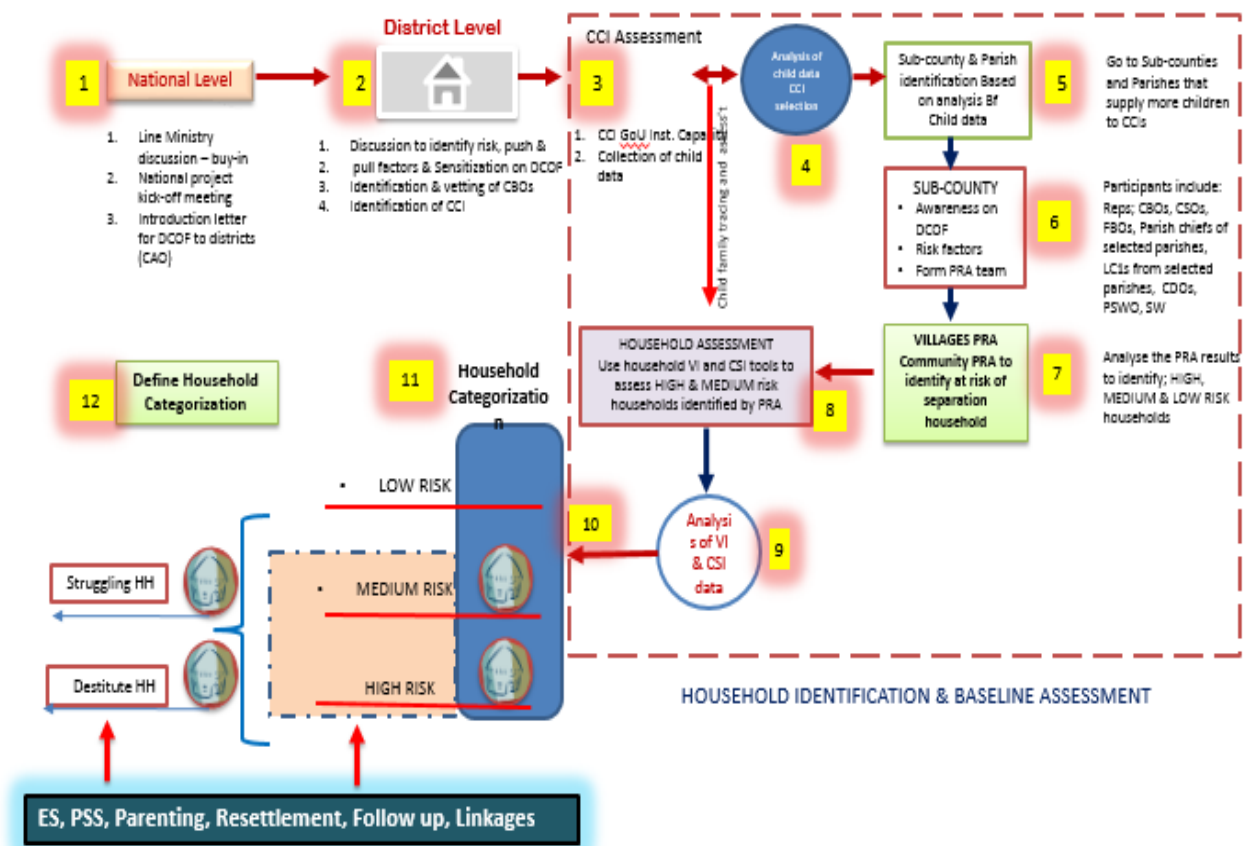
Average Total Scores



The systematic vulnerability assessment criteria developed by the project:

This was a participatory mapping process for understanding economic vulnerabilities, livelihoods and coping strategies of the target populations was very helpful in identification and categorization of beneficiaries for targeted and tailored interventions. DOVCU designed a clear methodological protocol in the identification of the communities that supplied most children to the Child care institutions (CCIs). Diagram below summaries the steps that were followed by the project in identifying the vulnerable households and children that the project supported.

The Systematic Roll out of the Project and Household Identification



In implementing DOVCU, under objective one; to reduce unnecessary separation of children from their families; the team, led by ChildFund designed a protocol to be followed in mapping target communities and households for prevention interventions. This systematic process involved identification of the communities that supplied most children to the Child care institutions (CCIs), and this was done through DOVCU supported district led CCI assessment with technical assistance from MGLSD as baseline survey and to collect background information about children in CCIs within the DOVCU coverage districts.

With CCI child data collected, the DOVCU team could map the highest suppliers of children to the CCIs and these became the targeted sub-counties and parishes in the 12 districts of operation. This led to the next stage of identifying causes of vulnerability factors for children at-risk of separation within those target communities using participatory approaches. Additionally,

it was important to use the community knowledge to identify the push factors leading children to the CCIs. The DOVCU team engaged key stakeholders at the community level through Participatory Rural Appraisal / community reflections to identify households where children were at risk of separating from their families. Using the priority community mapping lists, the project team conducted household level assessment using the Family Status Vulnerability Index (FSVI) and the Child Status Vulnerability Index (CSI) tools⁴ to determine the vulnerability status of the identified families and the children.

Therefore, through a detailed and systematic processes the project identified the specific factors that explain why children separate from their families, mapped, conducted assessments and categorized household challenges and vulnerabilities (destitute & struggling HHs) in 12 districts of DOVCU coverage as provided for in the summary of the processes that the project undertook was very important in earmarking and benchmarking the vulnerability status of the households.

Table: Understanding the push and pull factors that led to Family-child separation from 5014 children in 147 CCIs- DOVCU coverage of 12 districts

Reasons (push and pull factors) which led to admission in CCI / Family Separation	No of .Children and care giver responses	Percent of Children
School/Education	2632	53%
Orphan-hood	2571	51%
Poverty	2473	49%
Others factors	876	18%
Special Needs	771	15%
Child abandoned	731	15%
Neglect at home	569	11%
Abuse at home	328	7%
HIV/AIDS	318	6%
Child withdrawn from street	272	5%

Data source: Child Data with responses from children and care givers in residential facilities

⁴ For family vulnerability, the project used the Family Status Vulnerability Index (FSVI) tool and Children Vulnerability the Child Status Index (CSI) Tool used with modification to tailor the tools to the project objectives and thus the intervention. The variables and parameters in the two tool were based on the on the national Core Programming Areas (CPAs) for Orphans and Vulnerable Children (OVC) program provided by the Ministry of Gender Labour and Social Development of Uganda for the Ugandan context (MGLSD) (Walugembe, 2013). According to MGLSD, the core program areas identified included; Household economic livelihood security (CPA 1), Access to basic needs (CPA 2), Health and care (CPA 3), Psychosocial support and basic care (CPA 5) and Child protection and legal support (CPA 6) for the FSVI tool. For the CSI; was guided by the MGLSD Child Index Tool with modification that included CPAs (2, 3, 5 & 6). The omission of the CPA1 was due to the fact that under normal circumstance children were not engaged in household livelihood activities.

Community PRA data on Push and Pull factors that lead to family-child separation conducted among a Total number of 7,176 households identified by their top risk factors.

Push and pull risk factors leading to family-child separation	Total number of HH responses	Percent of households
Extreme Poverty	4303	60%
Other factors	557	8%
Orphanhood	540	8%
Domestic Violence	375	5%
Alcoholism	326	5%
School/Education	271	4%
Peer Groups	195	3%
Lack of Food	186	3%
GBV	165	2%
Child Neglect	88	1%
Low income	82	1%
Poor Parenting	72	1%

Data source: Community reflections /perceptions on push and pull factors

The community knowledge was very helpful for triangulation with the children and district leader’s perceptions on what the top risk pull and push factors in each community that lead to family child separation. This information was therefore verified through household assessment using the Family status Vulnerability Index tool and the Child Status Index tool (CSI)

Table 5: Monitoring and Evaluation- Performance Measured in terms of achievement vs. Target

The indicator summary table should include targets and results achieved throughout the life of the project for indicators in your PMP. The indicator summary table should include targets and results achieved to date. This table can be used and adapted based on your reporting indicators.

Performance Indicators:	Indicator Target (life-of-project)	Achieved (life -of- project) (October, 2015– December, 2017)	Achievements Expressed as %
Objective 1.0: Reduction of unnecessary separation of children from their families			

Ind 1.1.1 (Output): Number of destitute households provided with an average of USD 100 cash.	1440	1404	98
Ind 1.2.2 (Output): Number of households trained in business skills, savings and credit investments.	1920	3878	202
Ind 1.3.2 (Output): Number of older HVCs that have completed vocational skills training	144	259	180
Ind 1.4.1 (Output): Number of families/households visited annually per parish, disaggregated by gender by CDO and para-social workers	11520	5812	50
Ind 1.4.2 (Output): Number of households participating in parents groups support session.	8640	3617	42
Ind 1.5.4 (Output): Number of caregivers and children that have received psychosocial support and are participating in peer support post treatment groups	960	2081	217
Ind 1.5.6 (Output): Number of health institutions coordinating with project and its partners in providing PSS for patients on referrals.	12	55	458
Ind 1.5.7 (Output): Number of referrals made by CSS to health facilities	200	881	441
Ind 1.6.1 (Outcome): Number of targeted organizations providing accessible services to caregivers, parents and children.	93	200	215
Faith based	7	40	571
Government (MoGLSD, DLG, LLG)	32	38	119
Non-Governmental	6	7	117
Community Based and Others	14	14	100
Community Support Structures	27	96	356
Remand Homes	7	5	71
Ind 1.7.1 (Output): Number of community volunteers trained	240	288	120

to support community interventions.			
Ind 1.7.3 (Output): Number of people reached/ served through project interventions disaggregated by age groups children (0-17 years) and adults (18 years and above) for objective 1	13895	19862	143
Ind 1.7.4 (Output): Number of people trained in the various skills disaggregated by skills type	3744	13984	374
Basic Business Skills (ME SPM, & SCI)	1920	2233	116
Youth Vocational Training	144	259	180
Volunteer training in Parenting education & PSS	136	2051	1508
Volunteer training in Child protection	104	2980	2865
TOTs in different fields (VSLA, ME & SPM)	48	478	996
TOTs in different fields (PSS, PE)	160	2131	1332
Training in Alternative care	279	3106	1113
Training para- SW, LG etc	668	348	52
SOP training for policy makers (Ministry officials and political leader)	25	25	100
SOP training for remand homes	35	112	320
SOP and CSI training for CRO staff	54	90	167
Number of dissemination events conducted by CSS	101	144	143
Objective 2.0: Placement of children who are outside of family care in Nurturing Families			
Ind 2.1.1 (Outcome): Number of districts with alternative care panels established	12	11	92
Ind 2.1.2 (Output): Number of cases handled by alternative care panels	2087	560	27
Ind 2.1.3 (Outcome): Number of children (disaggregated by age and sex) reunified with biological families or placed into alternative family-based care	2087	1743	74

CCI			
Under 1	77	0	0
Age 1-5	262	125	48
Age 6-14	1064	1072	101
Age 15-29	448	268	60
Total CCI	1852	1465	79
Remand Homes			
Under 1	0	0	
Age 1-5	0	0	
Age 6-14	56	19	34
Age 15-29	179	31	17
Total Remand homes	235	74 (71 M, 3 F)	31
Ind 2..1.9 (Output): Number of new cases (monthly inflow) of child care placements in the district targeted by the project	0	793	
Ind 2.1.10 (Outcome): Number of children in targeted district leaving care (outflow) for child placement during the month disaggregated by : inter-country adoption, domestic adoption, foster care, family re-settlement	2087	1743 (770 M, 695 F)	84
inter-country adoption	0	0	
domestic adoption,	0	0	
foster care	0	5	
family re-settlement	2087	1738	83
Ind 2.1.12 (Outcome): Number of children seeking entry to CCI institutions that have been prevented from placement and referred to non-residential support and services for family care by Alternative Care panels and other institutions working in coordination with DOVCU	1200	1150	96
Ind 2.1.13: Number of children in targeted districts recorded to be on the street disaggregated by boys and girls	342	346	101
Ind 2.2.1 (Output): Number of officials trained disaggregated by; PSWO, psychosocial	1,603	499	31

workers and district other district officials			
Ind 2.2.2 (Output): Number of cases handled by CDOs and para-social workers annually per parish (disaggregated by CDO & para-social workers)	2087	1118	54
Ind 2.2.3 (Output): Number of children age 0-17 in alternative care in targeted districts disaggregated by ; children in care institutions, foster care, biological family, kinship family, domestic adoption, International adoption	5013	1743	35
Children in care institutions,	5013	5016	100
Foster care	0	5	
Biological family	2087	1738	83
Kinship family	0	0	
Domestic adoption	0	0	
International adoption	0	0	
Ind 2.2.4 (Output): Number of Team Around the Child district coordination forums formed to coordinate formal and informal structures and institutions to promote child identification and reunification with biological families	12	11	92
Ind 2.2.5 (Output): Number of people reached/ served through project interventions disaggregated by age groups children (0-17 years) and adults (18 years and above) for objective 2.0	8640	10514	122

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