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Strengthening Uganda’s National Response for Implementation of Services for Orphans and Other Vulnerable Children: Final Evaluation

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The Coordinating Comprehensive Care for Children (4Children) project is a five-year, USAID-funded project designed to improve health and wellbeing outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. 4Children is a consortium of organizations that brings together decades of experience, expertise and commitment to strengthening the capacity of key actors within a child's system of care and support in order to improve the lives of children. 4Children is led by Catholic Relief Services (CRS) with partners IntraHealth, Maestral International, Pact, Plan and Westat. African Child Policy Forum (ACPF), Parenting Africa Network (PAN) and the Regional Psychosocial Support Initiative (REPSSI) also serve as collaborating partners.

The views contained in this report do not necessarily reflect the opinion of USAID or 4Children and any of the 4Children partners.

List of Acronyms

A/CDOs	Assistant Community Development Officer
ACORD	Agency for Co-operation & Research in Development
AIDS	Acquired Immune Deficiency Syndrome
AOET	Aids Orphan Education Trust
ART	Antiretroviral treatment
ASSIST	Applying Science to Strengthen and Improve Systems
BRC	Birth Registration Certificate
CAOs	Chief Administrative Officers
CBSD	Community Based Services Departments
CCI	Child Care Institution
CDD	Community Driven Development
CDOs	Community Development Officers
CFPU	Children and Family Protection Unit
CHAU	Community Health Alliance Uganda
COP	Chief of Party
CPA	Core Program Area
CPC	Child Protection Committees
CSF	Civil Society Fund
CSI	Child Status Index
CSOs	Civil Society Organizations
DBTAs	District Based Technical Assistance Agent
DCDOs	District Community Development Officers
DIM	Data and Information Management
DMC	District Management Committee
DOP	District Operational Plan
DOVCC	District OVC Coordination Committees
GoU	Government of Uganda
HES	Household economic strengthening
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRIS	Human Resource Information System
IAC	Inter Agency Committee
IHAA	International HIV/AIDS Alliance
IP	Implementing Partner
LDP	Leadership Development Program
LLG	Lower Local Government
LQAS	Lot Quality Assurance Sampling
M & E	Monitoring and Evaluation
MEEPP	Monitoring and Evaluation of Emergency Plan Progress
MFPEP	Ministry of Finance Planning and Economic Development
MGLSD	Ministry of Gender, Labor and Social Development
MIS	Management Information Systems
MoLG	Ministry of Local Government
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NOP	National OVC Policy

NSPPI	National Strategic Program Plan of Interventions
NUSAF	Northern Uganda Social Action Fund
OVC	Orphans and other Vulnerable Children
PEP	Post-exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Private Public Partnerships
PSWO	Probation and Social Welfare Officers
QI	Quality Improvement
QITs	Quality Improvement Teams
RHU	Reproductive Health Uganda
SCC	Standing Committee of Council
SDS	Strengthening Decentralization for Sustainability
SI-TWCS	Strategic Information Technical Working Committees
SNA	Social Network Analysis
SOPs	Standard Operating Procedures
SOVCCs	Sub-county OVC Coordination Committees
SUNRISE-OVC	Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children
SQL	Structured Query Language
TPC	Technical Planning Committee
TSO	Technical Service Organization
UCHL	Uganda child helpline
UFC	Uganda Finance Commission
UGX	Uganda Shilling
ULGA	Uganda Local Government Association
UNICEF	United Nations Children's Fund
UPIMAC	Uganda Project Implementation and Management Center
USAID	United States Agency for International Development
USD	United States Dollar
UWESO	Uganda Women's Efforts to Save Orphans
VAT	Vulnerability Assessment Tool
VSLA	Village Savings and Loan Association

Glossary of Terms

Best interest determination: A formal process with specific procedural safeguards and documentation requirements that is conducted for certain children of concern to UNHCR, whereby a decision-maker is required to weigh and balance all the relevant factors of a particular case, giving appropriate weight to the rights and obligations recognized in the CRC and other human rights instruments, so that a comprehensive decision can be made that best protects the rights of children.¹

Case management: Case management is a core component of a social service system designed to effectively prevent and respond to children and families' vulnerabilities. Case management can be understood as the process of assessing, referring and monitoring the delivery of services in a timely, context-sensitive and individualized manner.²

Cash transfer programs: Programs that transfer cash to eligible people or households. Common variants include child allowances, social pensions, needs-based transfers, and conditional cash transfers.³

Child protection: All activities associated with preventing and responding to child abuse, violence, exploitation, neglect, and family separation.⁴ Abuse, violence, exploitation, and neglect are often practiced by someone known to the child, including parents, other family members, caretakers, teachers, employers, law enforcement authorities, state and non-state actors, and other children. They can occur in homes, families, schools, care and justice systems, workplaces, and communities across all contexts, and also as a result of conflict and natural disasters.⁵

Child protection system: A comprehensive system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence.⁶

Child safeguarding: All activities intended to protect children from harm and address incidents of abuse, exploitation, and neglect in a timely and appropriate manner, including incidents involving orphans and

¹ UNHCR (2008). Guidelines on the Determination of the Best Interests of the Children.

² Global Protection Cluster (2014). Interagency Guidelines for Case Management and Child Protection: The Role of Case management in the Protection of Children – A guide for Policy and Programme Managers and Caseworkers; Davis, R., for USAID (2014). Case Management Toolkit: A User's Guide for Strengthening Case Management Services in Child Welfare.

³ Grosh, M., del Ninno, C., Tesliuc, E. & Ouerghé, A. (2008). For Protection and Promotion: The Design and Implementation of Effective Safety Nets. Washington, D.C.: The World Bank.

⁴ This definition draws from the UNICEF definition in its Child Protection Strategy (2008), but adds family separation as a child protection issue.

⁵ 4Children (2014). Program Guidance for 4Children.

⁶ President's Emergency Plan for AIDS Relief (2012). *Op cit*.

vulnerable children project staff, subcontractors, sub-grantees, and volunteers.⁷

Household economic strengthening: A portfolio of interventions to reduce the economic vulnerability of families and empower them to provide for the essential needs of the children they care for, rather than rely on external assistance. Defining features are a focus on families as direct beneficiaries, with success measured by a family's ability to invest in the education, nutrition, and health of the children they care for. HES tends to focus on shorter-term outcomes, especially around how families accumulate and spend their money.⁸

Social protection: Social protection is an umbrella term encompassing an array of government-led policy instruments for reducing vulnerability and risks faced by disadvantaged groups. Social protection promotes greater focus on longer-term outcomes as well as a greater need for systemic and government-led initiatives to sustain interventions. It emphasizes investments in human capital (e.g., education and health) to deal with long-term poverty and vulnerability issues, especially to interrupt the transmission of poverty from one generation to the next.⁹

Social service system: A social service system is understood as one that addresses both the social welfare and protection of vulnerable populations and includes elements that are preventative, responsive, and promotive. A well-functioning social service system should include strong linkages with sectors such as health, justice, and education. The system should work to alleviate poverty, facilitate access to basic services, and prevent and respond to issues of abuse, exploitation, neglect, and family separation.¹⁰ In this document social service system and social welfare system are used interchangeably.

Social service workforce: is an inclusive term referring to a variety of workers—paid and unpaid, governmental and nongovernmental—that contribute to the care, support, promotion of rights, and empowerment of vulnerable populations served by the social service system. These workers are present at all levels of society, from community members to civil society and nongovernmental organizations to government positions.¹¹

Social welfare system: See 'Social service system.'

⁷ President's Emergency Fund for AIDS Relief (2012). *Op cit.*

⁸ *Ibid.*

⁹ *Ibid.*

¹⁰ President's Emergency Fund for AIDS Relief (2012). *Op cit.*

¹¹ Bunkers, K., Bess, A., Collins, A., McCaffery, J., and Mendenhall, M. (2014). The composition of the social service workforce in HIV/AIDS-affected contexts. Washington, DC: CapacityPlus/IntraHealth International.

I. EXECUTIVE SUMMARY

Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC) is a five-year project, which began June 2010, to deliver and monitor high quality, comprehensive and scaled-up services for OVC in 80 out of 112 districts in Uganda. The project was funded by USAID, working in partnership with the Government of Uganda's (GoU) Ministry of Gender, Labour and Social Development (MGLSD) for oversight. International HIV/AIDS Alliance was the project management prime, with Uganda Women's Effort to Save Orphans (UWESO) and Management Sciences for Health (MSH) as members of the consortium. Eight MGLSD' zonal Technical Service Organizations (TSOs) provided the operational and community technical support to the district and sub-county government's targeted by the project.

Working in close collaboration with national and local government structures, SUNRISE-OVC was focused on four result areas: 1) Local governments effectively plan, manage and coordinate implementation of comprehensive OVC Services at all levels; 2) Increased demand and utilization of OVC data and strategic information by districts; 3) Local governments and CSOs monitor and measure quality of services to OVC and their households; and 4) Local governments and CSOS efficiently use existing and raise additional resources to implement OVC plans.

SUNRISE-OVC ended in June 2015. This evaluation was undertaken to answer the following questions cited in the Scope of Work prepared by USAID:

1. What evidence exists that demonstrates that the SUNRISE-OVC Program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE-OVC systems strengthening activities have any measurable impact at the household and child level?
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services?

The 4Children team evaluating the SUNRISE-OVC program adopted a mixed methods approach. Qualitative data was collected through consultations with stakeholders of SUNRISE-OVC including MGLSD, SUNRISE-OVC, Technical Service Organization (TSO) staff, Strengthening Decentralization for Sustainability(SDS) staff, district and sub-county officials, Para Social Workers (PSW), Civil Society Organizations (CSO staff, community leaders, and OVC and their caregivers in six districts (Bugiri, Kasese, Mpigi, Namutumba, Gulu and Bundibugyo). The evaluation also included quantitative analysis of project and national OVC data collected through the National OVC MIS, USAID MEEPP (a monitoring and evaluation project) and SUNRISE-OVC.

SUNRISE-OVC was adequately designed and implemented to provide comprehensive capacity building assistance to district government through disseminating MGLSD tools, policies and reporting protocols, and providing training and support supervision to prepare local governments to take on a greater

leadership role in coordinating OVC services. The evaluation team saw evidence of SUNRISE-OVC work in every district visited. However, the ultimate uptake and internalization of these tools is largely dependent on the leadership and commitment of district staff and there was significant variance in achievement across the districts.

Intermediate Result 1: To strengthen capacity of local governments to initiate and consolidate partnerships with civil society at parish, sub-county and district levels to implement district OVC plan.

IR 1 was guided by 10 key indicators. Table 1 captures the progress against these indicators.

Indicator	Target	Actual
Number of healthcare/social services workers who successfully completed an in-service training program	2,000	1,349 ¹²
Number of community health and para-social workers who successfully completed a pre-service training program	9,800	6,549 ¹³
Proportion of sub-counties with functional OVC coordination mechanisms ¹⁴	100%	90%
Proportion of districts with functional OVC coordination mechanisms	100%	91%
Proportion of districts that provide regular support supervision	100%	89%
Proportion of districts that use key OVC guidelines, procedures and protocols for planning and management of OVC programs	100%	98%
Proportion of districts that regularly review their OVC strategic plans	100%	93%
Proportion of districts that regularly conduct assessment of status of OVC service coverage	100%	88%
Proportion of districts with functional community OVC structures	100%	96%
Proportion of sub counties that conduct regular mapping of community OVC service providers	100%	90%

Table 1: IR 1 targets vs actuals.

SUNRISE-OVC increased staffing of social welfare positions from 41% to 57% in district and sub-county staffing across 80 districts, achieved through collaboration with district governments that helped them

¹² It is important to note that the evaluation team had access to performance indicator data only through December 2014, unless otherwise noted. All figures in Tables 1-4 reflect this constraint. All figures contained in these tables were derived from the prime’s Indicator Performance Tracing Table.

¹³ At the time of the evaluation in February 2015, SUNRISE had trained 6,549 PSWs. Plans were in place to train 9,808 by the close of the project in June 2010.

¹⁴ Current data unavailable. This measure is as of December 2013.

to secure the needed fiscal space within their budgets. Early in the project, SUNRISE-OVC designed and started to roll out the Leadership Development Program (LDP), an intensive weeklong training followed by a six-month practicum. Participants typically included: Chief Administrative Officer (CAO), District Planner, the Secretary for Gender Labor and Social Development and two additional government staff (typically the PSWO and CDO), and sometimes representatives of select NGOs in the district. This training was credited with transforming the work of the district governments, and district officials strongly recommended for future support to expand the training to include other district and sub-county staff as well as mid-level MGLSD officials.

SUNRISE-OVC partnered with Makerere University to train 1,362 District Probation and Welfare Officers (PWOs) and sub-county Community Development Officers (CDOs) in child protection. SUNRISE-OVC and district staff were then responsible for training 9,808 para-social workers, volunteers responsible for social welfare services at the parish level. The child protection training was highly regarded, but one gap was identified: social welfare staff would benefit from basic training in HIV issues to facilitate linkages to care and treatment services and more appropriate care for HIV-positive children. While staff capacity and outreach have improved, resource issues, particularly around transport, remain a challenge that limits the ability to deliver services.

To coordinate OVC activities and promote OVC priorities in the district, SUNRISE-OVC revitalized and improved the functionality of key OVC coordination structures (DOVCC/SOVCC) including government staff from health, education, planning, production, police and community services. In total, 73 districts and 732 sub-counties have formed DOVCCs and SOVCCs, and in the past 12 months, 52 DOVCCs met at least three times with ten or more members, facilitating the sharing of resources to provide a more holistic response to the needs of the child and family. Towards the end of the project, direct funding to DOVCC and SOVCC activities was gradually reduced and in some cases, replaced by local sources of funding. The evaluation team’s findings suggest that committees should be able to continue to meet in the absence of direct funding. There is an expressed interest of expanding the model to parish and village levels to help strengthen linkages to the community.

Intermediate Result 2: To increase the use of demand-driven evidence based data for decision making at both central and local government levels for a coordinated, comprehensive and cost effective OVC response.

IR 2 was guided by three key indicators. Table 2 captures progress against this indicator.

Indicator	Target	Actual
Proportion of districts with functional OVC MIS	100%	91%
Proportion of districts with key staff knowledgeable about OVC data collection tools	100%	99%
Proportion of community OVC service providers that collect, report and utilize OVC data	100%	113%

Table 2: IR 2 targets vs actuals

SUNRISE-OVC initiated the project with a community mapping exercise in 72 districts, 680 sub-counties and 4,200 parishes (representing 64% national coverage) and identified 1.5 million vulnerable children. The exercise brought district social welfare staff into communities to lead the appraisal, and the data collected was used to develop and inform priority activities, to direct civil society organization (CSO) resources and to influence budget allocation in the districts. In addition, SUNRISE-OVC successfully

supported district staff to routinely submit reports via OVC MIS and 52/80 districts also monitor whether CSOs are submitting data. The high level of uptake and regularity of reporting is an achievement, but OVC MIS continues to have issues with data quality and data access. Both the PWO and DCDO would benefit from additional skills training in data analysis.

Several limitations with the community mapping approach have, however, been identified. Risk and vulnerability are not static and capacity is needed to allow the government and CSOs to update the vulnerability status of children and their households, ensuring services are delivered to those most in need. The use of quotas to identify vulnerable households (i.e., 10 per parish) is not effective for targeting. Many CSOs have carried out an additional vulnerability assessment using their own tools such as the Vulnerability Assessment Tool used by SCORE and their partners or the Government of Uganda’s Vulnerability Index.

Intermediate Result 3: To strengthen the capacity of local government and civil society to provide and monitor quality care to OCV and their households.

IR 3 was guided by two key indicators. Table 3 captures progress against this indicator.

Indicator	Target	Actual
Proportion of districts that conduct regular OVC service quality assessments	100%	89%
Proportion of community based providers of OVC services that regularly assess quality of OVC services they provide	100%	138%

Table 3: IR 3 targets vs actuals.

SUNRISE-OVC supported the dissemination of the MGLSD Service Quality Standards for Orphans and other Vulnerable Children, including the Uganda National Framework for Alternative Care, and provided initial training on support supervision. Some DOVCCs have formed sub-committees responsible for quality improvement (QI) and some district officials have attempted, with limited resources, to carry out quarterly support supervision visits to sub-county governments and community service organizations.

Objective 4: Improve advocacy and resource mobilization capacity among local government and civil society.

IR 4 was guided by three key indicators. Table 4 captures progress against this indicator.

Indicator	Target	Actual
Proportion of districts with OVC resource mobilization strategies	100%	93%
Proportion of districts with key staff trained in resource mobilization	100%	100%
Proportion of districts that convene regular service provider linkages, coordination and networking meetings and implement agreed actions	100%	66%

Table 4: IR 4 targets vs actuals.

Demand for OVC services has increased across districts, but changes in resource mobilization at the district level are relatively small. Some districts have budgeted funds for social welfare. While these allocations are in small amounts (perhaps 700,000 UGX), it is often the first time that these activities have been provided with line item funding. Most resource mobilization is occurring within the

framework of the emerging partnership between local government departments, and local government and civil society, resulting in improved collaboration and increased sharing of human, in-kind and financial resources.

Impact of systems strengthening at the household level

The project exceeded its five-year target for direct services to children of 250,000, instead reaching 387,089. In addition to direct services, the presence of para-social workers was associated with a significant decline in the number of child defilement cases in one sub-county from 238 in 2012 (before the introduction of PSWs) to 36 in 2014. A review of the SUNRISE-OVC Lot Quality Assurance Sampling (LQAS) data identified a decrease in interviewed children reporting during the survey that they experienced child abuse from 2011-2014. Although there may be many other factors influencing decline in abuse, para-social workers are credited with some of the behavior change in their communities. PSWs act as child protection advocates in their communities, sharing guidance on alternative discipline techniques, advocating for girls education and against early marriage, and referring OVC to the appropriate service. Families and children have increased knowledge of their rights, where to get help and how to report child protection concerns. However, it should be responsibly stressed that further operations research is required to unpack the elements that are contributing to what seems to be a decline in cases of child abuse. This situation also needs to be closely monitored to see if it is a sustainable decline.

That said, as awareness increases, demand for services also increases and continues to outstrip scarce supply. Many households are focused on meeting their basic survival needs and find it difficult to find the resources or time to provide a more protective and nurturing environment for their children. SUNRISE-OVC did not address HES and this might be a critical component of future child protection system strengthening in Uganda.

Coordination and collaboration between systems strengthening and household level activities

Coordination between district government systems has improved. CDOs and district officials run service camps to address specific identified needs of vulnerable households and CDOs are aware of their mandate to make quarterly household visits, although their ability to fulfill the mandate is often limited by a lack of transport.

Building new relationships and coordination mechanisms to meet child protection needs

The establishment and/or strengthening of DOVCCs and SOVCCs and the training of key district officials have resulted in the increased ability of government to coordinate social services within its administrative areas. Additionally, these committees have furthered partnerships between different development sectors within local government and the government and civil society with increased accountability by all actors to provide a holistic response to child protection needs.

Lessons learned for systems strengthening

Systems strengthening requires time and the commitment to make a long-term investment to build the capacity of government to fulfill its mandated role to lead, coordinate and provide oversight of all actors engaged in the system.¹⁵ Evidence has shown that for a system to work properly all of the components

of the system must be functioning and appropriately resourced. SUNRISE-OVC demonstrated that the combined approach of technical assistance, child protection training and an emphasis on financial skills and accountability, combined with the financial resources for local government to achieve and measure the concrete results of their efforts was an effective strategy, creating an empowering environment for officials to take on leadership and coordination roles required for a functioning system.

SUNRISE-OVC has initiated positive change in many of the districts, yet gaps remain. SUNRISE-OVC worked with the national government to disseminate MGLSD policies and tools, however, SUNRISE was not tasked to directly support the national government throughout the life of the project. Proportional support to the national government is necessary to build a complete social welfare system, with national leadership able to respond to shifting demands. In addition, the project did not systematically facilitate coordination with projects currently providing complimentary services, such as HES and HIV care and treatment, services critical to meet child protection needs in the context of extreme poverty and high HIV prevalence. Coordination amongst relevant players at the parish and village levels was also identified as a weakness, and future projects should make efforts to build coordination mechanisms at the local level. Future projects should continue to strengthen the para-social workforce, increasing their numbers and visibility to ensure more services reach the household level.

Key recommendations

Based on the data collected and analyzed during the course of the final evaluation, several key observations are offered:

- *Align project design with government planning cycles.* USG donors and Uganda government have different fiscal years. Ensuring the project-driven systems strengthening planning process is integrated into the overall district development projects requires continued attention to the planning cycle of governments. Systems strengthening projects in particular should design their implementation plan around the government planning cycle to facilitate inclusion in the national and district agendas.
- *Design for coordination and synergy between inter-related projects:* Alongside SUNRISE-OVC, USAID supports separate projects promoting government accountability, economic strengthening and HIV care and treatment projects. While these projects are designed to be complimentary, USAID may consider more deliberately aligning project objectives and planning to ensure greater integration.
- *Continue to support social welfare workforce development:* While notable progress has been made in developing the Ugandan social services workforce, there is a continued need to support capacity building of specific cadres of the workforce in specific skills, namely leadership development and QI science.
- *Formalize and expand support supervision activities:* Support supervision was identified as an effective strategy to provide continued capacity building to para-profession also, social welfare staff at the sub-county and district levels, and CSOs operating in the districts. USAID may consider expanding this with a renewed emphasis on quality supervision.
- *The MGLSD should merge and harmonize the work of community-based child protection structures into a single structure of para social workers (PSW) with a functional identity:* Key considerations could include formalizing PSW networks with standard operating procedures, increasing the number of PSW, increasing the visibility of PSWs and supporting PSW with transportation and modest stipends.
- *Develop a strong M&E system for social welfare systems strengthening projects to facilitate data-driven decision-making at all levels:* Accessing reliable data was a significant complication for the Evaluation Team. Future projects should ensure that a functional M&E system is designed,

maintained and utilized. Emphasis should be placed on collecting data that is both essential to project management, while also provides the ability to answer questions of impact and scale. At the very least, reliable, baseline data should be collected at both the system and household-levels. Lacking this makes assessing impact challenging.

- *Review the data structure and functions of an OVC MIS:* While successful roll out and high utilization of the OVC MIS is a significant achievement, the database should be reviewed and restructured to improve data analysis capabilities. Pertinent staff should be trained on its use to improve their management of daily activities and make informed decisions.
- *Document promising practices to inform future systems strengthening projects.* In the remaining months of SUNRISE-OVC, effort should be placed to document promising practices that detail an approach and guidance for future implementing partners.
- *Integrate operational research components into social welfare systems strengthening projects in order to gain empirical evidence on the impact of interventions at all levels of a system:* With new systems strengthening indicators nearing a pilot phase, future systems strengthening projects should take advantage of these in order to test models for varying impact. These indicators represent a significant advancement into what constitutes string systems and should be fully deployed in new and innovative research endeavors in order to improve outcomes.
- *Proportional investment at all levels (including the national government) is essential to building a complete system:* While not the focus of SUNRISE-OVC, the evaluation team believes it critical to support national-level actors to identify and respond to shifting demands at the local level. Investments may include: mid-level leadership training within the MGLSD, support supervision visits, updating and disseminating Ministry tool and resources, and building the national evidence base to advocate for increased prioritization of protection and OVC issues.

Lessons learned

The final evaluation provided a unique opportunity to reflect over the past five years and learn from the SUNRISE-OVC experience. This information can and should be utilized to inform future programming interventions by USAID and their implementing partners:

- a. A system strengthening approach, although well-known and understood within the health sector, is relatively new within the social welfare and child protection fields. Significant progress has been made in this area, especially at district level, but system strengthening is a process that requires long-term commitment. Relatedly, a system strengthening approach requires investment of time, resources and technical assistance into all components of the system. Failing to invest in one component or level can negatively impact or imbalance the whole of the system.
- b. Related to this observation is the apparent increased success of system strengthening when a combined approach that includes provision of technical assistance (e.g., SUNRISE-OVC) and district level support to enhance good governance (SDS).
- c. Capacity building is a huge component of any system strengthening approach. Ensuring that all actors engaged in the system have the appropriate skills, knowledge and support supervision that allows them to fulfill their role requires a well-designed training and capacity building plan for all members of the workforce, from front line workers up to and including political decision makers. Recognizing that social welfare and child protection require the engagement of many different workforce cadres and professionals from different sectors also requires standardized training and terminology to help facilitate a shared language and approach to the issues and interventions involved in a system strengthening initiative.
- d. OVC programming involves both the formal and informal systems and as such, equitable attention should be paid to strengthening each system and ensuring that linkages between the two systems

exist, are promoted and understood by all of the key actors engaged in the system. The para social workers are an example of how these linkages not only exist but when fostered can result in better outcomes for children and families. Identifying unique opportunities to engage and support the informal system, including self-help groups, PLHIV, faith based communities and community leaders is an excellent way to ensure that the unique attributes of the informal sector are aligned with and integrated into the formal system.

- e. Household economic insecurity continues to play a major role in increasing or exacerbating children's vulnerability and therefore HES initiatives should be an integral part of any OVC programming initiative. Information gathered through this evaluation has highlighted the need for a three-pronged approach to OVC programming that includes HES, system strengthening and direct service delivery.
- f. To ensure that timely, appropriate and relevant data is provided throughout the lifespan of a project, an appropriate M&E system, that includes a baseline, must exist from the beginning of the project. Human, financial and technical resources must be committed, up front, to ensure that data collection is timely, effective and relevant to the needs of USAID, implementing partners and government.

II. INTRODUCTION

SUNRISE-OVC is a USAID-funded five-year project that provides comprehensive care for orphaned and vulnerable children (OVC) throughout Uganda. The overall goal of the project is to deliver and monitor high quality, comprehensive and scaled-up services for OVC. The project achieved this through improved leadership and management in planning, implementation, monitoring and coordination of the local government response to children, and through capacity building and technical assistance to local governments and civil society organizations (CSOs) to increase delivery of quality services.

Within the last decade, USAID Uganda has initiated and supported a number of OVC programs, which have significantly improved access to essential OVC services in Uganda. The support focused on strengthening family and community response to high levels of child vulnerability associated with HIV and extreme poverty; improving service delivery systems and institutions and implementing a broad portfolio of both proven interventions and innovative activities. Within the multi-sectoral and integrated approach, USAID has been supporting a number of partners in their effort to scale up the HIV/AIDS and OVC response.

Since 2004, USAID has supported the Ministry of Gender, Labor and Social Development's (MGLSD) to enhance its capacity to lead, plan and manage the national OVC response. The MGLSD is mandated by the GoU to fulfill this role of coordinating programs and services for orphans and other vulnerable children. The MGLSD is also responsible for providing strategic direction, coordination and monitoring of Uganda's response to Orphans and other Vulnerable Children (OVC), from the national down to the household level, working through Community Based Services Departments (CBSD) at the district level.

In 2007, with USAID support through Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative, the MGLSD initiated partnerships with eight regional Technical Services Organizations (TSOs), which was a new mechanism to strengthen coordination of OVC activities at district and regional level. The TSOs were contracted to: 1) assist the MGLSD with rolling out national level policies, strategies, standards, principles, guidelines, quality assurance, and data collection systems and 2) provide technical support to districts (local government and civil society) for strengthening their capacity to design, plan, implement, manage and evaluate OVC services. The TSOs include AFRICARE, Agency for Co-operation & Research in Development (ACORD), Trans-Psychosocial organization (TPO), World Education, Inc. (WEI), Pathfinder International, Save the Children, Uganda Project Implementation and Management Center (UPIMAC) and Uganda Women's Effort Support organization (UWESO). Each TSO was assigned a geographic zone of Uganda, supporting 8-12 districts in each zone.

Under the SUNRISE-OVC project, the TSOs initiated the roll out of the following tools at the district level: the National OVC Policy (NOP), the National Strategic Program Plan of Interventions (NSPPI), the National Quality Standards, and service delivery protocols and guidelines. Other development partners, such as UNICEF, have endorsed and supported the TSO structure and approach. In the conflict-affected districts of northern Uganda, UNICEF had initially established child protection committees (CPC). With internally displaced persons (IDPs) returning to their communities, the CPC have been replaced by district OVC coordination committees with broader mandates, a process initiated by the TSOs.

USAID devised the following questions against which the evaluation was designed:

1. What evidence exists that demonstrates that the SUNRISE-OVC program has achieved its four intermediate results?

2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE-OVC systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE-OVC and those without, districts that have both SUNRISE-OVC and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE-OVC, SDS, district based technical assistance programs, ASSIST.

Background Orphans and Vulnerable Children in Uganda

Children under the age of 18 years constitute 57.4% of Uganda’s 30.7 million people.¹⁶ Up to 96% of children are considered vulnerable; with more than half considered moderately (43 percent) or critically vulnerable (8 percent).¹⁷ Ugandan policy defines Vulnerable Children (VC) to include orphans and/or other children at risk of physical, emotional or mental harm, including children living with HIV, children abused or neglected, children in child headed households, children in need of alternative family care, children living with disabilities, and children living in street situations. Although children’s vulnerability is widespread in all regions of Uganda, the magnitude is highest in post conflict areas, especially in Northern Uganda.¹⁸

	Critically Vulnerable	Moderately vulnerable	Generally vulnerable	Total vulnerability
Central	7.8	33.6	52.7	94.1
Eastern	7.5	45.5	43.8	96.8
North	9.3	53.6	35.9	98.8
Western	8.1	41.1	45.1	96.1
Average	8.1	42.9	45.1	96.1

Table 5: Regional Distribution of Vulnerable Children in Uganda (%)¹⁹

¹⁶ Uganda Bureau of Statistics ,*Uganda National Households Survey 2009/2010: Socio-Economic Module (Abridged Report)* (2010). Kampala, Uganda.

¹⁷ Kalibala, S. and Lynne, E. on behalf of MGLSD (2010) *Situation Analysis of Vulnerable Children in Uganda*; New York: Population Council

¹⁸ *Ibid.*

¹⁹ *Ibid.*

An estimated 20% of children (< 18 yrs.) are not living with a biological parent and at least 2.3 million children (12.7 % of children under the age of 18) have lost at least one or both parents.²⁰ Nearly half (48%) of these children were orphaned as a result of HIV-related causes. The rising number of OVC in Uganda has overwhelmed the capacity of the extended family system to provide care and support this population. Today, over 32,130 children between the ages of 10 to 17 are heading households, while over 40,000 children live in residential care facilities and approximately 10,000 live on the streets with no adult care. The 2009 Situation Analysis also indicated that about 63% of the orphans lived with caregivers other than a biological parent who themselves were typically impoverished and/or elderly grandparents – many of whom lacked access to basic services.²¹

HIV and AIDS also remains a significant public health problem. National HIV prevalence is 7.3% for men and women aged 15-49.²² HIV prevalence is higher among women than men: 8.3% in comparison to 6.1%. It is higher among women in urban areas (10.7%) than in rural areas (7.7%), but a constant 6.1% for men in urban and rural areas.²³ Children account for nearly 14% (n=190,000) of the estimated 1.4 million people living with HIV in Uganda.²⁴ The MoH estimated that 0.7% of children under the age of five are infected with HIV and the prevalence is highest in the relatively better off sub-regions of Central 1 (1.3%) and South Western (1.2%).²⁵ Unfortunately, only 32% of children eligible for treatment are able to access it.²⁶ A recent situation analysis on Child Poverty and Deprivation revealed that 3.7 million children aged five years or less (half the under-five population) live in poverty, and around 1.6 million live in extreme poverty. In addition, 38% of children aged 6-17 in Uganda live in poverty, and around 18% live in extreme poverty.²⁷

Social welfare system: A social welfare system consists of interventions, programs and benefits provided by governmental, civil society and community actors to ensure the welfare and protection of socially or economically disadvantaged individuals and families (Figure 1). A functioning social welfare system serves as a vital safety net for children and families who often face multiple adversities, including, HIV and AIDS and other challenging circumstances. A social welfare system, when functioning effectively,

²⁰ Uganda Bureau of Statistics. *Uganda National Households Survey 2009/2010: Socio-Economic Module (Abridged Report)* (201). Kampala, Uganda.

²¹ MGLSD, UNICEF and EPRC. *Situation Analysis of Child Poverty and Deprivation in Uganda*. (2015). Kampala: Ministry of Gender, Labour and Social Development, Uganda; UNICEF, Uganda, Economic Policy Research Centre, Uganda.

²² Uganda Bureau of Statistics. *Uganda National Households Survey 2009/2010: Socio-Economic Module (Abridged Report)* (201). Kampala, Uganda.

²³ Ibid

²⁴ Ibid

²⁵ Uganda Ministry of Health/ICF International. *Uganda AIDS Indicator Survey 2012*.

²⁶ Republic of Uganda. *UNGASS Country Progress Report 2012*.

²⁷ MGLSD, UNICEF and EPRC. *Situation Analysis of Child Poverty and Deprivation in Uganda*. (2015). Kampala: Ministry of Gender, Labour and Social Development, Uganda; UNICEF, Uganda, Economic Policy Research Centre, Uganda.

attempts to assess and address these needs in a holistic rather than individual- or issues-focused manner. When the system functions effectively, families and children have access to an array of integrated, quality services that promote wellness and protection from harm. Services include family support and early intervention, child protection to address abuse and neglect, and alternative care for children separated from their family of origin. A well-functioning social welfare system will, under typical circumstances, involve: government provision of economic assistance to persons in need, the provision of certain minimum standards and opportunities for all persons, access to fundamental social services and help for people facing contingencies, among other provisions. Uganda like many other developing countries still faces structural and other bottlenecks that undermine the realization of this ideal standard, particularly for vulnerable children and families. This reality remains the case despite the tremendous progress made in the area of legislation, including but not limited to the Children's Act and the Local Government Act, both of which contain specific reference to the prioritization and needs of children.²⁸

²⁸ Walakira, E.J. *A mapping and analysis of children's rights organisations and situation analysis of children's rights in Uganda*. (2009). Washington D.C.: Wellspring Advisors; Walakira, E.J.) 'Justice on trial: Children and the law in Uganda' (2010). In Awortwi Nicholas and Auma Okwany (eds) *Issues in Social Development and Local Governance in Uganda*. Pp.231-258. Maastricht: Shaker Publishing BV; Walakira, E.J. P Bulukuki, J. Omona, A. Kafuko *Protecting Children and Women from Abuse and Gender-Based Violence in Uganda. An Evaluation of the KNH/ANPPCAN GBV Project in Apac, Mukono and Kitgum* (2010). Kampala. African Network for Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) Uganda Chapter; and Ministry Of Gender, Labour and Social Development *Issues Paper Strengthening Human Resources and Financing for Child Care and Protection Services*. (2011). Kampala: MGLSD.

Child Protection/Social Welfare Systems Framework

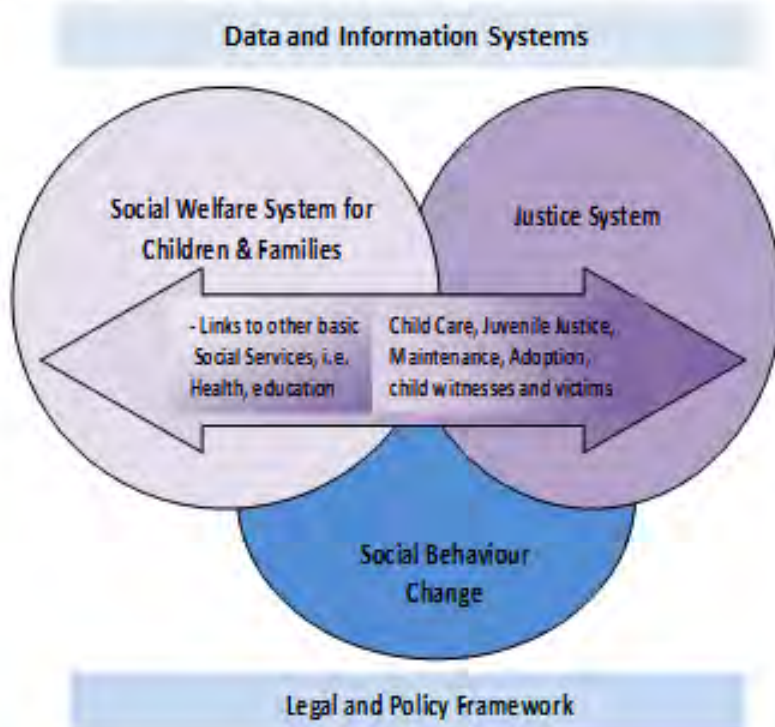


Figure 1: Key elements of a Child Protection/Social Welfare System

Uganda National OVC service provision structures

The Ministry of Gender Labour and Social Development and the Community Based Services Department (CBSD) at district level are mandated to plan, manage and deliver welfare services for children and other vulnerable groups—working in collaboration with other social services sectors such as health, education, planning, police, and production as well as the private sector and civil society. Some notable improvements have occurred in areas such as policy and planning (e.g., NSPPI II), coordination (especially at district level via the DOVCCs), and programs that target especially vulnerable populations such as social protection, alternative care and adolescent-focused interventions. Systemic challenges remain. Structural barriers, inconsistent data and continued challenges related to human and financial resources impede or undermine the ability of government and other actors to deliver adequate and quality care, support and protection to vulnerable children and families. There remains chronic underfunding of the social welfare sector, which averages just 0.5% of the national budget for the MGLSD and 1.4% of the local government budget allocated to the CBSD. In some cases, the budget execution shows that only 60% of funds were released relative to plan, making it extremely challenging for the social welfare system to function at all levels as it should and to successfully fulfill its mandated role.²⁹

²⁹ *Ibid.*

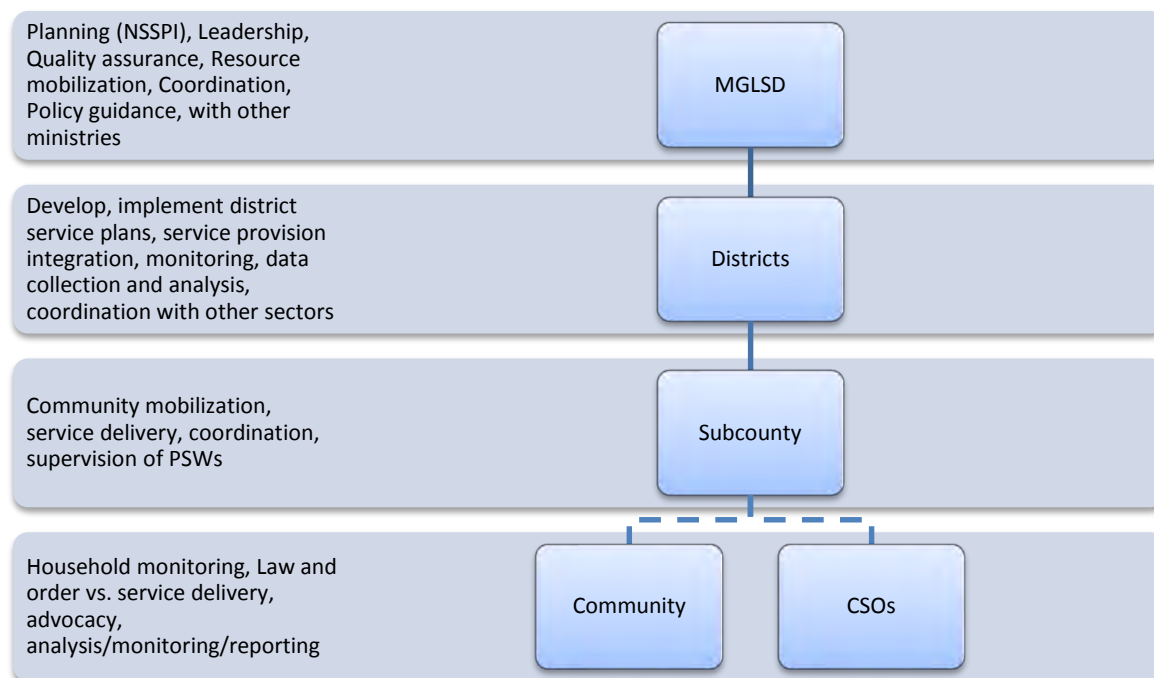


Figure 2: Organization of the Ugandan Social Welfare System

Figure 2 illustrates the different levels of the Uganda Social Welfare System, roles and responsibilities of key actors and their relationship to one another.

Against this background, the SUNRISE-OVC project for child protection was launched to target system wide strengthening covering human resources, funding, coordination and networking, data and information management, leadership and oversight and service provision among formal and non-formal actors to improve prevention of and response to a host of vulnerabilities affecting children.

III. DESCRIPTION OF SUNRISE-OVC

SUNRISE-OVC, which began in June 2010, has the objective of building the capacity of district local governments and CSOs to lead, plan, manage and implement a decentralized quality and comprehensive OVC response. The activity ensures that partnerships between local governments and civil society, faith and community based organizations are strengthened to scale up delivery of comprehensive and quality services to OVC.

The development and strengthening of systems and capacity building for district officials and service providers was expected to translate into more than one million vulnerable children indirectly reached with high quality and comprehensive care in the 80 districts of Uganda. It was also envisaged that the Department of Community Based Services that is mandated by the Children Act Cap 43 (2000) and OVC Policy (2004) would identify, monitor and report child abuse to directly provide child protection services to an estimated 250,000 vulnerable children.

The Results Framework, below, illustrates the project’s key objectives and Intermediate Results (IRs).³⁰

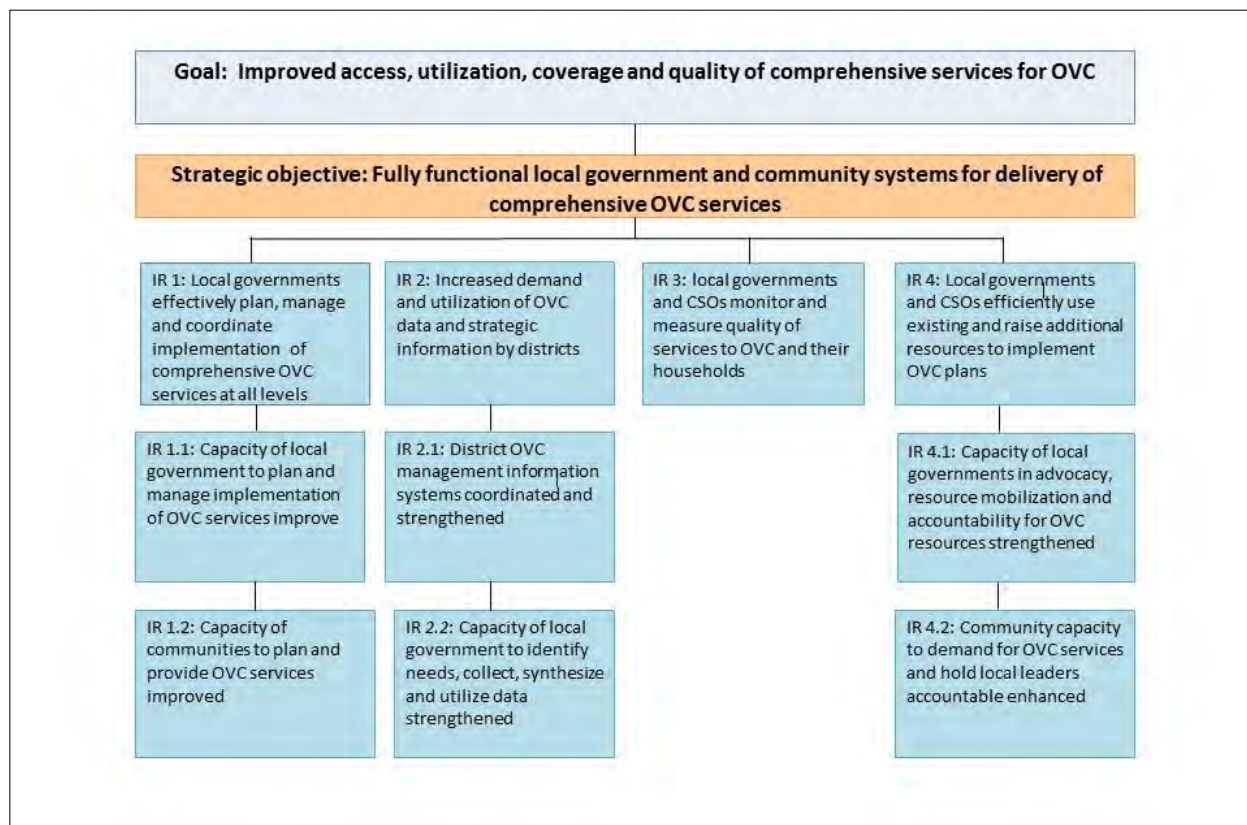


Figure 3: SUNRISE-OVC Results Framework

The SUNRISE-OVC development theory states that:

(1) If child social care and protection structures are functioning at all levels (2) Have optimal social welfare workforce capacities, and (3) Are well resourced to deliver a continuum of high quality preventive and response services at scale, in a timely, reliable and sustainable manner, then girls and boys can attain an education, protection, health and generally receive their entitlements to live at full potential for improved social cohesion, economic growth, political, environmental and social development of Uganda.

At the end of five years, USAID expected 10 key outcomes to have occurred. Table 6 defines these and provides the actual target reached.

³⁰ While local government is used in the project documents, it is the understanding of the evaluation team that local government generally implies district and sub-county levels.

Indicator	Actual Achieved
1,000,000 children indirectly reached with high quality comprehensive care in collaboration with other USG and non-USG supported community and facility based institutions, and monitored through an established and functional national OVC	1,117,980 ³¹
250,000 children offered care and protection services	367,793 ³²
5,000 individuals from local governments and civil society implement, manage, monitor and report quality comprehensive care to vulnerable children,	12,876 ³³
800 CSOs offer high quality and comprehensive care to vulnerable children	1,321 ³⁴
80 districts provided with small grants to facilitate service delivery to vulnerable children.	80 ³⁵
80 districts with annual OVC strategic plans developed and implemented,	80 ³⁶
80 districts with established databases that submit accurate and timely data reports routinely to MGSLD for central planning	76 ³⁷
80 districts and lower local governments with functional coordination mechanisms, human resources, referral and linkages	77 ³⁸
80 districts develop a sustainable birth registration system of all children and OVC identification system (as per the OVC Policy and Children's Act) that provides routine accurate information at district and sub-county level	80 ³⁹
8 competitively selected TSOs established to develop systems and build capacity of local governments	8 ⁴⁰

Table 6. Additional SUNRISE-OVC performance indicators vs actuals

³¹ This figure refers to the number of services provided, not individual beneficiaries. It is likely that individual beneficiaries received multiple services. Therefore, it is not possible to use this indicator as a proxy for beneficiary counting. SUNRISE-OVC could not provide data summing the number of individual beneficiaries receiving services. The figure was provided by SUNRISE-OVC project and is an estimation based on the OVC-MIS database and project annual reports. The accuracy of the figure reported could not be independently verified.

³² The figure was provided by SUNRISE-OVC project based on the Annual Performance Reports (APR) provided by MEEP-Uganda. This figure refers to the number of services provided, not individual beneficiaries. It is likely that individual beneficiaries received multiple services. Therefore, it is not possible to use this indicator as a proxy for beneficiary counting.

³³ The figure reported here was provided by the project based on their performance reports and internal data. Nevertheless, the data sources were not available at the central office at the moment of the meetings between the project M&E officers and the evaluation team. On the lists provided after the evaluation visit it was possible to observe lack of systematic data collection and cleaning, as well as a high amount of duplicated data. Consequently the accuracy of the results could not be independently verified.

³⁴ The figure reported here was provided by the project. No source data or systematic records were available, and there was not an independent assessment of the quality and comprehensiveness of services provided by the CSOs; consequently the accuracy of the data could not be independently verified.

³⁵ The figure reported here was provided by the project. No source or detailed data was provided; consequently the accuracy of the figure could not be independently verified.

³⁶ The figure reported here was provided by the project. No source or detailed data was provided; consequently the accuracy of the figure could not be independently verified.

³⁷ The figure reported here was provided by the project and could not be independently verified. Furthermore, it was unclear whether the data submitted by the districts were timely AND accurate, the latter being in particularly unclear. Future projects should be careful to define indicators more specifically in order to obtain reliable data.

³⁸ The figure reported here was provided by the project. No source or detailed data was provided; consequently the accuracy of the figure could not be independently verified.

IV. METHODOLOGY

In order to address the evaluation questions, the Evaluation Team designed and implemented a mixed methodology approach. This involved the collection of primary and secondary, quantitative and qualitative data. The team, composed of both international and Ugandan experts, deployed in strategic locations around the country, in order to collect data that was representative of program implementation. The result was a large dataset that were analyzed to “tell the story” of SUNRISE OVC.

Team composition & design planning

The eight person SUNRISE-OVC Evaluation Team was drawn from the 4Children consortium and three evaluators from the Makerere University Department of Social Work and Social Administration. Members of the team had diverse expertise including qualitative and quantitative methods, M&E, PEPFAR OVC programming, HIV care and treatment, child protection, social welfare system strengthening, and alternative care. Planning for the evaluation began in January 2015 with a series of preliminary teleconferences and email exchanges between USAID and the 4Children team leaders and 4Children team leaders and the SUNRISE-OVC Chief of Party (COP). The purpose of these exchanges was to (1) understand USAID’s expectations for the evaluation; (2) determine the evaluation questions; (3) receive a project overview from the SUNRISE-OVC COP; (4) collect key project documentation that would be used by the team leaders to inform the evaluation design; and (5) plan the evaluation. Based on these conversations, the team leaders adopted a mixed methods approach using both qualitative and quantitative methods. Primary qualitative data was collected from project stakeholders and quantitative data used for trend analysis was drawn from existing sources including the OVC MIS, USAID/MEEPP and SUNRISE-OVC project.

Tool development

Prior to arrival in the field, the evaluation team leaders prepared draft key informant interview and focus group discussion guides (see Annex 8). These guides were later reviewed and revised to reflect the updated evaluation questions received by the 4Children evaluation team on February 8, 2015 and February 10, 2015. Additional guides were developed for additional key informants including representatives from child care institutions (CCIs) and ART providers that were added after meetings with USAID and SUNRISE-OVC representatives.

Site selection

USAID and SUNRISE-OVC selected the data collection sites using a purposeful sampling approach that allowed for both regional and technical service organization (TSO) variation. A total of three regions and four TSOs were initially proposed by SUNRISE-OVC. These included the Western region where Africare was the TSO, East Central region with World Education as the TSO, and the Central region with Save the

³⁹ The figure reported here was provided by the project. No source or detailed data was provided; consequently the accuracy of the figure could not be independently verified. However, this number does not appear to correspond to the indicator (i.e., birth registration). According to SUNRISE-OVC staff, this figure refers to the number of districts that use community targeting systems for OVC identification.

⁴⁰ SUNRISE OVC TSO Selection Score Sheet. 2011

Children as the TSO. Other selection criteria included accessibility to Kampala, low and high performance with regard to system strengthening, and availability of district leadership during the evaluation period. The districts originally selected included Bugiri, Kasese, Mpigi, and Namutumba; these districts included both SUNRISE-OVC and SDS, a USAID-supported social service and health system governance and accountability project. Upon arrival in country, USAID requested that a total of six districts be visited, resulting in the addition of two other districts: Gulu, where both SUNRISE-OVC and SCORE were present SCORE is a USAID funded OVC project that focusses largely on household and community interventions; and Bundibugyo which was a SUNRISE-OVC only district i.e., where neither SDS nor SCORE were working. USAID requested these additions to note any observations on the added impact of the other USAID funded projects on SUNRISE.

Respondent Selection

Based on the SUNRISE-OVC objectives and discussion with USAID and SUNRISE-OVC staff, a list of participants for key informant interviews (KII) and focus group discussions (FGD) was developed (Table 2). For district-based KII and FGD, the TSO responsible for the district worked in collaboration with district staff to schedule meetings with key informants and to identify and mobilize FGD participants. While TSO staff were necessary to ensure that the FGDs and KIIs were well organized, TSO representatives did not directly participate in the FGDs or KIIs. For children, TSOs were asked to obtain informed consent from guardians with informed assent requested from children prior to the FGD. The evaluation team tried to minimize disruptions in school attendance among child FGD participants. For Kampala based meetings, 4Children staff arranged the meetings.

Location	Key Informant Interview	Focus Group Discussion
Districts	<ul style="list-style-type: none"> ▪ Local Vice Chairpersons ▪ Chief Administrative Officers ▪ District and Sub-County Community Development Officers ▪ Probation Officers ▪ Sub-County Chiefs ▪ DOVCC and SOVCC Chairs ▪ Civil Society and TSO Representatives ▪ Child Care Institution Representatives ▪ ART Treatment Providers 	<ul style="list-style-type: none"> ▪ District Orphans and Vulnerable Children Committees (DOVCCs) ▪ Sub-County Orphans and Vulnerable Children Committees (SOVCCs) (one per district identified by the project.) ▪ Community leaders ▪ Para-social Workers ▪ Caregivers and Children who participated in SUNRISE-OVC
Kampala	<ul style="list-style-type: none"> ▪ Ministry of Gender, Labor and Social Affairs Representatives ▪ SUNRISE-OVC consortium leadership ▪ SUNRISE-OVC M&E Staff ▪ USAID M & E of Emergency Plan Progress (MEEPP) staff ▪ USAID/Uganda AOR 	<ul style="list-style-type: none"> ▪ Care and Treatment partners ▪ International child-focused organizations ▪ National child-focused organizations

Table 7: SUNRISE-OVC evaluation key informant interviews and focus group discussions

A total of 60 males and 36 females participated in KII; 297 males and 246 females participated in the adult FGD; and 45 males and 54 females aged 13-17 years participated in child FGD. In total, 402 men and 336 women were included in the sample. A list of key informants is included in Annex 7.

Data collection

Fieldwork occurred in two phases. Phase One took place between February 11-18, 2015 and included visits to four districts (Bugiri, Kasese, Mpigi, and Namutumba) and Kampala based KIIs. District based teams consisted of two or three individuals, most often a 4Children staff and a Ugandan evaluation team member. When feasible KIIs were conducted in pairs although teams occasionally split. FGD were conducted in local language either by the Ugandan team member or by a 4Children staff with local language interpretation from the Probation Officer and/or Community Development Officer.

Phase Two was conducted from March 10-20, 2015 in Bundibugyo and Gulu districts by the Ugandan evaluation team members. When feasible and with consent, KII and FGD were recorded. Recordings were used to supplement evaluator notes and ensure the accuracy of quotes.

To supplement and triangulate KII and FGD, evaluators requested and reviewed key documents relevant to the evaluation questions. This included:

- District Strategic Plan/OVC action plan and budget
- Latest quarterly OVC MIS report
- Probation officer case management book
- Forms used to collect data on OVC (e.g., household visit form, referral forms, etc.)
- Community Mapping Report
- Meeting Minutes from DOVCC meetings in the six districts visited
- Standard Operating Procedures for CICs and Quality Improvement⁴¹
- OVC Service Delivery Quality Standards and Guide
- Any additional QI materials
- SOVCC reports to the DOVCC
- Sub-county OVC action plan and budget
- Meeting Minutes from the last/a SOVCC meeting
- CDO case management book

Project registries: A primary source of quantitative data came from project records provided by USAID/MEEPS, OVC MIS, and SUNRISE-OVC. Data included a list of services provided by MGLSD (direct services) and by CSOs (indirect services); lists of para-social workers trained; lists of local government staff trainees on leadership programs and Social Services; lists of social service camps; list of civil society service providers; staffing status of OVC related local government offices by 2014; LQAS OVC indicators for years 2011 to 2014, and others. Additionally, the complete OVC MIS database was delivered to the Evaluation Team for offline data processing and data verification.

The data were delivered to the Evaluation Team in different formats including MS Excel, MS Word, PPT, and SQL (OVC MIS), and were integrated and normalized into a relational database. Once organized, the data was processed into a comprehensive set of frequency distributions and cross tabulations using MySQL, MS Excel and PSPP.

⁴¹ The project disseminated the Ministry's Standard Operating Procedures for Child Care Institutions and Quality Improvement. The evaluation team asked questions to verify that the DOVCC and Government staff were familiar with the content of the SOPs and asked if the district government and/or the DOVCC had copies of the SOPs.

Data analysis

Qualitative data: The Evaluation Team designed an analytical approach that was both systematic, and manageable within the timeframe. As described, qualitative data came in two primary forms, interviews and focus groups. A wide range project and policy documents were also collected and reviewed, often providing critical triangulating data. In most cases, interviews were recorded and then transferred into near-naturalistic transcripts or extensive notes/contents listing. Team members were responsible for leading a discussion around their dataset and presenting insights as to emerging patterns, etc. The results of these meetings were documented and referred to during subsequent data analysis meetings. Ultimately, consensus was reached on the patterns which then resulted in evaluation findings. The team collected key, supportive quotes, throughout data collection. These quotes, while alone are insufficient to establish a pattern, were used to illustrate wider patterns found during analysis, and thus underscore key concepts and evaluative findings.

Quantitative data: With data coming from a variety of projects and sources, a significant challenge was to develop a system for analyzing similarly configured and structured data. The Evaluation Team successfully designed a unified database in order to accomplish this task. The data were then successfully cleaned and analyzed. Given the types of data formats and time frame, the team limited analysis primarily to descriptive statistics (e.g., measures of central tendency, cross tabulations, etc.). The result were analyses which complement and support the qualitative data, provided a fuller picture of SUNRISE-OVC.

Network analysis: In order to have an understanding of the status of the social services and child protection networks in Uganda, Social Network Analysis (SNA) was applied to a sample of MGLSD and SUNRISE-OVC partners (selected TSOs and Districts) as well as other national OVC related actors from Child-focused INGOs and National NGOs, Care and Treatment Partners and Integrated Health Service Delivery. A matrix to record relationships was distributed to the aforementioned actors, and data has been processed using a MySQL database and analyzed with SNA software.

Limitations

While the methodology used provided a great deal of rich information, there were some important limitations. The first limitation was the lack of a quantitative baseline or control districts, which the Evaluation Team could use to determine impact of the SUNRISE-OVC project. This lack of a baseline measurement made it difficult to attribute the changes observed to the SUNRISE-OVC project. While the use of existing quantitative data was less costly than collecting additional data, this practice meant only a certain number of questions could be asked of the data. As an example, even when the Para-Social Workers (PSW) enrollment and training was a key factor of the project implementation, the data management of this activity had several issues. The registries that were delivered to the evaluation team in an Excel file were spread across several sheets in different formats and some of the sheets duplicated. After a time-consuming process of cleaning and normalization of the data, the evaluation team found tens of cases of duplicated individuals; in 59% (3895) of the cases the gender of the PSW was not recorded; 43% (2841) of cases the current position of the PSW was not recorded. In addition, data was provided to the 4Children team only upon arrival in country. This timing meant that it was not possible to conduct preliminary quantitative data analysis prior to arrival or to use the data inform the qualitative component of the evaluation.

A more serious challenge was inadequate M&E and data systems employed in the project. The SUNRISE-OVC M&E framework was optimized for the reporting of the project’s contractual indicators, but was less optimized for decision making and learning. Although there were valuable data generated by TSOs at district and regional levels, the absence of a knowledge management strategy and lack of procedures and IT platforms to collect and store data into a centralized M&E system reduced the capacity of the project to have immediate availability of information. This gap weakened the capacity for making cross-referenced, aggregated and trended analysis of the project’s actions and achievements.

In the absence of a centralized relational database, all the project’s information was maintained in different formats (e.g., MS Word, MS Excel) and individual computers (some at TSO, and some at SUNRISE-OVC level), increasing the risk of data loss and affected negatively on its availability and quality. Additionally, there were no data quality assurance procedures in place, and the few data quality control activities performed were delegated to the TSOs only. In this context, SUNRISE-OVC capacity to provide analytical feedback to the TSOs and Districts was very limited. Information flow was mostly unidirectional, coming from the TSOs to SUNRISE-OVC, but not going back to them in the form of aggregated analytical information.

As noted above, the selection of FGD informants relied on TSOs and government staff such as the CDO due to the need to identify community-based project beneficiaries, particularly children who had come into contact with the social welfare system which had the potential to bias results. However, the use of triangulation through multiple FGD, KIIs and document reviews mitigated this risk. A more significant challenge was the limited amount of time available to collect and analyze the data with the entire 4Children team. The tight Evaluation Team schedule did not always align with the availability of government staff, community members and children (in one case there was a conflict with school attendance) which at times, limited the depth of the KII and the FGDs.

The result is a dataset, which while providing important information on project performance and output as well as lessons learned for future programming, has limited ability to speak to the quantifiable impact or generalizability of the findings to all SUNRISE-OVC districts.

V. KEY FINDINGS

A. What evidence exists that demonstrates that the SUNRISE-OVC program has achieved its four intermediate results?

Intermediate Result 1: To strengthen capacity of local governments to initiate and consolidate partnerships with civil society at parish, sub-county, and district levels to implement district OVC Plan

- **1.1: Capacity of local government to plan and manage implementation of OVC services improved**
- **1.2: Capacity of communities to plan and provide OVC services improved**

IR 1 was guided by 10 key indicators. Table 1 captures the progress against these indicators.

Indicator	Target	Actual
Number of healthcare/social services workers who successfully completed an in-service training program	2,000	

		1,349 ^{42,43}
Number of community health and para-social workers who successfully completed a pre-service training program	9,800	6,549 ⁴⁴
Proportion of sub-counties with functional OVC coordination mechanisms ⁴⁵	100%	90%
Proportion of districts with functional OVC coordination mechanisms	100%	91%
Proportion of districts that provide regular support supervision	100%	89%
Proportion of districts that use key OVC guidelines, procedures and protocols for planning and management of OVC programs	100%	98%
Proportion of districts that regularly review their OVC strategic plans	100%	93%
Proportion of districts that regularly conduct assessment of status of OVC service coverage	100%	88%
Proportion of districts with functional community OVC structures	100%	96%
Proportion of sub counties that conduct regular mapping of community OVC service providers	100%	90%

Table 8: IR 1 targets vs actuals

The MGLSD expressed sincere gratitude towards the USG regarding the contributions of the SUNRISE-OVC project. The Ministry recognized that SUNRISE-OVC has contributed towards improving the visibility of the Ministry in the districts with respect to fulfilling its mandated role in overseeing and coordinating OVC activities. In particular, Ministry officials mentioned the importance of SUNRISE-OVC in allowing broad dissemination of essential government policies, standards and documents to the district and sub-county level without SUNRISE-OVC support. Ministry officials further recognized the important need to strengthen local government capacity in order to ensure improved service delivery.

⁴² It is important to note that the evaluation team had access to performance indicator data only through December 2014, unless otherwise noted. All figures in Tables 1-4 reflect this constraint. All figures contained in these tables were derived from the prime's Indicator Performance Tracing Table.

⁴³ At Mid Term Review, the project realized that, while training district probation and welfare officers and community development officers is important, the needs at household and community merited a cadre closer to the community. Hence, SUNRISE OVC refocused child protection training efforts towards para social workers. Hence, the deliberate under-achievement of this target.

⁴⁴ At the time of the evaluation in February 2015, SUNRISE had trained 6,549 PSWs. Plans were in place to train 9,808 by the close of the project in June 2010.

⁴⁵ Current data unavailable. This measure is as of December 2013.

However, concern was expressed that continued support at national level is necessary in order to ensure equitable strengthening of all levels of the system, given that a systems approach requires strengthening interventions that aim to support not just one but all levels of the system. If the focus continues to be directed only at local government, without an appropriate donor-funded proportional investment of technical and financial resources at the national level, eventually the national level development could fall behind the local government to the point where it could become a pull that delays the overall development progress of the system. The critical issue is finding what the correct proportional investment at district and national levels should be to ensure that both levels grow and are strengthened in equitable measure so that they and are able to appropriately fulfill their mandated responsibilities. In the case of national government, this means the ability to develop sound, national level legal and policy frameworks, collect and analyze child-related data and use that data to develop evidence-based requests for necessary resources needed to implement frameworks for policies and laws. There was voiced concern coming from the districts that if the national level actors and structures are not strengthened together and in a coordinated fashion with the districts, that efforts could reach a roadblock at district level. Significant improvements have been and will continue to be made at the district level, but they will reach the point when they require the active engagement and advocacy of national level government to secure resources, aggregate, analyze and utilize national level data to inform policy and practice and ensure that the issues of social welfare in general and children's issues, in particular are part of the national agenda; both in terms of policy and financial resources.

Information on sub-IRs is as follows:

Increased capacity and numbers of social workforce in district and community: According to the MGLSD Issues Paper (August 2011), within the Local Governments, the Department of Community Based Services has had persistent critical human resource and funding gaps that hinder delivery of child care and protection services. Staffing among critical social welfare frontline workers presents very high vacancy rates; averaging only 41.3% of the approved CDO/ACDO positions filled. The 2009 staff update indicated 144 Sub-counties with not a single CDO/ACDO position filled and 44% of the districts assessed in December 2010 had no appointed Probation and Social Welfare Officer (the position mandated to lead implementation of the Children's Act). On average, the ratio of social welfare worker to vulnerable children stands at 1:6000 compared to the standard compliment of 1:200 for vulnerable populations, making the workload unmanageable.⁴⁶

SUNRISE-OVC worked with district governments to find resources within existing budgets to increase staffing of vacant Community Service positions by 16% (1,301 positions) across 80 districts. In 2010, 41% of positions were filled and by February 2015, this percentage had increased to 57%. SUNRISE-OVC assisted with nominal financial support to advertise the vacancy and support the recruitment process.

⁴⁶ USAID/SUNRISE-OVC Issues paper #1: Strengthening Human Resources and Financing for Child Care and Protection Services (August 2011), MGLSD

However, SUNRISE-OVC did not provide the funds to cover the salary costs. This is a positive finding, as government funding of these positions should contribute to long-term sustainability.

Nevertheless, by 2014 only 13% of the districts have surpassed the 80% of approved staff hired (see Table 9). This is largely a product of lack of funds at district level. In general, social welfare is under resourced, globally and in Uganda. The fact that SUNRISE could assist districts to find the fiscal space to increase by 16% is substantial.

Percentage of approved positions filled	Number of Districts	Percentage
81% and above	10	13%
Between 61% and 80%	36	45%
Between 41% and 60%	27	34%
Between 21% and 40%	7	9%
Total	80	100%

Table 9: Number of districts by percentage of approved positions (DCDO, PSWO, ACDO, DCO) filled. Fiscal year 2014.

Leadership Development Program: This intensive LDP targeted senior district Government staff, including the Chief Administrative Officer and the Secretary for Gender, Labor and Social Development, along with the District Community Development Officer and the District Probation and Welfare Officer and two additional district government staff. The leadership training was conducted in all 80 districts. A week-long training was followed by a six month practicum where the team had to identify an issue related to vulnerable children, gather data and information, develop interventions and solutions, find resources and, working across sectors, implement their plan.

Participants in the program who were interviewed detailed the transformative nature of the training. In their opinion, it built leadership abilities, created a sense of ownership around child welfare initiatives and provided a unique opportunity to better understand what can be achieved when working together.

“The most interesting part of the LDP was the challenge model. It helped us appreciate that any challenge is the beginning point to make things better. I wish we had had this LDP at the outset of the project. SUNRISE-OVC would have achieved more... It helps people relate and respond to situations at a leadership level.”⁴⁷

“Before the Leadership Development program and SUNRISE OVC, no one in the district cared about OVCs. Now the children are at the center of our attention.”⁴⁸

“I can go to my District Chief Administrative Officer and explain that there is a child who needs my help and that I have no vehicle to get there. He now finds the vehicle and fuel for me to go.”⁴⁹

⁴⁷ KII, district official

⁴⁸ KII, district official

⁴⁹ KII, District Probation and Social Welfare Officer

“Before (the Leadership Development Program and SUNRISE OVC), no one cared about the work we did to help families or children. Now everything we do, we think about children.”⁵⁰

“Currently there is more sharing of resources between the departments in support of OVC work. Departments are working more closely than before.”⁵¹

The impact of the leadership development program is being demonstrated through the budget allocations to social welfare, the collaborative effort amongst DOVCC members to jointly resolve household challenges and the elevated status of OVC. More detail is found in the sections that follow.

Probation and Welfare Officers and Community Development Officers trained in child protection: The MGLSD Issues Paper (August 2012) stated that an assessment of social welfare staff indicated that 72% of current CBSD staff did not have adequate skills in social work indicating their limited competencies. These limited skills significantly inhibit their ability to deliver quality social welfare services to the population in need. Taking this finding into consideration, SUNRISE-OVC trained 1,347 District Probation and Welfare Officers and sub-county Community Development Officers in child protection. As seen in figure 4, there is, in general, a good gender balance in the selection of the trainees.

Makerere University developed a 15 day training curriculum that enables acquisition of a set of skills and competencies on a range of issues regarding child protection including case management, working with structures and systems, legal and policy processes, and M & E of child protection interventions⁵². This training is highly regarded in the region as a top-notch child protection training.

“The in-service child protection training was a HUGE success. Many of the CDOs did not have any understanding of social work or child protection. Most had never heard of the best interest of the child but were expected to make decisions based on it. After the training they are now professional and there are very few cases that they cannot resolve.”⁵³

The Evaluation Team, while recognizing that the social services sector remains under-resourced which limits their ability to provide services, saw changes evidence of changed service delivery by social welfare officers. In one situation, this resulted in a Probation and Welfare Officer (PWO) independently collecting data on reported child sexual abuse. He noted that when the Para Social Workers were trained, the reported violations decreased. Most PWOs and CDOs made statements that they now know and understand how to work with families to prevent child abuse and if a child has experienced a child protection violation, they better understand the actions to take both within the justice sector and also related to counselling children. Most PWOs and CDOs were able to give examples demonstrating that they had indeed absorbed the training into their practice. It is important to note, that in one district, the

⁵⁰ KII, District Probation and Social Welfare Officer

⁵¹ KII, District Official

⁵² The 15 day training could be delivered in an intensive three week period or distributed over three months depending on the needs of the trainees.

⁵³ KII, District Probation and Welfare Officer

PWO was not able to demonstrate functional understanding and changed service delivery as a result of the training. All except one PWO demonstrated basic knowledge that the training was designed to impart.

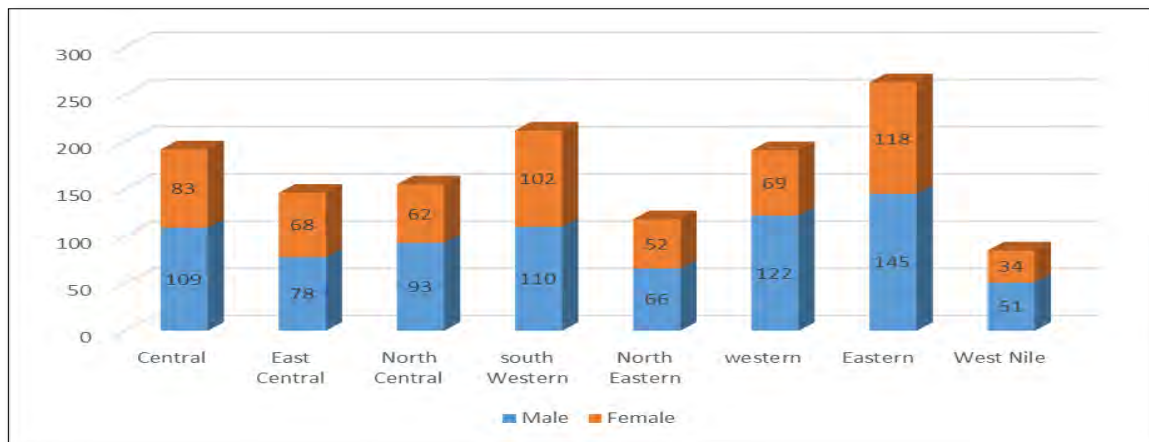


Figure 4: Total number of in-service PWO/DCDO trainees from local governments, by gender and region

While the PWO and CDOs met during this evaluation spoke highly of the training, the ability to apply the training is dependent on the individual, as well as, organizational and environmental issues. The evaluation team noticed there remained some misconceptions around some of the nuances of child protection that one gains from child protection experience and continued access to expert knowledge and mentoring. The PWOs and CDOs will be able to benefit from continued refresher training and technical mentoring.

During discussions with both CDOs and Para Social Workers (PSWs) regarding the supervision the CDO received from the PWO or the supervision the PSW received from the CDO, it became evident that supervision of direct reports is lacking. In many situations, PWOs and sub county CDOs will need mentoring and coaching to further develop general supervision skills and ensure adequate supervision of direct reports.

Furthermore, knowledge is one important element of a performance equation. The tools to carry out the roles and responsibilities are an equally essential factor in a performance equation. For example, district and sub-county staff frequently expressed frustration with an inability to easily access transport to respond to reported emergency cases of abuse in communities and/or ensure that the abused children access the necessary services, such as medical examination for children who have been sexually abused. However, it is important to note that due to the increased focus on collaboration and coordination at district and sub-county levels, many district staff have been able to access transport resources through the established networks from the District OVC Committees (DOVCCs). Nevertheless, there was a continued sense of disappointment and frustration that as a sector, the community based services department continues to be under-resourced.

“There is now a multi-sectoral approach to coordination at the district level. This approach to coordination has increased appreciation of OVC issues in other government departments. Before SUNRISE-OVC, OVC were a CDO and PSWO issue. The challenge however is that when it comes to

budgeting, they (other departments) don't put OVC activities perhaps due to the conditional nature of the grants they receive from central government.”⁵⁴

Para Social Workers Trained in Child Protection: At the time of the evaluation, SUNRISE-OVC had trained 6,549 para social workers in child protection. By the close of the project, SUNRISE-OVC estimates that it will have trained 9,808 para social workers in child protection using the government curriculum (*Curriculum for Training Community Based Child Care Workers*), which includes one week of classroom learning, followed by a two-week supervised practicum and a follow up week of classroom learning. The sub-county CDOs are to provide the supervision during the practicum, which has experienced limitations of skills, capacity and challenges with mobility. The result of this training was increased local child protection capacity.

From both PSWs and Community Member FGD countless examples were provided supporting that the presence of the PSW and the skills they brought to the community were having significant impact.

“We were trained on the child protection framework, rings of protection and the role of different duty bearers. We were also trained on the different child protection guiding principles (e.g. confidentiality) and other practical aspects of our work e.g. how to handle cases of child abuse (case management, referrals, etc.).”⁵⁵

“We know how to handle different cases of abuse. We can differentiate between cases that can be handled by para-social workers and cases we have to refer to the relevant authorities like police”⁵⁶.

“There has been great improvement in the way parents treat children. This is because parents have been taught how to treat their children. The CDO has done this together with the Local Council and para-social workers.”- 8 of 11 children in FGD confirmed

“I was very tough on the kids. The stick was the only language I knew.”⁵⁷

“I learned to listen to the views of my children.”⁵⁸

“Being a PSW has transformed my own home and there is now peace in my home. I have to practice what I preach.”⁵⁹

⁵⁴ KII with CDO

⁵⁵ FGDPSW,

⁵⁶ IFGD, PSW.

⁵⁷ FGD, Caregiver

⁵⁸ KII, Caregiver

⁵⁹ FGD, Para Social Worker

“For my case, I have orphans. I was almost giving up on them because they were big headed. But the PSW came to my home and talked to me and he talked to the children as well. We are now together on most issues.”⁶⁰

“We are grateful to SUNRISE for the way they have worked with us. There was rampant child neglect and brutal treatment of children. There is now a social transformation as far as treatment of children is concerned.”⁶¹

“Because of the work of the para-social worker, children who would have been given out into marriage are no longer being given out to marriage.”⁶²

Community members have selected the PSWs because they are recognized as persons of integrity. In some situations, they are also members of the village health teams (VHTs), CPC, and sometimes they are not members. These volunteers serve as an essential bridge between informal community systems and formal government system.

Although informal in nature, the PSWs from Bwesumbu, Kasese district, felt the need to be formally recognized. They established the Bwesumbu Para Social Worker Association and formed their own village savings and loan association (VSLA). The association was established right after the para social workers completed their training under SUNRISE-OVC. The para social workers envisioned this association as a means of *“facilitating consistent governance but also a way to build team spirit and be recognized by the community.”* To date the VLSA has saved 3,847,500 USH. Forming the VLSA has provided them with the opportunity to increase their own individual assets whilst simultaneously providing funds for emergencies as part of the “social fund” created by the group.

Mutual respect between the government and volunteer cadres was frequently expressed during the interviews. The formal structure government staff claims that their work load has decreased because the para social workers are handling a larger volume of less serious cases in the community and that only the most serious cases, requiring government intervention, come forward for their attention. A review of the social welfare registries provided some support to this statement. In some registries, there was a noticeable decrease in domestic spousal complaints of neglect and other domestic disputes that could be handled at community level. However, as the record keeping is manual and not coded this perception is challenging to verify and quantify. The PWO and CDO state that they have more time to spend on more serious cases meriting their attention. The para social workers have stated that the CDO gives them clout when s/he comes on supervision visits with the PSW to the community. *“Training has given us the confidence to handle cases of child abuse in the community... but also talk to parents on how to protect their children.”⁶³* That said, qualitative analysis revealed many weak supervision links between the PWO and sub county CDO and the PSWs. Currently, in two of six sub counties, CDOs are carrying out some kind of regular supervision with the PSWs and others are not conducting supervision

⁶⁰ FGD, Caregivers

⁶¹ FGD, Community Leaders

⁶² FGD, Community Leaders

⁶³ FGD with Para-social Workers, Bundibugyo District

at all. Access to transportation, as well as supervision skills limit the supervision that is taking place. This is an area of weakness that needs continued strengthening.

Districts have developed OVC Strategic Plans: According to the project data, 74 districts have developed OVC strategic plans. The evaluation team reviewed District OVC plans to verify completion. Measuring quality of the plans is subjective as one must take into account the capacity of the district, availability of financial and human resources, the situation of vulnerable families, geopolitical history of the district and many other factors. The simple fact that districts have come together to develop a comprehensive plan is, in itself, a notable milestone and an important cornerstone of continuing to develop a systems approach to the provision of social services.

Alignment into the overall district development plans requires continued attention to the planning cycles of governments. Ensuring the linkages between the OVC strategic plan and the district development plans is a means of including children's issues and identified interventions into the larger plan thus facilitating cross sectoral collaboration and coordination. A pathway to sustainability is to ensure that projects work within government planning cycles for the fiscal year, which begins in July 1st. This requires an adjustment in preparation and mind-set to understand the planning cycle and ensure adequate participation in the process. The district OVC plans defined roles and responsibilities of sectors and individuals across the district and ensure that children are integrated into each sector's plan. The OVC plans help to validate children's issues and give political backing, therewith bringing children into a forefront of government priorities. In some districts the CDO and PWO have been able to leverage the OVC plans to advocate for funds and to ensure that children issues are included in cross sectoral interventions. *"We as a district have managed to come up with a district OVC five-year strategic plan which was tabled in counsel and it was passed. This was a big landmark because when you refer to the local government circuit it is now our mandate. If we narrow it down to OVC, we now have that capacity to be able to come up with a district strategic plan to be able to identify the challenges with OVC in the district and come up with something that is tailored to our condition."*⁶⁴

Strengthened District and Sub County Orphan and Vulnerable Children Committees: 73 Districts and 732 sub counties have revitalized or strengthened district/sub county OVC committees (DOVCC/SOVCC). These structures existed in policy and somewhat in practice prior to the SUNRISE-OVC project, but many were not functioning or functioning as expected. In the past 12 months, 52 DOVCCs have met at least three times with ten or more members present. These multi-sectoral committees, with representation from all key district government sectors of health, education, planning, police, production and community services, CSOs and private sector agencies, have been instrumental in improving coordination between government departments and civil society.

Interviews at district and national levels confirmed that overall coordination between the various players is improving. Departments are now more likely to coordinate their response, joining efforts to provide a more holistic response to the needs of children and families. Officials from different sectors are now more likely to share resources (e.g., human, technical, in-kind and financial). In several sub counties, they share transport to communities and provide referrals across sectors to address issues,

⁶⁴ KII, DCDO, Mpigi

linking to the production officer where livelihood support is needed and to the CDO/PWO when OVC and child protection issues are identified. The DOVCC also provides a platform to address specific OVC and child protection issues as they arise.

“Coordination and collaboration between OVC actors for provision of OVC services has improved. Through DOVCC, for example, the different duty bearers— including heads of the different departments at the district level (health, production etc.) and representatives from police (child and family protection unit) and other judicial structures and CSOs –come together to deliberate on issues affecting OVC. There is now recognition that OVC issues are not only something that the community-based service department handles, but rather an issue that requires joint planning and response.”⁶⁵

For example, one sub county was able to use the political arm of the DOVCC to ensure that medical centers provided free care and treatment to defilement victims, another designated two days a week for health centers to prioritize ART treatment for children. Furthermore, in another district, the DOVCC identified the problem of a jigger infestation in one sub county. In turn, the committee requested one of its NGO members to respond. Infected households were mapped and support was given to rid households of the infestation.

“In fact, SUNRISE was able to introduce us to the whole concept of evidence based planning. Coming up with real, real evidence, concrete picture at the grassroots level and coming up with plans and when we came to the coordination part of it, we had the capacity built in us to constitute the DOVCC, to constitute the SOVCC at lower local level and then also to gradually come up with an equivalent of sector working groups, those are cluster based learning networks. And also, we in the local government to update them on what we are doing and by so doing we got the coordination moving on and we have seen each quarter that process becoming more and more strong and also realizing that the responses that the plight of OVC cannot be handled by only one department like Community-based Services because the needs of those OVC vary. Some are health related, some are economic related, some are psychosocial related others are related to education...the visibility of the department is expanding, both at the district level and the sub-county level and even the communities.”⁶⁶

While there were provisions of anecdotal information regarding the impact of the committees on families and children, there were not always clearly established links between the DOVCC and SOVCCs and the community. Further mentoring of the committee members is required to continue to move the committees towards meaningful action and results at the community and family levels and to move beyond the talk of greater coordination.

Early in the project, funds were provided either directly through SDS or through SUNRISE-OVC (in the districts where SDS was not present) to support the functioning of the DOVCCs and SOVCCs. Within the last year of the project, this direct funding was discontinued. The DOVCCs continued to meet regularly.

⁶⁵ KII with district government, Kasese

⁶⁶ KII, DCDO Mpigi

The evaluation team found no substantial concern that the DOVCCS or SOVCCs should not be able to continue to meet and coordinate in absence of direct funding.

In several of the districts visited, SOVCCs were functioning. The evaluation met with members of the SOVCC and roles and responsibilities of the members were clearly articulated. There was a voiced appreciation around the role of the CDO, Assistant CDO and PSW. However, concerns around extremely limited resources and the ability of the SOVCC to continue to fulfill its mandate, especially as it relates to service delivery and meaningful impact on households. Within the six districts of the SOVCCs visited there was a wide variety of those which felt more empowered to take action. Although the resource issue was consistent.

The parish and village levels are lacking similar coordinating structures and it may be worth considering expanding the structures down to the community level in some form or another. This will assist to bring the responsibility for developing solutions to social challenges within the community leadership.

Coordination and planning at the community level (Village, parish): In some cases, there is some form of community level OVC planning process taking place at the parish and/or village level. However, this is not systematic and uniform across TSO regions, districts or communities. When the planning existed, there were no accountability mechanisms to track the implementation or impact of the community level plans. In one sub-county, the one copy of the action plan was held at the sub-county office and all activities listed were the responsibility of the CDO or district government, and not the community members.

Intermediate Result 2: To increase use of demand-driven evidence based data for decision making at both central and local government levels for a coordinated, comprehensive and cost effective OVC response

- **2.1: District OVC management information systems coordinated and strengthened**
- **2.2: Capacity of local government to identify needs, collect, synthesize and utilize data strengthened**

IR 2 was guided by three key indicators. Table 2 captures progress against this indicator.

Indicator	Target	Actual
Proportion of districts with functional OVC MIS	100%	91%
Proportion of districts with key staff knowledgeable about OVC data collection tools	100%	99%
Proportion of community OVC service providers that collect, report and utilize OVC data	100%	113%

Table 10: IR 2 targets vs actuals

Information on sub-IRs is as follows:

Community OVC Mapping Exercise: Early in the project SUNRISE-OVC supported a community mapping exercise of vulnerable households using a participatory rural appraisal methodology. The mapping was undertaken in 72 districts, 680 sub-counties and 4,200 parishes (representing 64% national coverage) and identified 1.5 million vulnerable children.

District officials spoke very highly of this exercise as it provided an opportunity to engage with communities and households. *“We had never really engaged with the community. The mapping let us see what was happening in households. It opened our eyes.”*⁶⁷ Community leaders in Uwemba sub-county also noted the importance of community mapping.

*“We were able to take part in the community mapping for OVC. We verified those [OVC] selected. We agreed that [being a very beneficial activity to all of us] it should be a continuous exercise.”*⁶⁸

The district government have used the data from the mapping exercise to inform priority activities and to direct CSO resources. One district, as a result of the SUNRISE activities, including the mapping, which was the source of information that highlighted the main issues making children vulnerable, issued vulnerability Child Protection Ordinance to address protection issues specific to the District. The ordinance forbid the sale of alcohol to minors and addresses issues related to child labor and exploitation, mandating reporting of abuse by all citizens.⁶⁹ The mapping has also influenced budget allocation in districts. However, it is important to be mindful that a budget allocation does not automatically result in the actual release of funds, or can result in less funds being allocated than budgeted.

*“We were always challenged to produce statistics. We were always challenged to be location specific. However, when we engaged with SUNRISE, there was an exercise, which is called mapping of OVC. Village mapping. To us it was a huge, huge, step because we were able to systematically move up to village level, do the mapping, do the identification, but even before the mapping do the frequently observed categories of vulnerability per village. And then, together with the village health teams and selected leaders, they went ahead to plot the homes where those categories existed and then given the numbers. And by the time the exercise ended we were able to get a picture of the different categories of vulnerability, location specific and come up with the numbers of vulnerable children. And not all vulnerable children were covered but we were looking at moderately and critically vulnerable. To us this was an excellent starting point. To answer those challenge[s] which we were facing initially.”*⁷⁰

Civil society has used the mapping information as an entry point for their own targeting. SCORE used the mapping exercise as a preliminary entry point into communities. During DOVCC FGDs, civil society also mentioned that they used the data, however, it was often challenging to get specifics on how it was used and the results. Furthermore, due to the challenges with some aspects of the mapping process and the resulting data, SCORE, in particular, found it necessary to carry out a further vulnerability identification process using their own tools.

⁶⁷ KII Chief Administrative Officer

⁶⁸ FGD community leaders

⁶⁹ The Uganda Gazette, Local Governments (Kasese District) Child Protection and Labour Recruitment Ordinance, Supplement No. 1, Vol. CV, No. 20, April 13, 2012.

⁷⁰ KII with DCD

Community Mapping was not without problems, however. The evaluation team noticed several challenges. First, there were problems with the quality of the data. The mapping exercise sometimes used quotas, targeting 10 households per parish and missing many children requiring support. District officials also indicated that the mapping was overly focused on orphan status, which is not always the best measure of vulnerability. There were also some “whispers” that under perception that the mapping would lead to resources some chicanery took place in some communities in the identification of households. There are also questions on how often the process should be repeated as vulnerability is not static. Nor is it clear on the cost implications of the exercise and the ensuing sustainability measures.

OVC Management Information System: The Evaluation SOW did not include an assessment of the Government OVC-MIS. USAID/Uganda had recently commissioned a review of the OVC-MIS. The report was not ready for public consumption at the time of the SUNRISE OVC evaluation and therefore the evaluation team did not have access to it. The evaluation team examined the capacity of district to access and utilize data for decision making and planning. During the inquiry into district capacity, the evaluation team noticed some fundamental challenges with the OVC MIS that impacted its application at local government level.

A positive finding is that 52 districts are monitoring whether CSOs are submitting data into the OVC MIS. Some districts have reported that sanctions, such as license suspension or revocation, will be linked to continued cooperation and submission of data to the OVC MIS. District officials have started to analyze the data they collect and submit, looking for trends to share with sub-counties and CSO partners. During discussions with national and international NGOs, central and district government and university staff, there was general widespread recognition that there were many challenges with the actual OVC MIS. However, shared widespread sentiment was expressed that the mere fact that there is a system and that data is being systematically collected is an essential good start. There is commitment to continuing to work with the OVC MIS and the Ministry to continue to improve upon the system as more experience is gained with the system.

While the 4Children SOW did not include an evaluation of the OVC MIS, some notable information came forward, which is being shared in this report. The evaluation team quickly noticed fundamental problems with the local data use model that need remediation. First, some district officials have complained about the accessibility of the system: One of the challenges with the OVC MIS is that you can upload data during a limited window and then the system closes and can only be accessed with central data privileges. District officials would like to be able to access the data after it has been submitted to the OVC MIS. However, there is limited capacity in data-driven decision making within the districts. This is also very specific to district and individual capacity. Some individuals were comfortable with the data information system and others have less comfort with the technology, influencing how they input the data and if and how they use the data. District officials identified issues with data quality, identifying the likelihood of double-counting OVC receiving different services and the need to create unique identifiers to track individual OVC with information on their age and HIV status.

Data collection and analysis at sub district and district level

SUNRISE OVC helped establish a basic foundation (albeit fragile in some districts) and a culture that is more familiar with data collection and analysis. There still remain great hurdles and great variance amongst the districts. Some sub-counties recognize that collecting data on vulnerable children and

service delivery and feeding that information upwards is not only a part of their job, but an exercise that is useful in terms of planning, budgeting and advocacy. However, this is an area that requires continued improvement and technical assistance.

Intermediate Result 3: To strengthen capacity of local governments and civil society to provide and monitor quality care to OVC and their families, and their households

IR 3 was guided by two key indicators. Table 3 captures progress against this indicator.

Indicator	Target	Actual
Proportion of districts that conduct regular OVC service quality assessments	100%	89%
Proportion of community based providers of OVC services that regularly assess quality of OVC services they provide	100%	138%

Table 11: IR 3 targets vs actuals

In terms of QI, SUNRISE-OVC disseminated the MGLSD Service Quality Standards for Orphan and other Vulnerable Children, Guideline for Support Supervision, Approved Babies’ and Children’s Homes Regulations (2012) and Uganda National Framework for Alternative Care. For many Government and civil society staff, they reported that the training and dissemination was the first time they had seriously thought about quality. There is a growing understanding that the impact on a family is the end point and that paying attention to the quality of services is essential to achieve this goal. Posters of the Standards were frequently hanging on the walls of Probation Officers and CDOs workplaces. *“And they were also providing us with the different mobilization guidelines, guidelines for support supervision, guidelines for coordination and at least, each officer at the sub-country level was given a set and developing a checklist to see what is in the office and what is missing such that in the day to day running of the office that he or she could have a quick reference sort of, um, documents to ably and competently handle whatever assignment.”*⁷¹

PWOs and CDOs were trained in use of support supervision tools was provided to PWOs and CDOs and interviews confirmed that PWOs and CDOs were able to use the tool on their quarterly supervisory visits to CSOs. Training was also provided to them in the use of the Alternative Care Framework for CCIs.

CSOs and CCIs expressed appreciation for the guidance they received from district and sub-county staff during their visits. For example, one CCI has started doing family tracing and resettlement. In other cases, limited resources, particularly around fuel and transport prevented regular supervision. However, FGD with community leaders did not indicate that QI techniques were being used at the community level to improve the quality of services provided. The SUNRISE OVC approach to QI has been limited to the dissemination of the tools, rather than a systematic approach to QI, which represents a missed opportunity to integrate the science of QI into its activities.

Of the six DOVCCs interviewed, half have formed sub committees responsible for QI and/or strategic information which are responsible for monitoring the quality of OVC implementation at sub county and

⁷¹ KII, DDO, Mpigi

community level. The project did not have readily available data on the number of sub-committees formed. The impact of these sub-committees is not yet fully realized by the project, beyond action that demonstrates a recognition of the importance to focus on quality.

“There was another training on quality standards, this one was geared towards giving us skills in appraising the quality of interventions made by the different service providers. For example, if we meet a CBO or NGO saying that it is offering education as a core program area of OVC, we were equipped with skills of analyzing the quality of services being giving. It was very helpful. We came up with a situation that an organization could say it was doing education and using the skills we could probe, what exactly, are you, what specific interventions are doing? They could just say exercise books. And using those skills we could see the gap that quality, for instance, in education it meant that a child was enrolled, attained and completing, but making sure that the issue of scholastic materials is given the appropriate quantity and quality.”⁷²

District officials have attempted, with limited resources, to carry out support supervision to sub-county, communities and service organizations. The scope and magnitude are limited by resources, however, where it is occurring, it is undertaken on a quarterly basis.

Objective 4: Improve advocacy and resource mobilization capacity among local government and civil society.

- **4.1: Capacity of local governments in advocacy, resource mobilization and accountability for OVC resources strengthened**
- **4.2: Community capacity to demand for OVC services and hold local leaders accountable enhanced**

IR 4 was guided by three key indicators. Table 4 captures progress against this indicator.

Indicator	Target	Actual
Proportion of districts with OVC resource mobilization strategies	100%	93%
Proportion of districts with key staff trained in resource mobilization	100%	100%
Proportion of districts that convene regular service provider linkages, coordination and networking meetings and implement agreed actions	100%	66%

Table 12: IR 4 targets vs actuals

As a result of the combination of interventions to improve district leadership around OVC, the data/information generated from the mapping exercise and technical skills building at PWO/CDO level, the local government allocation to OVC issues has increased. According to the SUNRISE OVC Year 4 annual report, the average allocation of locally raised revenue and unconditional grants to support OVC issues under the CBSD increased by 6% from 1.4% to 7.2% since the start of the project in 2010. In the districts visited some have budgeted small (UGX 700,000/quarter) amounts of funds for social welfare. While budgeting does not always result in disbursement and recognizing that budgeted amounts are

⁷² KII, CDO, Mpigi

relatively small, according to the year 4 annual project report, 82% of allocated funds were released to support social welfare activities. During most interviews, district leadership demonstrated understanding of OVC issues and a commitment to respond although they also voiced frustration that budget levels still remained insufficient.

“But now with the multi-sectoral approach where the various sectors sit to discuss like everyone being concerned (about) our challenge, currently is about the specific budget, being put in the different departments to cater for OVC. We have now gained the level of the various departments appreciating the challenges, but at budget level, there hasn’t been [a] specific [budget] put to address the OVC challenges.”⁷³

While allocation to CBSD was relatively small, the greatest example of resource mobilization is represented by the emerging partnership between local government departments and civil society. They are sharing human and technical resources, along with in-kind resources, such as transport and financial resources. During DOVCC FGDs, members were able to provide examples of a child or family in need of services and the inability of one organization to provide for all the needs. The DOVCC members united forces and contributed to create a greater response. However, it should be noted, that despite this positive achievement, resources limit the ability of the DOVCC to provide a supply of services to meet demand.

In some districts, small partnerships with the private sector are emerging to support specific initiatives. Two DOVCCs were able to speak to an increased partnership with private sector. Having members of the private sector within the DOVCCs has been very instrumental in helping build the awareness and engagement of the business community in children’s issues. This placement has, in turn, resulted in donations by private businesses to help fund emergency medical care for children and transportation. Other examples include the provision of free airtime for child-focused issues by local radio stations and resettlement costs to reintegrate a family of four children with their grandparents who lived on the other side of the country.⁷⁴

The evaluation team did not see across the districts significant evidence of an increased community capacity to demand OVC services and hold local leaders accountable. There were some pockets and promising initiatives where some PSWS and CDOs were able to effectively lobby for changes in types and availability of services. However, we need to be mindful that the demand for services far outpaces the supply, which remains a frustration at community level.

B. Under what circumstances were some program interventions and approaches more successful than others?

Key informant interviews, focus group discussions, and a review of existing data provided useful information as to what activities or approaches of SUNRISE-OVC were most effective in helping to reach identified targets and fulfill project objectives.

⁷³KII, CDO, Mpigi

⁷⁴ KII with TSO and PWO

Selection and role of TSOs: The design of the project, including the selection and envisioned role of TSOs was a critical part of the overall success. The TSO selection process aimed to identify TSOs, which were both technically sound and also had a familiarity with the local context. It appears that the TSOs that were well established in the geographical regions and had positive, long-standing relationships with key actors in the region were better positioned to meet their targets. Furthermore, TSOs were recognized by the MGLSD as representing the Ministry at the district level. This unique recognition empowered the TSOs and helped gain access to district level government representatives. The TSOs recognized this status as being especially useful in helping to address and work together with local government. Local government officials also appreciated this relationship and recognized the added value of having this kind of a partnership-- *"they are part of us; one with us; we are the same."*⁷⁵

Combined skills sets of TSO staff: Providing technical assistance to district government takes a unique combination of both technical and "soft" skills. Soft skills refer to personal attributes that enable someone to interact effectively and harmoniously with other people. In the case of the SUNRISE-OVC project this included having the knowledge and abilities related to interpersonal relationships, familiarity with protocols, and an ability to negotiate change while remaining flexible. It also requires the ability to provide assistance in a manner that is proactive yet allows the recipient to feel empowered. This is a difficult set of skills to master, yet the TSOs that were able to balance the technical and the soft skills seemed to do extremely well. Key informant interviews with staff of TSOs also highlighted that the recognition and understanding of government's mandated role to lead as well as an appreciation of the challenges or barriers that sometimes hampered progress that was critical in being able to work together with government in a mutually respectful manner. Furthermore, the TSOs that were able to integrate elements of the SUNRISE-OVC project into their larger program portfolio, rather than treating it as a standalone project, had better overall outcomes and a greater appreciation of the long term benefits of system strengthening.⁷⁶

Involvement of senior technical and political district staff: Having committed and engaged leadership at district level, including the alignment and prioritization of children's issues at the highest level proved to be a critical factor in the project's success. Understanding that system strengthening requires the engagement and support of both technical and political leaders was an important piece of knowledge that the project included in the design phase. It was clear from site visits and key informant interviews that the political will existed and there was a shared understanding and importance placed upon children's issues. As one local government representative noted, *"SUNRISE-OVC has mobilized district leadership about issues of children. It has provided us with a common language."*⁷⁷ In many cases, bringing together the right combination of people (political, technical and TSO) and appropriate capacity building, at the right time and in the right place was the equation that resulted in a district outperforming other districts.

⁷⁵ KII with local government representatives

⁷⁶ KII. TSOs that made a concerted effort to integrate elements of SUNRISE-OVC into broader programming efforts include Africare, TPO and Bantwana.

⁷⁷ *Ibid.*

Further supporting this approach, the Leadership Development Training offered by MSH was especially useful in bringing together key actors at district level, providing activities that promoted team work, and utilized a strengths-based problem solving methodology that encouraged multi sector approaches to addressing children's issues. The training brought together top officials such as the CAO and other political leaders, together with those more engaged in day-to-day practice such as the DCDO and PWO. Key informants mentioned that the six month project developed as part of the LDP was an excellent way to get people working together for a common cause and provided a real life example of what could be achieved when the right people collaborate towards a common objective.

Community Mapping: Government, TSOs and community leaders consistently recognized the community mapping exercise as being a critical factor in the success of the project. The participatory approach utilized by the project ensured that all key stakeholders were engaged in the process thus facilitating ownership of the process and awareness of the issues facing vulnerable children. The mapping exercise itself was a useful means to get key actors working together and to familiarize them with the people they are mandated to serve. As noted previously, the mapping exercise was frequently noted as the first time that government representatives had been out in remote areas of their district. Furthermore, the results of the mapping were instrumental in providing government with the data needed to plan, budget and identify needed programming interventions to respond to the identified and documented needs of children in their district. During interviews and focus groups, respondents regularly mentioned that the community mapping was one of the best things about the SUNRISE-OVC project, specifically noting it as an invaluable activity that in many ways formed the foundation of the rest of the project.

Training: SUNRISE-OVC had two major training components that targeted key stakeholders engaged in the project. The first was an in service training for CDOs and Assistant CDOs. The Child Protection-focused curriculum was developed by Makerere University and endorsed by the MGLSD.⁷⁸ The competency-based training included an overview of relevant laws, guidelines and standards related to child protection. The training helped translate the legal and policy framework into practice. The training provided the CDOs with a strong technical foundation, a common language to share with other colleagues and reinforce their critical role within the child protection system. Key informant interviews with CDOs provided useful examples of the impact that the training had. For example, one PWO said that the training provided his team of CDOs at the sub-county level with necessary skills and knowledge that helped them in their role as decision makers. He noted that most CDOs come into the position with limited understanding about the principles and values that make up a child rights based approach to child protection.

"Now, they all understand and use a best interest determination to make decisions."⁷⁹

⁷⁸ MGLSD, Oak Foundation, TPO Uganda, and UNICEF. *Child Protection. National Training Curriculum.* (2013).

⁷⁹ KII Probation and Welfare Officer

SUNRISE-OVC provided a second training targeting para social workers (PSWs). The training of the significant number of PSWs proved an especially effective approach to ensuring that trained volunteers acted as a bridge between the formal and informal child protection system. District officials noted that PSWs were “game changers”. It was regularly noted that when PSWs were committed to their work, felt they had the skills and knowledge necessary to fulfill their functions, received appropriate and timely support supervision, and also understood their role within the larger system, their presence proved invaluable. PSW training included both theoretical and practical knowledge and played a significant role in building the recognition of the PSWs within the child protection system and increasing the technical skills and knowledge of a core cadre of the informal workforce.



Figure 5: Average direct services provided by government in districts influenced by SDS, by period (2013-2014)

Combination of SDS/SUNRISE-OVC: SDS is a USAID funded implementing partners aimed at building the capacity of local government. In some districts, SDS worked closely with SUNRISE-OVC. Joint work planning was carried out, frequent review meetings were held between the two partners and they met together with government to discuss the OVC interventions. The presence of SDS in SUNRISE-OVC project areas proved to be beneficial in that local government felt empowered, supported and motivated to make positive changes that aligned with SUNRISE-OVC objectives. The performance-based approach also encouraged a sense of accountability and a desire to prove their ability to fulfill project goals. The provision of funding through SDS facilitated actions that were supportive of SUNRISE-OVC. Three-quarters of the performance indicators that local governments supported by SDS reported upon were related to issues of OVC, which SDS believed was an important factor in positively encouraging districts to reach those targets, especially in terms of children served

There was a 10% cost share requirement that districts had to meet and this requirement also seems to have played an important part in fostering government ownership and accountability for their own contributions to the project. SUNRISE-OVC and TSO staff noted that there was a palpable difference in the districts that had SDS support and those that did not. Most TSOs appreciated the separation of financial and technical responsibilities that occurred when the TSO and SDS were both present in a district as providing an enabling environment whereby the TSO could focus on technical issues rather than financial challenges. Although many TSOs and local governments recognized the performance based approach as a positive aspect of SDS’ project, it must also be noted that for districts that failed to fulfill the requirements the loss of funding proved challenging. Districts that performed poorly and did not receive additional funding did seem to fall more behind in issues and activities that were part of the larger SUNRISE-OVC project. Moreover one TSO reported that in a bid to achieve targets, SDS employed tactics that district officials, for example in western Uganda, viewed as disrespectful to them.

C. Did the SUNRISE-OVC systems strengthening activities have any measurable impact at the household / child level?

It is important to note that the time frame and proposed methodology for the end of project evaluation did not allow for in depth quantitative analysis or evidence gathering related to the impact of system strengthening at household level. The information that informs this question was gathered through discussions with key informants, including child and caregiver beneficiaries, as well as data provided from district governments.

According to the SUNRISE-OVC data, the project exceeded its targets for children directly reached. The five -year project target was 250,000 children and the project reached 347,089 children. It appears that in some districts the link between system strengthening and direct and measurable impact at child level was identified. For example, in the sub county of Besumbu in Kasese district, the presence of para social workers, active public awareness around child protection issues and the collaboration between PSWs, CDOs and police resulted in a significant decline in the number of child defilement cases. According to data collected and analyzed at sub county and district level, the number of defilement cases of children (noted as a major concern in the child mapping) went from 238 in 2012 (before there were PSWs in the area) to 36 in 2014.⁸⁰ Government officials and community leaders felt that this was a direct result of increased awareness, the role of PSWs acting as a deterrent to abuse, and a united effort by those involved in the system to ensure that community members understood that defilement is a crime, punishable by law. It is important to note that this decrease has not been formally researched and goes against what would typically be expected which is that increased awareness results in increased reporting. When the issue was mentioned to community leaders and para social workers they all felt that the increased public awareness had acted as a deterrent meaning that potential perpetrators know understood that defilement was a crime thus resulting in decreased incidents. Also important to note is that this change in data was noted and analyzed by the PSWO and CDO demonstrating an increased understanding of the importance of data. It is essential that continued OVC programming move away from the primary focus of response to child protection violations and place heavier emphasis on prevention. The presence and activities of these front line workers are placing a greater emphasis on prevention and the para social workers appear to be a cost effective contribution to the prevention effort.

A review of LQAS data found a decrease in reporting of abuse of OVC from 2011-2014. Further study is needed to determine the causal factors, including what role the new workforce might have played. However, it is important to keep in mind that there could be other additional factors influencing this decrease, it is probably safe to assume that the presence of a strengthened workforce, growing public awareness, strengthened and procedures for reporting and responding to abuse have contributed to this decrease. Figure 6 provides a composite of the data from the LQAS⁸¹

⁸⁰ FGD and KII with PWO and CDO. Data provided from PWO .

⁸¹ MSH collected LQAS information for this indicator in 43 SUNRISE districts only. In 8 of the districts (Amuri; Apac; Dokolo; Gulu; Kitgum; Lira; Oyam; Pader) there is data for 2013 and 2014 only. As they did not have the same baseline as the other 35 districts, they could not be included into the series, because it was going to cause a distortion on the results

Interviews with caregivers and children provided useful insight into the kinds of changes that they have seen in both their own behavior and in how children are treated by adults in the household and in the

community. Children mentioned that they have noticed a decrease in the use of corporal punishment in their families. As a focus group of targeted children explained,

“There [have] been great improvements in the way parents treat children. This is because parents have been taught how to treat their children. The CDO has done this together with the Local Council and para-social workers.”⁸²

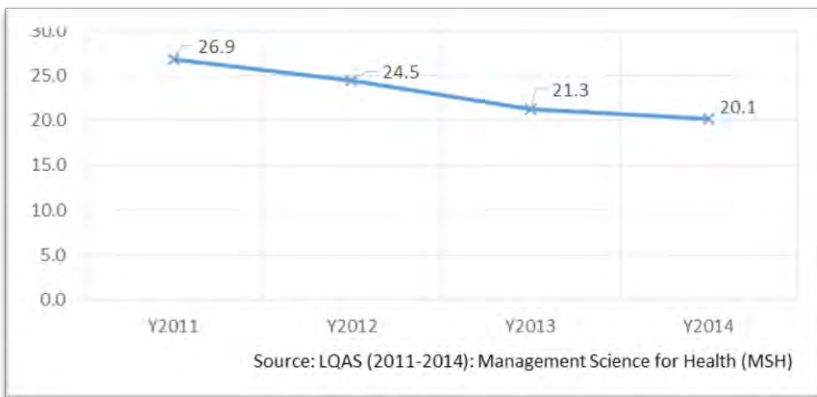


Figure 6: Average percentage of OVC aged 5-17 years experiencing cases of abuse (35 SUNRISE districts)

Parents also mentioned that their own form of discipline has changed for the positive. *“I was very tough on the kids. The stick was the only language I knew.”⁸³*

While specific claims to attribution cannot be made using these data, there is sufficient data to suggest a correlation between PSWs and the ability of communities and families to ensure protection of the child from violence, abuse and exploitation and to ensure that a greater focus is on the prevention of child protection violations, rather than on the response to violations. The volunteer’s work with communities and parents providing alternative discipline techniques, promoting delayed age of marriage and increased girls education, along with deterrents for sexual abuse of children and other interventions and messages to promote child protection has been essential in the prevention of child protection violations. Subsequent PSW interventions would be well-served by a close examination of impact of these additions to the social workforce on child and family outcomes.

As a result of PSW and CDO outreach, families and children have increased knowledge of where to get help including how to report child protection concerns. Child participants in focus groups could easily mention who they should contact if they or someone they knew were being abused or at risk of early marriage (e.g., social worker, CDO or police). Children who participated in the FGD were themselves survivors of planned child marriage and/or teen pregnancies. Some had been forcibly withdrawn from school by parents or caregivers until the intervention of a para social worker or CDO. With the direct intervention of PSWs, CDOs, community leaders and/or police, the children were taken out of early marriage, placed back in school and provided support in the form of psychosocial counseling, etc., so that the family understood the importance of education (especially for girls) and the harm of early

⁸² FGD with 11 children.

⁸³ FGD with caregivers

marriage. In one sub county, 14 girls have been removed from a child marriage and placed back with family and into school.⁸⁴

In many districts, a challenge mentioned by several actors engaged in system strengthening was that the demand still remained greater than the available services. As systems strengthening requires time and a change in thinking i.e., moving away from direct handouts to the neediest towards a holistic approach that responds to the unique needs of all children, it will take time for the services to catch up with the demand. One para social worker mentioned that the change has taken time but also provided an example of how one family expected her to provide school fees; instead the PSW referred them to a village savings and loan (VSL) group so that they could proactively save funds and pay school fees themselves. The PSW felt good about her intervention but also recognized that *“changing mentality will take time.”*⁸⁵

An additional challenge still being faced in most if not all districts is that there are especially vulnerable households that require an immediate intervention to get to a place of stability before longer-term interventions can take hold. For this reason it is clear that HES interventions are an absolutely critical component within the continuum of services. Families who are struggling to meet basic needs of survival have to be assisted with urgency to get to a place of stability before other interventions can be effective.

Collaboration between SCORE and SUNRISE

The evaluation team held meetings with SCORE staff both in the districts and headquarters and with SUNRISE OVC headquarter staff and TSO partner at the district level. It became evident that when the two projects collaborated, it was done so through the DOVCC. Both project staff struggled to understand the synergies between one another. At head office level, it was apparent that the management on both projects did not proactively engage with each other. The 4Children SOW did not include an evaluation of the SCORE project.⁸⁶ Having said that, given the poverty rates, it stands to reason that SCORE provided necessary interventions at household level to complement the systems strengthening work at district level.

D. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?

CDOs are mandated to make quarterly household visits. In sub –counties where the CDO has access to transportation, this mandate has helped to create visibility of government and the MGLSD at the community level, a presence that was predominantly absent before the SUNRISE project. However, there is a stark counter-reality. In many situations the ability to routinely fulfill this mandate is often limited by availability of transport and fuel. The links between the para social worker and the CDO help

⁸⁴ FGD and KII with community leaders, PSWs, CDOs, caregivers and children in Besumbu, Kasese District.

⁸⁵ FGD, Para Social Workers

⁸⁶ The OVC Portfolio Review report contains more information on collaboration between USAID partners and recommendations to address the findings from the review.

to foster the presence of the MGLSD at community level, in that the PSW is an extension of the Ministry. While CDOs make efforts to routinely meet with the PSWs in their catchment areas, limited supervision skills and technical child protection knowledge impact the achievement of the full realization of this initiative. This situation will improve as CDOs continue to gain knowledge and the PSWs become more comfortable in their roles. In addition, there have been some service camps⁸⁷ offered by sub county CDO where thematic expertise travels to a community to run various forms of a service for vulnerable populations. The impact of these camps is varied from community to community. There does appear to be an increasing awareness within some communities of an expectation of services from government. This is a type of social accountability that can promote positive change. In many situations the demand for services is considerably greater than the available supply of services. FGDs with caretakers also reflected that service camps are appreciated by community members because *“CDO and other government officials come near to us which reduces the distance that we would otherwise travel if services were to be accessed at sub-county level.”*⁸⁸ However, both the home visit and service camps are activities that have been predominantly funded by the SUNRISE-OVC project. This, therefore, raises issues about continuity beyond the current project.

Various stakeholders in all of the districts included in the evaluation mentioned the improved manner of handling child protection cases as a result of the SUNRISE-OVC project. Key informants noted that in the past there was serious mishandling of child protection cases with very few, if any being resolved. While cases were often reported within the formal justice sector, the cases would not be fully investigated and therefore, the r perpetrators were not held accountable. Key informant interviews provided insight that demonstrates a noted improvement in the way government institutions (i.e., police, judiciary and community development) work together. As an example, in one district the Police Liaison Officer reported cases of abandoned children to the DOVCC. The PWO then worked with the NGOs in the district to provide care to the children, while permanent placement is found with either a family or in a children’s home. A sub-county police officer stated *“we have registered a marked decrease in the cases of child abuse in this sub-county. When cases of (child) torture surface, para social workers come to me and I work with the CDO to help the affected households. I like these para social workers because they know their limits. They handle civil issues at the village level and they refer to police those of criminal nature. When we fail, we work with the CDO or the district police.”* More so, the involvement of para social workers has provided a more direct interaction between the people at the grassroots level and the key structures handling issues of children. This involvement is increasingly building more trust in the government structures while at the same time according child victims an opportunity to receive more care services from the community members.

“Para social workers act as a bridge between communities and LG structures (duty bearers), and because of their work, community perceptions of the responsiveness of the formal child protection structures such as the police is slowly starting. Para social workers ensure that the child abuse cases are reported to police and that they follow-up to ensure justice for victims. People are now less reluctant to report cases abuse to the police.”

⁸⁷ The evaluation team asked SUNRISE OVC to provide data on the number of service camps and the number of beneficiaries reached. SUNRISE OVC was unable to provide data on the frequency of the service camps and the attendance.

⁸⁸ FGD with caregivers

An important result of the SUNRISE-OVC project, especially related to advocacy, was the identification, recruitment and staffing of key government positions at district and sub county levels. Many of the PWO and especially the CDO and Assistant CDO positions are part of the government structure (i.e., recognized and resourced) but were not seen as important or critical to fill. With advocacy from SUNRISE-OVC and increased recognition of the important function played by the CDOs, many positions were filled as a direct result of SUNRISE-OVC's interventions and support. This action has been absolutely critical in ensuring that the identification, referral and provision of services to vulnerable children and families is possible. Without these positions there would be limited to no connection to household level.

E. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?

The SUNRISE-OVC project provided an important opportunity to assist district government in solidifying its coordination role. The establishment and/or strengthening of the DOVCCs and SOVCCs resulted, in most cases, in an increased ability of government to know who was doing what in their catchment area. The fulfillment of this coordination role appeared to have had a positive effect in both how government was viewed by CSOs and conversely how government viewed civil society. When all were brought together within the DOVCCs or SOVCCs it was an opportunity for civil society to highlight their role within the child protection system while also encouraging civil society to accept and support governments role as the overseer of that system. It helped to promote a sense of accountability by all actors. There was recognition that children's issues are diverse and therefore require not one response but a holistic response that involves the active engagement of government, civil society and the private sector. As one district official noted, *"Before SUNRISE-OVC, we never spoke with other Government colleagues, much less civil society."*⁸⁹

The DOVCCs have provided an opportunity for cross learning between and amongst government and private sector as well as with civil society. The joint meetings were a forum in which organizations and government bodies could present their challenges as well as their successes and also come up with integrated and cross-sectoral responses that would not have occurred had there not been DOVCCs. The DOVCCs provided an especially powerful forum through which the Department of Social Welfare could promote its important role within the child protection system. CDOs and PWOs frequently mentioned that the DOVCCs helped bring attention to their role and set them on equal footing with other government departments that might not have paid attention to them before the SUNRISE-OVC project and the strengthening of the DOVCCs. All DOVCCs were able to share anecdotal information of how as a group they were able to provide a far greater response to a challenging need in a family. However, it was also clear that the demand for services is far greater than the supply. There remains concern about how to move positive experiences with collaboration to reach a critical mass.

⁸⁹ Key Informant Interview, Secretary of Gender, District

One of the challenges that key informants noted was the dependence upon individual positions/people, especially the CDO and PWO, in determining whether or not there is impact or reach at the household level. A strong CDO who connected with PSWs was recognized as the “engine that makes the machine run.” Conversely, a weak CDO was identified as a major reason that impact might not be felt at the household level. It appears to be significantly linked to the skills, drive and leadership of the individual rather than the system itself.

In the districts, it appears that the combined effect of SUNRISE-OVC and SCORE produced greater outcomes. However, these results were heavily determined by the relationship of the organizations representing both projects. For example, key informants noted that when the lead organization for SCORE within a district was also a TSO involved in SUNRISE-OVC (albeit in another district) that understood and valued the importance of system strengthening, the results and coordination were excellent.⁹⁰ If the lead for SCORE was not a TSO engaged in SUNRISE-OVC there appeared to be less coordination and in some cases limited appreciation of the role of system strengthening.⁹¹ Interview at the head offices of both SUNRISE OVC and SCORE revealed a disconnect between the two projects and limited appreciation of how collaboration could potentially have a positive impact on the outcomes of both project.

While SUNRISE OVC has made positive progress on laying a foundation for social welfare systems strengthening and improved coordination amongst stakeholder, a visible, direct benefit to families remains difficult to identify in a large critical mass of families. The demand for services continues to be far larger than the supply.

Social Network Analysis:

In an effort to explore the linkages between the various OVC and child protection actors within Uganda and the OVC-SUNRISE catchment area, a rapid social network analysis was conducted. This involved a short survey sent to key stakeholders⁹² that asked for detailed information on their connections.

Each respondent was asked what organizations they had established linkages with over the last year (March 2014 to February 2015), and exclusively those relations related to OVC and child protection affairs. This question allows the analysis of density of relationship. For each one of these linkages, three topics were addressed:

- 1) The strength of the relationship: In order to avoid subjectivities in terms of the quality/strength of the relationship, the options offered were: formal relationships (MoU, signed agreements, or any other formal instrument that reflect clear and mutual agreements) and informal relationships. This differentiation is important as it more objectively reflects the level of

⁹⁰ Key informant interviews with TSOs

⁹¹ Key informant interviews with TSOs and SCORE

⁹² 75 organizations participated in the survey including local, national and international NGOs, and Districts among the most relevant. The survey was delivered to the 80 SUNRISE-OVC districts, but only 66 returned the survey completed.

commitment on institutional relationships, instead of individual opinions of the level of strength of the relationship.

- 2) Type of organization of linkage: This establishes which kind of relationships are prioritized by the different actors and assesses the level of diversification of relationships within the network.
- 3) Finally, if the relationship was established within the context of the SUNRISE-OVC project: This assesses directly the extent to which the project has had a mediating role in the network. This allows for a calculation of the number of individual relationships that were established in the context of the project.

SUNRISE-OVC played a fundamental role in strengthening the local network, especially on the capacity of the Districts to link to local actors for the provision of services. As seen in Figure 7, 741 linkages between the Districts and other actors were established in the context of SUNRISE-OVC. Nevertheless, in terms of diversification of relations the results were less encouraging. The linkages of the Districts in the context of the SUNRISE-OVC project were focused on NGOs, CBOs, and FBOs (mostly local and related to the OVC service provision). As seen in Figure 8, 45% of the organizations linked to Local Government Districts were NGOs and 29% were CBOs. This shows a general tendency of the preferred relationships established by the districts.

Linkages with other local and national actors are more limited. For example, connections between local governments and the justice sector are few. Similarly, relationships with police or health facilities have been mentioned by only a few districts⁹³. Relationships with private sector are also thin. It is possible to infer that SUNRISE-OVC was able to strengthen the capacity of the Districts to link to private service providers (because of the supervisory nature of the District), but had lower impact on the larger intergovernmental network in order to provide comprehensive services.

⁹³ Nevertheless, Civil Society Organizations tend to link more with the Police Child and Family Protection Units

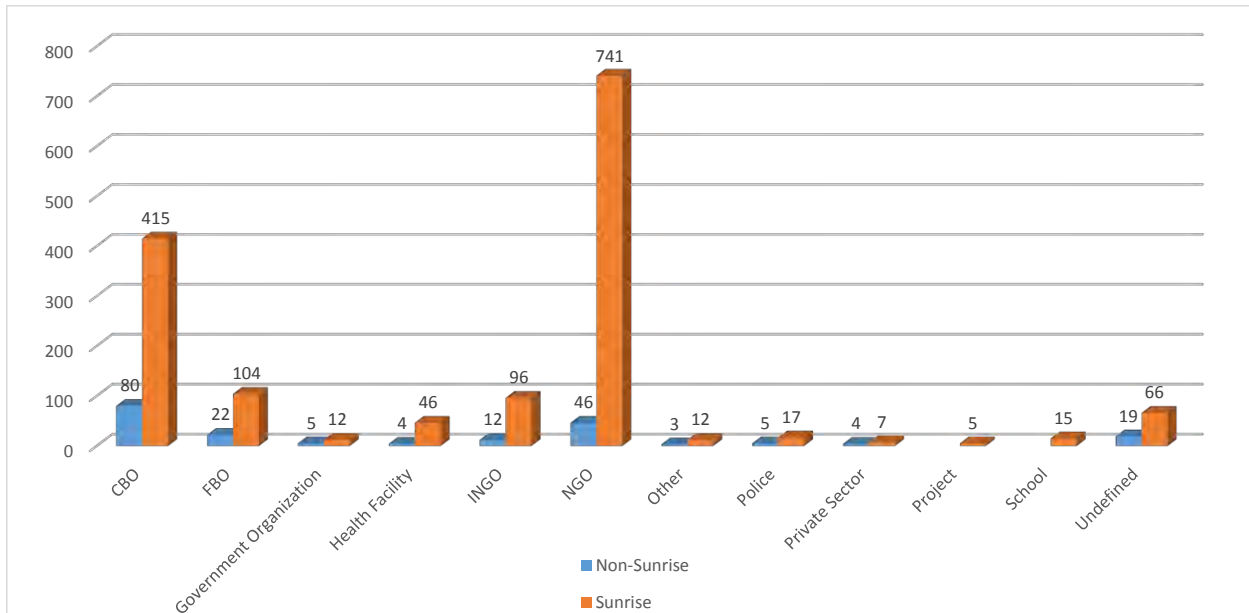


Figure 8: Number of relationships established between districts and other actors in context of SUNRISE project (66 respondent districts)

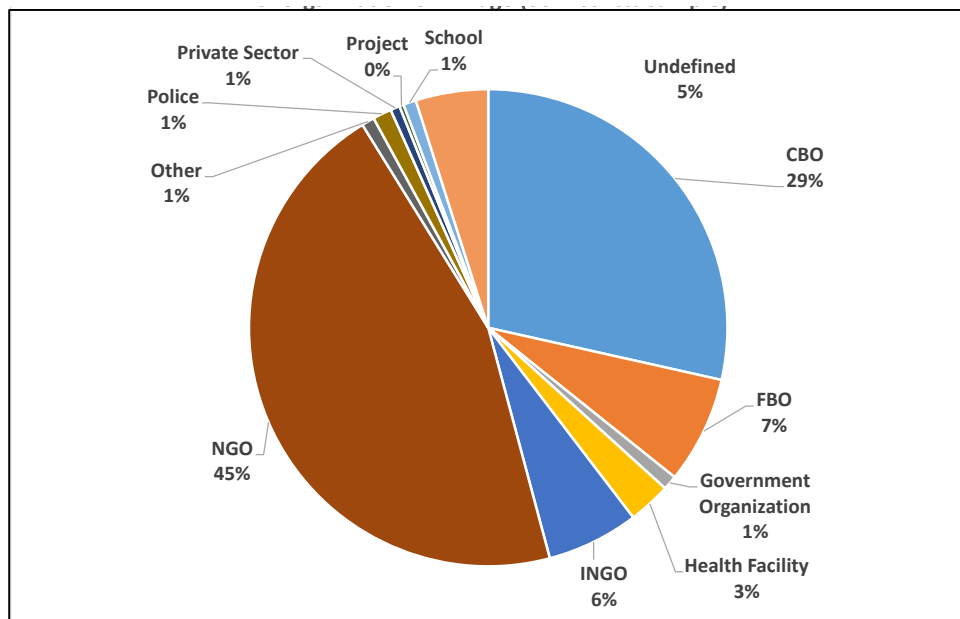


Figure 9: Percentage of organizations linked to District Local Governments, by type of organization (66 respondent districts)

As a way to gauge the level of formality of the relationships between the districts and other actors, respondents were asked whether the linkages made between their organizations were informal (e.g.: verbal agreements, mutual understanding but without binding documentation) or formal (e.g.: MOUs). As Figure 9 shows, 79% of the relationships were formal, consistent with the nature of the relationships between the districts and the service providers, and dictated by the supervisory character of the District. Nevertheless, the existence of a 21% of informal linkages suggests that there is an intentionality in the districts to establish relationships with actors beyond their legal mandate. This result is encouraging and

reflects some level of maturity of the local governments in the search of extending and diversifying their linkages in the area of OVC and child protection

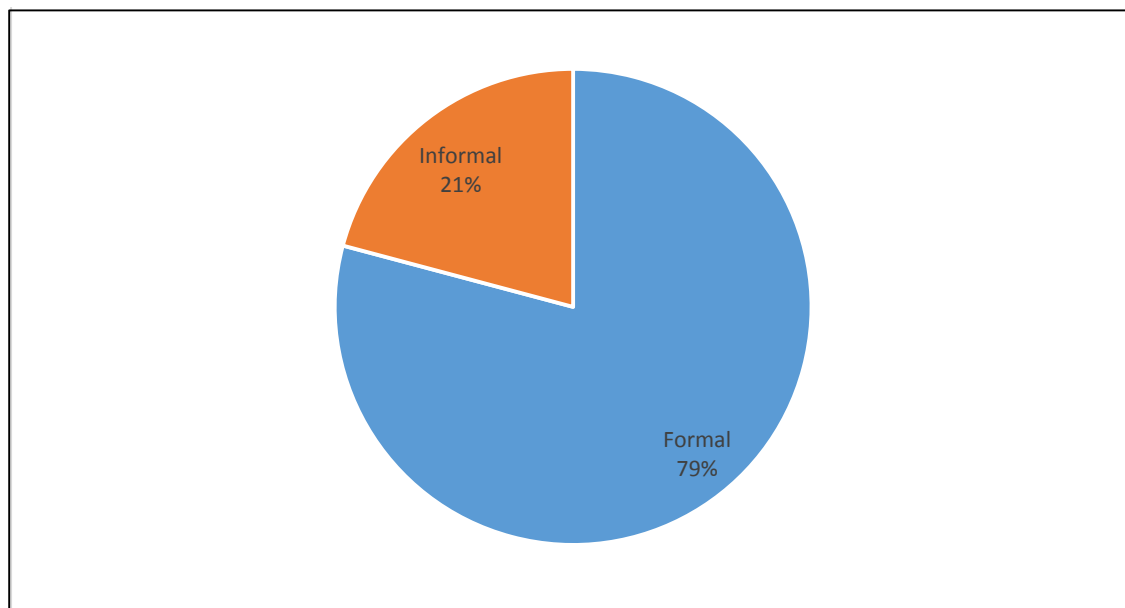


Figure 10: Percentage of formal and informal relationships between Districts and other actors.

An important measure in Social Network Analysis is the measurement of the number of ties that an actor has within a network. The more ties an organization establishes, the more capacity it has to exchange information and build stronger intra-network practice. In the case of the OVC/child protection network analyzed in this report, there were prominent actors with numerous ties. These actors served as “bridges” or “brokers” with the ability to strengthen and catalyze networks at local, national and international levels. The 14 key organizations appear in table (number).

Organization	Type	Ties
World Vision International	INGO	33
Child and Family Protection Unit	Government organization	18
African Network for the Prevention and Protection Against Child Abuse and Neglect	Network	15
World Education Inc. (Bantwana)	NGO	14
Compassion International	INGO	13
Bringing Hope To The Family	CBO	11
Uganda Red Cross Society	NGO	11
Caritas	INGO	10
Christian Child Care Fund	NGO	10
ActionAid	INGO	9
Child Development Center	NGO	8
Legal Aid Project of the Uganda Law Society	NGO/Project	8

Save The Children	INGO	8
Uganda Parents of Children with Learning Disabilities	NGO	8

Figure 11: Key actors in the social network

F. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps?

A system strengthening approach takes time. A child protection systems approach requires a long term investment that aims to build the capacity of government to fulfill its’ mandate to lead, coordinate and provide oversight of all actors engaged in the system.⁹⁴ A systems approach must also be holistic and integrated so that it aims to build the capacity of not just one component of the system but all of them.⁹⁵ A systems approach illustrates the interlinkages of different systems (e.g., child protection and health) as well as between the different levels of the same system (community, district and national level).⁹⁶ System components interact with each other and with other systems. In the case of the social welfare system, it interacts with health and education systems, for example. There are also sub systems within each system that must be taken into consideration such as the family system as part of the child protection system. The interaction between parts of the system and amongst systems requires coordination and other actions that are organized or formed in relation to the goals of the system.⁹⁷ A systems approach recognizes that for a system to work properly all of the components of a system must be functioning and be resourced, both financially and with human resources, to work as it should.⁹⁸ Given that a systems strengthening approach, especially within the OVC sector, is relatively new, it also requires significant time and sensitivity to ensure that all stakeholders, from community members to government officials, understand their role and the importance of a system being in place. Successfully implementing such an approach requires time, skilled communication and patience.

System strengthening requires that all levels of the system, from community up to national level, are strengthened and that linkages between the different levels of the system are not only established but strengthened and actively facilitated.⁹⁹ If the district system is strengthened and the national level is not then the district will not be able to reach its full potential. The evaluation provided an opportunity to learn more about existing gaps within the system strengthening approach employed by SUNRISE-OVC. One that was noted by many was the limited attention to and support provided to national level

⁹⁴ African Child Policy Forum et al. [Strengthening Child Protection Systems in Sub-Saharan. A Call to Action. Joint Agency Statement.](#) (2013)

⁹⁵ Davis, R., McCaffery, J., & Conticini, A. [Strengthening Child Protection Systems in sub-Saharan Africa: A Working Paper for the Inter-Agency Group on Child Protection Systems in Sub-Saharan Africa.](#)(2012)

⁹⁶ Wulczyn, F. et al., for UNICEF. [Adapting a Systems Approach to Children Protection: Key Concepts and Considerations.](#) (2010).

⁹⁷ *Ibid.*

⁹⁸ Davis, R., McCaffery, J., & Conticini, A. *Op cit.*

⁹⁹ UNICEF, UNHCR, Save the Children and World Vision. [A Better Way to Protect ALL Children: The Theory and Practice of Child Protection Systems, Conference Report.](#) (2013). UNICEF.

government, in particular MGLSD. As the government ministry mandated with children's issues, MGLSD should be in a position to lead, advocate, and promote issues that directly affect vulnerable children. Comments from actors engaged at all levels of the project tended to identify the role of and support towards national government level system strengthening as a gap. They recognized that district level government can only get so far in its actions, advocacy, data collection and analysis and financing until it hits a ceiling. There was a sense that the empowerment and improved fulfillment of mandated roles that were happening at district level were not equitably reflected at national level.

As noted above, it appears that the combined approach of technical assistance to government provided by SUNRISE-OVC and the financial resources and support towards building financial skills, knowledge and accountability were an ideal pairing. Governments were able to fulfill many of their proposed activities and objectives because they had both the technical skills and support and financial resources needed to do so. This two-pronged approach to system strengthening provided a unique opportunity for local government to see concrete results of system strengthening and appears to have provided an empowering environment in which they could take on their leadership and coordination role as a functioning system requires. Having a systematic approach that included identification and fulfillment of performance indicators and targets was also an important part of helping local government put a plan in place to reach objectives.

SUNRISE-OVC staff and partners had very little to offer related to ASSIST's contributions in the systematic use of quality improvement science at each level of the system. It is important to note that a meeting with ASSIST revealed that their work seemed to be linked more strongly with organizations, such as SCORE OVC, and community level work.

VIII. CONCLUSION

The SUNRISE-OVC project was instrumental in introducing and promoting a system strengthening approach in Uganda. Significant improvements have been made at all levels of government with particularly interesting and impactful and impressive gains made at community, sub-county and district levels. SUNRISE-OVC has played a pivotal role in not only demonstrating but promoting the understanding that within a child protection system, government must take a leading role in oversight and coordination but that civil society also has a much needed role to play. When each of these actors are provided with technical assistance, a common objective, shared terminology and an enhanced legal and policy framework within which to work, it can and does result in improved service delivery, better coordination and in many cases improved care and protection for children.

The SUNRISE-OVC project, through the interventions of the TSOs, has managed to strengthen district level government, in particular the Community Services Department. This capacity building has in most cases improved the self-image of district and sub county level staff and emboldened and encouraged them to take a leading role in child welfare and protection in their respective areas. It has placed issues of children on the district, and in some cases, the national agenda. SUNRISE-OVC has provided and promoted a shared vision of what a child protection system should look like and how it should function so that children and families are supported and protected and provided with information, skills and services that prevent and respond to issues that result in or increase vulnerability.

The SUNRISE-OVC project provides important lessons learned that can and should inform future OVC programming foci, approaches and interventions. Continued focus on how to support and strengthen all system components with a particular focus on capacity building of the different actors, including government at all levels, improving data collection and analysis mechanisms, and improved coordination and referral between OVC, child protection and HIV care and treatment partners.

VI. RECOMMENDATIONS

Based on the key evaluation findings, the 4Children team proposes the following recommendations:

- 1. Proportional investment at all levels (including the national government) and within all components is essential to building a complete system.** Support at the national level is necessary to fully develop the social welfare system, with national leadership able to identify and respond to shifting demands at the local level, leading rather than delaying progress. The success of systems strengthening is mostly dependent on the commitment of leaders and individuals to actively engage. A project can introduce capacity building tools and disseminate knowledge, with the intent to inspire individuals and create meaningful change. However, the ultimate uptake, internalization and application of these tools is largely dependent on individual personalities, creativity and commitment to the larger objective. With this in mind, there is great variance across the districts in terms of progress and impact.

Support to national level actors and structures could include, but is not limited to, the following:

- a. Development of mid-level leadership within the MGLSD;
- b. Ensure the continued interaction between local government and national ministry through supervision visits to the field;
- c. Ensure dissemination of key Ministry documents and support the development or revision of new documents that contribute to or enhance the child-focused legal and policy framework;
- d. Support continued learning by MGLSD on topics that are relevant to social welfare system strengthening and child protection by sharing new documentation or webinars on related issues such as the social service workforce;
- e. Provision of technical support in collecting, analyzing and utilizing the evidence base to support continued advocacy efforts to increase national funding levels for the Ministry;
- f. Work together with the Ministry and the beginning of the next round of OVC projects to help develop a list of national level key indicators that could help inform the on-going monitoring of system strengthening efforts; and
- g. Actively engage the Ministry in regular bi-lateral meetings with the USAID OVC team to keep them informed, updated and involved in USAID-supported OVC initiatives.

Investments at the national level include, but are not limited to:

- a. Additional training for mid-level leadership within the MGLSD
- b. Support supervision visits local government by national ministry
- c. Updating and dissemination of Ministry tools and resources
- d. Monitoring, evaluation and research to build the national evidence base to advocate for increased prioritization of protection and OVC issues

2. **Align project design with government planning cycles.** USG donors and the Ugandan government have different fiscal years; the Ugandan government begins July 1st, while USG fiscal year begins October 1st, three months later. Ensuring the project-driven systems strengthening planning process is integrated into the overall district development projects requires continued attention to the planning cycle of governments.¹⁰⁰ Systems strengthening projects in particular should design their implementation plan around the government planning cycle to facilitate inclusion in the national and district agendas.
3. **Design for coordination and synergy between inter-related projects.** Alongside SUNRISE-OVC, USAID supports separate projects promoting government accountability, economic strengthening and HIV care and treatment projects. While these projects are designed to be complimentary, USAID should consider more intentionally aligning project objectives and planning to ensure greater integration. To so do, USAID could:
 - a. **Facilitate greater integration with economic strengthening projects.** Families, who are struggling to meet their basic survival needs, require urgent assistance. Direct linkages to SCORE and other economic strengthening programs could potentially enable social welfare staff to link extremely vulnerable households to projects that can provide support they need.
 - b. **Facilitate greater integration with HIV/AIDS Care and Treatment Projects.** Households affected by HIV/AIDS are likely to be among the most vulnerable, and highly vulnerable households are among the most likely to suffer from HIV/AIDS and are at the greatest risk of contracting the disease. Greater coordination can help HIV/AIDS affected households to access care and treatment, issues related to stigma and disclosure and also allow care and treatment partners to refer households for additional services.
 - c. **Integrate basic HIV care and treatment principles into its child protection training.** An additional half day of training focused on HIV/AIDS could provide para-social workers with the knowledge to identify children affected by HIV/AIDS and link them to care and treatment partners. The training should include: the basics of HIV identification, ART, adherence, the role of violence in the transmission of HIV and PEP for victims of sexual violence.
4. **Continue to support social welfare workforce development.** While notable progress has been made in developing and training staff in the social welfare system, there is a continued need to support capacity building of specific cadres of the workforce to further technical, leadership and coordination skills. For example, USAID could:
 - a. **Expand the LDP** to include additional Ministry staff, other sectors at the District government level, and expand to the sub-county level. This program was perceived as transformative, building leadership and empowering staff to take a leadership role on child welfare issues.
 - b. **Provide additional training on QI science.** Staff were aware of the need to work towards QI, but did not have formal training or materials on QI science, leading to uneven application.

¹⁰⁰ <http://www1.worldbank.org/publicsector/pe/perguidelines3701.doc>

Additional training is needed for district staff working with CSOs, particularly the ACDO and PWO, to apply QI principles to their support supervision visits.

5. **Formalize and expand support supervision activities.** Support supervision was identified as an effective strategy to provide continued capacity building to para-professionals, social welfare staff at the sub-county and district levels, and CSOs operating in the districts. The approach should be expanded with renewed emphasis on applying QI science during the supervisory visits, specifically to:
 - a. **Provide support supervision to TSOs.** Support supervision to TSOs by a combination of Ministry and project leadership would a) help to ensure standardization throughout the project and b) identify gaps within the standard approach early in the project cycle, and quickly scale solutions. As social welfare systems strengthening is a relatively new approach, individual TSOs may require additional technical assistance and the overall program might benefit as gaps and lessons learned are identified during the visits.
 - b. **Ensure regular support supervision at each administrative level** between the PWO and DCDO and sub-county CDO, and the sub-county and the PSWs, as well as quarterly visits to CSOs in the district, through enhanced supervision skills building and continued resource support.
 - c. **Provide additional supervision and support to PSWs, focused on the impact at the household level.** While SUNRISE-OVC was successful in developing a foundation for a social welfare systems at the district level, further attention and mentoring may be needed by sub-county officials and PSWs to ensure these activities are impacting communities and households.
6. **The MGLSD should merge and harmonize the work of community-based child-protection structures into a single structure of para social workers with a functional identity.**
 - a. **Formalize PSW networks with standard operating procedures.** Although PSWs are volunteers, they provide an absolutely critical link from the formal social welfare link to their communities. PSWs should have clearly defined roles and responsibilities within the larger system and receive the support they need to ensure their contributions in the form of household assessments, public awareness and referrals have the impact needed.
 - b. **Increase the number of para-social workers.** At the start of the SUNRISE-OVC project, the ratio of social welfare officers to children was 1:6,000. While this has improved at recent years, the ratio remains high, making volunteer para-social workers essential to reaching children in their households and communities.
 - c. **Increase the visibility of PSWs through t-shirts, badges, etc.** Although PSWs are integrated into MGLSD social welfare system, they should be provided with badges, t-shirts or other items to identify them within their communities and contribute to their visibility and impact.
 - d. **Support PSWs with bicycles or transport stipend.** In catchment areas with larger geographic coverage, it may be difficult for PSWs to reach all households in their area. Future projects should include a transport stipend or bicycles for PSWs, or advocate for private sector support.
7. **Develop a strong M & E system for social welfare systems strengthening projects to facilitate data-driven decision-making at all levels.**
 - a. **Develop or utilize existing assessment tool to identify strengths and weaknesses in each district.** In order to develop, implement and monitor capacity building plans and monitor progress in a systems strengthening project, it is necessary to have a clear understanding of the status at the beginning of the project and issues specific to the district.

- 8. Review the data structure and functions of OVC MIS and the Project M&E systems.** The SUNRISE-OVC M & E framework was optimized for the reporting of the project’s contractual indicators, but was less optimized for decision making and learning. Although there was valuable data generated by TSOs at district and regional levels, the absence of a knowledge management strategy and lack of procedures and IT platforms to collect and store data into a centralized M&E system reduced the capacity of the project to have immediate availability of information. This gap, therefore, weakened the capacity for making cross-referenced, aggregated and trended analysis of the project’s actions and achievements.

In the absence of a centralized relational database, all the project’s information was maintained in different formats (e.g., MS Word, MS Excel) and individual computers (some at TSO, and some at SUNRISE-OVC level), increasing the risk of data loss and affected negatively on its availability and quality.¹⁰¹ Additionally, there were no data quality assurance procedures in place, and the few data quality control activities performed were delegated to the TSOs only.

While the successful roll out and high utilization of the OVC MIS is a significant achievement, the database should be reviewed and possibly restructured to improve data analysis capabilities and to broaden use by staff from all levels, allowing them regular access to the system to analyze as well as submit data.

- a. Adjust database to optimize analysis and ensure that District staff have regular access to the data.
 - b. Provide additional training in data analysis to District CDO and PWO. District and sub-county staff have become increasingly interested in data analysis as their ability to show results and negotiate for increased funding allocation has improved through an increased emphasis on data collection and reporting.
- 9. Document promising practices to inform future systems strengthening projects.** In the remaining months of the project, effort should be placed to document promising practices from SUNRISE-OVC that detail the approach and provide guidance and direction for future implementing partners. Documentation should include details on the following:
- a. How to recruit, train and sustain a para-social workforce, document their role in social welfare system strengthening and their impact on child protection outcomes
 - b. How to develop an effective TSO-local government relationship and how this impacts child protection outcomes
 - c. Linkage, referral and coordination and OVC strategic planning mechanisms, how do these systems work, how can they be improved and sustained?
 - d. Documentation of the community mapping process, and how data has been used to inform planning by the District.

¹⁰¹ As an example, even when the Para-Social Workers (PSW) enrollment and training was a key factor of the project implementation, the data management of this activity had several issues. The registries that were delivered to the evaluation team in an Excel file were spread across several sheets in different formats and some of the sheets duplicated. After a time-consuming process of cleaning and normalization of the data, the evaluation team found tens of cases of duplicated individuals; in 59% (3895) of the cases the gender of the PSW was not recorded; 43% (2841) of cases the current position of the PSW was not recorded.

- 10. Support the development of a learning agenda around social welfare systems strengthening and include resources (financial and human) for operations research within social welfare systems strengthening projects in order to gather empirical evidence about the interventions at each level of the system.** The final evaluation provided a unique opportunity to reflect over the past five years and learn from the SUNRISE-OVC experience. This information can and should be utilized to inform future programming interventions by USAID and their implementing partners. The most important lessons learned include the following:
- a. A system strengthening approach, although well-known and understood within the health sector, is relatively new within the social welfare and child protection fields. Significant progress has been made in this area, especially at district level, but system strengthening is a process that requires long-term commitment. Relatedly, a system strengthening approach requires investment of time, resources and technical assistance into all components of the system. Failing to invest in one component can negatively impact or imbalance the whole of the system.
 - b. Capacity building is a huge component of any system strengthening approach. Ensuring that all actors engaged in the system have the appropriate skills, knowledge and support supervision that allows them to fulfill their role requires a well-designed training and capacity building plan for all members of the workforce, from front line workers up to and including political decision makers. Recognizing that social welfare and child protection require the engagement of many different workforce cadres and professionals from different sectors also requires standardized training and terminology to help facilitate a shared language and approach to the issues and interventions involved in a system strengthening initiative.
 - c. OVC programming involves both the formal and informal systems and as such equitable attention should be paid to strengthening each of the systems and ensuring that linkages between the two systems exist, are promoted and understood by all of the key actors engaged in the system. The para social workers are an example of how these linkages not only exist but when fostered can result in better outcomes for children and families. Identifying unique opportunities to engage and support the informal system, including self-help groups, PLHIV, faith based communities and community leaders is an excellent way to ensure that the unique attributes of the informal sector are aligned with and integrated into the formal system.
 - d. Household economic insecurity continues to play a major role in increasing or exacerbating children’s vulnerability and therefore HES initiatives should be an integral part of any OVC programming initiative. Information gathered through this evaluation has highlighted the need for a three-pronged approach to OVC programming that includes HES, system strengthening and direct service delivery. Related to this observation is the apparent increased success of system strengthening when a combined approach that includes provision of technical assistance (e.g., SUNRISE-OVC) and district level support to enhance good governance (SDS).
 - e. To ensure that timely, appropriate and relevant data is provided throughout the lifespan of a project, an appropriate M & E system must be established from the beginning of the project. Human, financial and technical resources must be committed, up front, to ensure that data collection is timely, effective and relevant to the needs of USAID, implementing partners and government.

ANNEXES

Annex 1: Scope of Work for SUNRISE-OVC Evaluation

Introduction and Background

SUNRISE-OVC is an activity that provides comprehensive care to the OVC throughout Uganda, the overall goal of the project is to deliver and monitor high quality, comprehensive and scaled-up services for OVC. This is achieved through improved leadership and management in planning, implementation, monitoring and coordination of the local government response to children, and through capacity building and technical assistance to local governments (LGs) and CSOs to increase delivery of quality services.

Within the last decade, USAID Uganda initiated and supported a number of OVC programs, which have significantly improved access to essential OVC services in Uganda. The Support focused on supporting a strong family and community response; improving service delivery systems and institutions and implementing a broad portfolio of both proven interventions and innovative activities. Within the multi-sectoral and integrated approach, USAID has been supporting a number of partners in their effort to scale up the HIV/AIDS and OVC response. Collectively, USAID supported partners will reach more than 250,000 OVC in FY09 and FY10.

Since 2004, USAID has been supporting the Ministry of Gender, Labor and Social Development's (MGLSD) to enhance its capacity to lead, plan and manage the national OVC response. The MGLSD is mandated by the Government of Uganda to lead, manage and coordinate programs and services for orphans and other vulnerable children. The MGLSD is also responsible for providing strategic direction, coordination and monitoring of Uganda's response to Orphans and other Vulnerable Children (OVC), from the national to the household level, working through Community Based Services Departments (CBSD) at the district level.

In 2007, with USAID support through Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative, the MGLSD initiated partnerships with eight regional Technical Services Organizations (TSOs), which was a new mechanism to strengthen coordination of OVC activities at district and regional level. The TSOs were contracted to: 1) assist the MGLSD with rolling out national level policies, strategies, standards, principles, guidelines, quality assurance, and data collection systems and 2) provide technical support to districts (local government and civil society) for strengthening their capacity to design, plan, implement, manage and evaluate OVC services. The TSO include AFRICARE, Agency for Co-operation & Research in Development (ACORD), Trans-Psychosocial organization (TPO), Pathfinder International, Save the Children, Uganda Project Implementation and Management Center (UPIMAC) and Uganda Women's Effort Support organization (UWESO). Each TSO was assigned a geographic zone of Uganda, supporting 8-12 districts in each zone.

The TSOs initiated the roll out of the following tools at the district level: the National OVC policy (NOP), the National Strategic Program Plan of Interventions (NSPPI), the National Quality Standards, and the service delivery protocols and guidelines. The roll-out of these initiatives has had great impact on the OVC program. For example, all district leaders in Uganda are aware of the national OVC policy and plan, each district in Uganda developed a five year OVC strategic plan and established an OVC coordination committee. Moreover, civil society grants through the Civil Society Fund (CSF) currently are determined

using an analysis of OVC services coverage gaps conducted by TSOs in each district, and it is now easy to target underserved districts with service delivery grants for OVC. Other development partners such as UNICEF have endorsed and supported the TSO structure and approach. In the conflict affected districts of northern Uganda, UNICEF had established child protection committees, but with IDPs returning to their communities, UNICEF and districts have since adopted the broader district OVC coordination committees, initiated by the TSOs, to replace the child protection committees.

SUNRISE-OVC has an objective of building capacity of district local governments and CSOs to lead, plan, manage and implement a decentralized quality and comprehensive orphans and other vulnerable children (OVC) response. The activity ensures that partnerships between local governments and civil society, faith and community based organizations are strengthened to scale up delivery of comprehensive and quality services to OVC.

SUNRISE-OVC objective include;

- Objective 1: To strengthen capacity of local governments to initiate and consolidate partnerships with civil society at parish, sub-county, and district levels to implement district OVC Plan,
- Objective 2: To increase use of demand-driven evidence based data for decision making at both central and local government levels for a coordinated, comprehensive and cost effective OVC response,
- Objective 3: To strengthen capacity of local governments and civil society to provide and monitor quality care to OVC and their families, and
- Objective 4: Improve advocacy and resource mobilization capacity among local government and civil society.

The development and strengthening of systems and capacity building for district officials and service providers is expected to translate into more than one million vulnerable children indirectly reached with high quality and comprehensive care in the 80 districts of Uganda. It is also envisaged that the department of community based services that is mandated by the Children Act (1996) and OVC policy (2004) will identify, monitor and report child abuse. Abandonment and neglect will be strengthened to directly provide child protection services to an estimated 250,000 vulnerable children. At the end of five years USAID expects that the following results will have been achieved:

- 1,000,000 children indirectly reached with high quality comprehensive care in collaboration with other USG and non USG supported community and facility based institutions, and monitored through an established and functional national OVC MIS,
- 250,000 children offered care and protection through child protection institutions of community development, probation and social welfare, police, and judiciary,
- 5,000 individuals from local governments and civil society implement, manage, monitor and report quality comprehensive care to vulnerable children,
- 800 CSOs offer high quality and comprehensive care to vulnerable children,
- 80 districts provided with small grants to facilitate service delivery to vulnerable children,
- 80 districts with annual OVC strategic plans developed and implemented,
- 80 districts with established databases that submit accurate and timely data reports routinely to MGS LD for central planning,
- 80 districts and lower local governments with functional coordination mechanisms, human resources, referral and linkages,

- 80 districts develop a sustainable birth registration system of all children, and OVC identification system (as per the OVC policy and children’s act) that provides routine accurate information at district and sub-county level, and
- 8 competitively selected Technical Service Organizations (TSOs) established to develop systems and build capacity of local governments.

B. Purpose of the Evaluation

SUNRISE-OVC project is aimed at delivering and monitoring high quality, comprehensive care services for OVC in Uganda. This was achieved through improved leadership, planning and management of the district OVC response and provision of capacity building and technical assistance to local government (LG) and CSOs. The purpose of SUNRISE-OVC evaluation is to document systems, institutional gains and assessing sustainability of the systems that have been strengthened and be able to inform future programming. The evaluation will also determine the effectiveness in meeting approved targets.

C. Audience and intended users

The primary user of the evaluation findings is USAID /Uganda Mission staff, other United States government agencies; PEPFAR, USAID funded implementing partners (IPs), Ministry of Gender Labour and Social Development, Local governments and other national and international stakeholders with interest in OVC programing.

D. Evaluation Questions

- What evidence exists that demonstrates that the SUNRISE-OVC program has achieved its four intermediate results?
- Under what circumstances were some program interventions and approaches more successful than others?
- Did the SUNRISE-OVC systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE-OVC and those without, districts that have both SUNRISE-OVC and SCORE activities.
- Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
- How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
- What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE-OVC, SDS, district based technical assistance programs, ASSIST.

E. Evaluation Design and Methodology (Evaluation Design, Data collection methods, Data analysis methods)

The evaluation will apply cross-sectional design using mixed method approach i.e. using both quantitative and qualitative methods. The evaluation team is expected to develop a methodology appropriate for the evaluation. The evaluation team is expected to propose and use sound sampling techniques to determine districts, to be visited and from which data will be collected.

Suggested data collection methods include:

- *Review of Program Documents and Related Literature:* There are several program related documents that have been produced by the project. The evaluation team will be provided access to these documents for review. These documents may include solicitation documents, annual work-plans, Performance Management Plans (PMPs), progress reports (e.g. quarterly, semi-annual and annual reports), National OVC sector planning, strategy policy and performance documents etc. In addition to these documents, evaluation team may access service delivery data through OVC MIS. The evaluation team will decide on the type of analysis that can be conducted using these secondary data sources in order to answer the evaluation questions.
- *Key Informant Interviews (KII):* Using a structured questionnaire comprising primarily of open ended questions, the evaluation team will conduct in-depth interviews with respondents from MGLSD, USAID, local government and service providers in implementation areas of the three project.
- *Focus Group Discussions:* Focus group discussions (FGD) will be another method that could be used to collect data from key stakeholders.

The evaluation team will develop tools and detailed guidance for data collection and work closely with SUNRISE-OVC, District staff and USAID/Uganda to identify appropriate respondents. All data collection instruments and guides will be approved by USAID/Uganda prior to the beginning of fieldwork.

The evaluation team will propose data analysis strategies and tools for both the qualitative and quantitative data. The team will be expected to conduct trend analysis; comparisons of performance and changes and other comparisons that could highlight the effectiveness of the in meeting the approved targets. The team will propose other analysis approaches. The evaluation team shall describe the type of software for quantitative and qualitative data analysis they propose to use.

F. Deliverables (Reporting guidelines)

All reporting will go through the Mission for review and approval of deliverables. The team leader will be responsible for coordinating and communicating with USAID.

- 1) **Inception report** showing the evaluation design, a detailed evaluation methodology, plan with timelines and data collection tools. A filled evaluation design matrix following the template in attached as Annex 1 should be included in the Inception report. The report should also provide an overview of the methodology that will be used to select areas to be visited and respondents/participants.
Oral Presentation: Power Point presentation (including hand-outs) to: USAID and SUNRISE-OVC. The main presentation will normally be for 60 minutes covering the major findings, conclusions, and lessons learned, and allowing for about 30 minutes of discussion and feedback.
- 2) **First Draft Evaluation Report:** The content should cover all the main elements of the report including major findings, conclusions, lessons learned, and relevant annexes. The input from the oral presentation sessions should also be incorporated in the report. The first draft should be 15-20 pages discussing the purpose and evaluation questions, about 10-15 pages standalone
- 3) **Final Draft Evaluation Report:** A complete report presented in the agreed-upon format and incorporating comments from USAID and other stakeholders.

- 4) **Cleaned labeled and ready to use electronic copies of datasets** collected through fieldwork and cleaned ready to use electronic copies of FGD analyses if any. In addition, copies of all instruments used in data collection must be separately delivered to USAID.
- 5) **Final Report:** The team leader will submit a final report within one week of receiving final comments from USAID including those from other stakeholders. The core report should be less than 60 pages, **including** project specific pullouts but **excluding** annexes.

G. Team composition.

The evaluation will be conducted by a team of international external evaluators. The team will include a team leader, Technical Advisor for OVC Economic Strengthening, Technical Director for OVC Economic Strengthening and

H. Duration:

The activity is expected to take approximately 15 days of work in country, plus three days per team member of preparation time, five to ten days per team member for report writing, and three days for administrative work to set up and close out the activity

I. Location of Assignment

Kampala, districts, and site visits conducted in the activities area of operation.

J. Management Roles and Responsibilities

The USAID/ Uganda Education, Youth and Child development office will designate a point of contact person for the assignment. The Evaluation team will liaise directly with the Agreements Officers Representative (AOR) for SUNRISE-OVC, Technical Office Team leader, the POC, the Programme M&E Specialist on coordination and clarification of USAID requirements and standards for effective communication on what is to be learned.

SUNRISE-OVC will support with logistics for implementation (avail copies of relevant documents, arrange for meetings and interviews, etc.), participate in the oral presentation and review the draft and final reports.

GOU/MOH will participate in the oral presentation and review of the draft and final reports. Other USAID implementing partners may be invited to presentations.

The evaluation contractor will provide own laptop computer(s) and other equipment necessary for performance of this activity; transport hire (within Kampala and upcountry), office supplies, communication costs, field work expenses (including survey, focus groups and dissemination. The evaluation contractor should also anticipate meeting field costs for government staff who may participate in the evaluation upon approval by USAID.

SUNRISE-OVC, USAID and other stakeholders will not interfere with the evaluation team's capability to collect objective information and to conduct independent investigation relevant for this evaluation, analyze data and make inferences, conclusions and recommendations.

ANNEX 1: SAMPLE EVALUATION DESIGN MATRIX

Evaluation Question	Sub- questions (will help you answer the key evaluation question)	Indicator /Performance Measure (information needed to answer the question)	Data Source (primary and or secondary)	Data Collection Instrument	Data Analysis Plan	Comments
Q1.						
Q2.						

Annex 2: Illustrative evaluation report outline

Cover page (Title and date of the study, names of recipients and the evaluation team).

Table of Contents

List of Acronyms

Executive Summary [Stand-Alone, 1-3 pages, summary of report. This section shall not contain any material not found in the main body of the report]

Main Part of the Report

USAID/Uganda prefers smaller documents approx. 20-25 pages. Additional details can go to annexes

Introduction/Background and Purpose: [Overview of the evaluation. Covers the purpose and intended audiences for the study and the key questions as identified in the SOW]

Evaluation Approach and Methods: [Brief summary. Additional information, including instruments should be presented in an Annex].

Findings: [This section, organized in whatever way the team wishes, must present the basic answers to the key evaluation questions, i.e., the empirical facts and other types of evidence the study team collected, including the assumptions].

Conclusions: [This section should present the team's interpretations or judgments about its findings].

Recommendations: [This section should make clear what actions should be taken as a result of the evaluation].

Lessons Learned: [In this section the team should present any information that would be useful to people who are designing/manning similar or related new or on-going programs in Uganda or elsewhere. Other lessons the team derives from the study should also be presented here].

Annexes: [These may include supplementary information on the evaluation itself; further description of the data collection/analysis methods used; data collection instruments; summaries of interviews; statistical tables, and other relevant documents].

Annex 3: Criteria to check the quality of the evaluation report

- The evaluation report should represent a thoughtful, well-researched and well organized effort to objectively evaluate what worked in the project, what did not and why.
- Evaluation reports shall address all evaluation questions included in the scope of work.
- The evaluation report should include the scope of work as an annex. All modifications to the scope of work, whether in technical requirements, evaluation questions, evaluation team composition, methodology or timeline need to be agreed upon in writing by the Contracting Officer Representative in this evaluation, who is the USAID staff member responsible for administrative role.
- Evaluation methodology shall be explained in detail and all tools used in conducting the evaluation such as questionnaires, checklists and discussion guides will be included as Annexes in the final report.
- Evaluation findings will be gender sensitive. i.e., assess outcomes and impact on males and females.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparison groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence and data and not based on anecdotes, hearsay or the compilation of people's opinions. Findings should be specific, concise and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical and specific, with defined responsibility for the action.

Annex 4: Approved Methodology for SUNRISE-OVC Evaluation

Introduction

USAID/Uganda has tasked 4Children to conduct a performance evaluation of the SUNRISE-OVC project to determine their effectiveness in meeting approved targets. SUNRISE-OVC is a social welfare systems strengthening project. 4Children will pay particular attention to the foundation created by the project over the past five years, identifying any areas which could be strengthened, in order for the next level of programming to successfully take place.

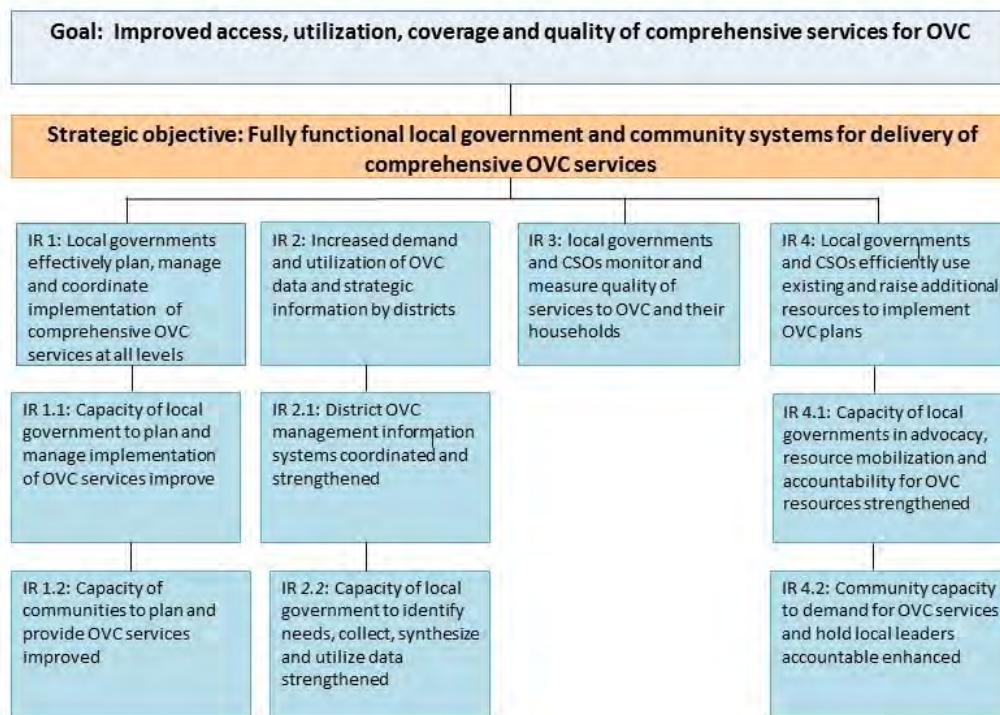
Project Background

Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC-OVC) is a five year (14 June, 2010-15 June, 2015) project funded by USAID to implement the National OVC policy through strengthening local government responses, with particular emphasis on the district level. The purpose of the project is to strengthen sustainable local government and community systems that will improve access to, coverage and utilization of quality essential services for orphans and other vulnerable children.

Support is provided through a five year, \$24 million USD Cooperative Agreement implemented by International HIV/AIDS Alliance (IHAA) and its partners: Management Science for Health (MSH) and Uganda Women's Effort to Save Orphans (UWESO) and eight zonal technical services organizations in 80 districts.

SUNRISE-OVC's Results Framework is pictured below¹⁰².

¹⁰² While local government is used in the project documents, it is the understanding of the evaluation team that local government generally implies district and sub-county levels.



4Children will use a mixed methodology evaluation. This will include a combination of both quantitative, to the extent possible, and qualitative data collection strategies and analytical approaches. The mix of methods allows for the collection of diverse data points and assists in triangulating results. Below is a more detailed description of the specific methods and how they will be used. These are divided into two sections: primary and secondary data.

Secondary data

Document/literature review

In order to ground itself in the intervention’s context, the evaluation will begin with a review of pertinent documents. This will include items such as project reports, guidelines, GoU policies and guidelines related to HIV, OVC and child protection, statistical data from national and international sources, and other relevant programmatic and/or peer reviewed literature. The focus on this document review will be to establish the context in which the intervention is practiced, while also detailing any pertinent factors that may have impacted performance (e.g., key policy decisions, etc.).

Project monitoring data

After five years of implementation, the SUNRISE-OVC project will have collected a wealth of project related data. These data, primarily monitoring data, will be requested from the implementer and then analyzed. The analysis will be used to map out the achievement against targets set forth in the PMP. 4Children will work with the SUNRISE-OVC M&E team to collect project data on all, or a sub-section of project indicators. These indicators will be chosen in partnership with USAID and upon review of the approved Performance Monitoring Plan. The Evaluation team will review these data with a focus on a comparison against approved targets. In some cases, additional analyses may be used, in most cases basic descriptive measures.

Primary Data

Primary, largely qualitative data will be collected to achieve the purpose of this evaluation. These data will include both key informant interviews and focus groups.

Key Informant Interviews

Key informant interviews (KIIs) will be carried out during the evaluation. The KIIs will be carried out with, but not limited to, the following:

Organization	Individuals	Purpose
USAID/Uganda	TBD	From both USAID and SUNRISE-OVC staff (including core staff of HIV Alliance as well as Directors or key programmatic staff of the TSOs engaged in SUNRISE-OVC) the team will gather important information related to the project theory of change and its anticipated impact on communities and families. These initial meetings will be designed to verify what the project set out to achieve and assist to provide information against which to measure achievement.
SUNRISE-OVC staff	TBD	

Organization	Individuals	Purpose
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<p>Government of Uganda¹⁰³</p>	<p>The following are some contacts that the 4Children team has identified. However, assistance from USAID and SUNRISE-OVC to identify key Government officials is required.</p> <p>Mr. Kabagoza, Assistant Commissioner for Youth and Children’s Affairs at National Ministry of Gender</p> <p>Mr. Fred Unduri, Director Youth and Children’s Affairs, Ministry of Gender</p> <p>Ms Agnes Waskie, Coordinator of National CP Working group</p> <p>Mr. Moritz Magall, Head of OVC Department, Ministry of Gender</p>	<ul style="list-style-type: none"> ▪ Overall benefit of the capacity building initiatives to Government policy and ability to deliver on national development strategies ▪ Assessment of the functioning of the DOVCCs and SOVCCs coordination mechanisms ▪ Understand the district government structures and the national Government’s vision for linkages with communities and volunteers ▪ Linkages of paraprofessional social workers to the government structures ▪ Strengths of the projects ▪ Experiences with OVC MIS ▪ Alternative care and deinstitutionalization of children ▪ Issues around gender, child safeguarding policies and HIV and AIDS
<p>OVC MIS</p>		<ul style="list-style-type: none"> ▪ Information to analyze in terms of outputs (basic statistics of the system: level of implementation) but also the impact this system has generated in terms of informed decision making and quality assessments. ▪ A brief analysis of the technical platform may be done in order to understand the innovations or challenges of this component ▪

¹⁰³ When meeting with Government officials, the evaluation team will cover both SUNRISE-OVC evaluation and the portfolio review information needs in the same meeting.

Local Government	TBD	<ul style="list-style-type: none"> ▪ Overall benefit of the capacity building initiatives to Government policy and ability to deliver on national development strategies ▪ Assessment of the functioning of the DOVCCs and SOVCCs coordination mechanisms ▪ Experience with supportive supervision ▪ Linkages of paraprofessional social workers to the government structures ▪ Strengths of the projects ▪ Benefits of the cross district learning initiative ▪ Effectiveness of efforts to strengthen the referral system ▪ Experiences with OVC MIS ▪ Alternative care and deinstitutionalization of children ▪ Areas for improvement
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Organization	Individuals	Purpose
District OVC Committee Chair		<ul style="list-style-type: none"> ▪ Issues around coordination

		<ul style="list-style-type: none"> ▪ Impact of DOVCC on service delivery and referral mechanisms ▪ Impact on improved coordination and leadership by Government related to partners in the district
UNICEF Uganda ¹⁰⁴	Child Protection staff	<ul style="list-style-type: none"> ▪ UNICEF will provide information on the overall benefit of the project and provide insights into existing Government priorities
Technical Service Organizations (District and National KIIs)	At national and district level: <ul style="list-style-type: none"> • Africare • TPO • Save the Children 	<ul style="list-style-type: none"> ▪ Impact of TSOs on coordination, referral mechanisms and service delivery
Other USG implementing partners & Care and Treatment partners ¹⁰⁵	TBD	<ul style="list-style-type: none"> ▪ Gather information on the linkages with the broader health and HIV portfolio ▪ Identify examples of collaboration and missed opportunities
Makerere University	Dr. Eddy Walakira, Department of Social Work	Information gathering on social work training for professional and paraprofessional social workers
National Child Protection Hotline	Ms. Angela Rubarema	Identification of any correlation between SUNRISE-OVC and increase in reporting child protection violations
Community leaders	TBD	Understand community perspectives of SUNRISE-OVC

¹⁰⁴ When meeting with UNICEF staff, the evaluation team will cover both SUNRISE-OVC evaluation and the portfolio review information needs in the same meeting.

¹⁰⁵ When meeting with care and treatment partners and other USAID Implementing Partners, the evaluation team will cover both SUNRISE-OVC evaluation and the portfolio review information needs in the same meeting.

		<p>impact, specifically impact of capacity building efforts on local leadership and communities, identifying benefits, improvements and gaps.</p>
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This mix of interviews will provide a holistic picture of the SUNRISE-OVC project and its achievement of objectives, as well as, assist to identify areas of improvement.

Focus group discussions (FGD)

Focus groups will be conducted with DOVCC members, para-social workers, community leaders, caregivers and children in two districts. The purpose will be to understand the impact of the project on beneficiaries, particularly as related to IR 1.2 *Capacity of communities to plan and provide OVC services improved* and IR 4.2: *Community capacity to demand for OVC services and hold local leaders accountable*. FGDs will be organized to ensure an environment that is conducive to dialogue. This will include an appropriate mix of gender, age, professional status and ethnic composition. Groups will include no more than 10 individuals and last no longer than 60 minutes.

District OVC Committee member FGD topics will include, but not limited to, the following topics:

- Identification of success and challenges around coordination, referrals and service delivery
- Assessment of linkages with Government structures
- Assessment of capacity building efforts of district Government

Community and caregiver FGDs topics will include, but not limited to, the following topics:

- Impact of improved child protection and care services on their lives
- Triangulate the decrease of sexual and physical abuse in the community reported by the project
- Gather information on changes in community capacity since the inception of the project to better interface with Government and harness Government services and also to care for OVC in their communities.
- Impact of para social workers on community and families
- Impact of the referral networks
- Children living with HIV
- Overall sense of community awareness around child protection, HIV in the community, etc.
- Alternative care and deinstitutionalization of children

Para-professional FGD topics will include, but not limited to, the following topics:

- Experience in identifying vulnerable children and families in the community
- Experience with training and preparation to interface with communities and families
- Experiences with district supervision
- Effectiveness of the referral networks
- Identification of HIV+ community members and access to treatment
- Success and challenges

FGDs with Children over the age of 14 years will include, but not limited to, the following:

- Questions related to the quality of services from the paraprofessional social worker
- Challenges and issues children continue to face and proposed solutions

Cross Cutting Themes

Gender Considerations

Gender issues will be considered throughout the evaluation and incorporated into analysis and recommendations. The Evaluation Team will review any gender documents and policies of USAID Uganda and SUNRISE-OVC in order to better understand the approach.

Child Safeguarding

The Team will assess whether Government and partners have policies in place to safeguard children and whether Standard Operating Procedures (SOP) around the policies have been developed.

HIV and AIDS care and treatment

The Team will gather information on HIV and AIDS including issues around adolescents and pediatric identification, referral, follow-up and adherence

Consent and Assent

Consent to participate in KII and FGDs will be gathered from all participants. Consent for children to participate in FGDs will be acquired from parents and guardians. Assent will be gathered from children.

Data analysis

Depending on availability and quality, in order to have complementary information, quantitative data¹⁰⁶ may be imported into a standard statistical software package (e.g., SPSS) for analysis. In most cases, these analyses will be basic descriptive investigations, looking at measures of central tendency (e.g., disaggregated means, standard deviations, etc.). When appropriate, the team may conduct inferential analyses (e.g., t-tests, ANOVA), however these will only be conducted on an as-needed basis.

Qualitative data (i.e., interviews and focus groups) will be recorded in standardized summary notes at the end of each day, which highlight key findings by IR and according to the primary information requirements of the evaluation. The Team Leader will carry out daily check ins with all teams in the field to discuss the information that was collected that day, with an eye to discovering commonalities and discrepancies. The Team Leader will be responsible for synthesizing these results and comparing against the quantitative data, leading to a holistic assessment of performance.

Data quality

Prior to the start of the evaluation, the external and Uganda team members will review the methodology and the tools, ensuring that the team members have a common understanding on the information that is being collected.

¹⁰⁶ One potential source of this data may be the OVC MIS. If available, the evaluation team will request some alphanumeric and geographic datasets from this system to be analyzed before the activities start in the field. In this context, communications may be established with the administrator of OVC MIS to assess what information is available, level of data update, quality and reliability.

Data Management

All data, including hard copies of documents/records, completed forms (i.e., interview/focus group protocols), will be sent or brought back to CRS’s Baltimore headquarters for data entry and analysis. Documents that were written in languages other than English will be translated. Protocols for quality control during the data entry process (e.g., randomly checking the data entry work and immediately rectifying any errors) and data encryption will be in place.

All information acquired during this evaluation will be kept confidential.

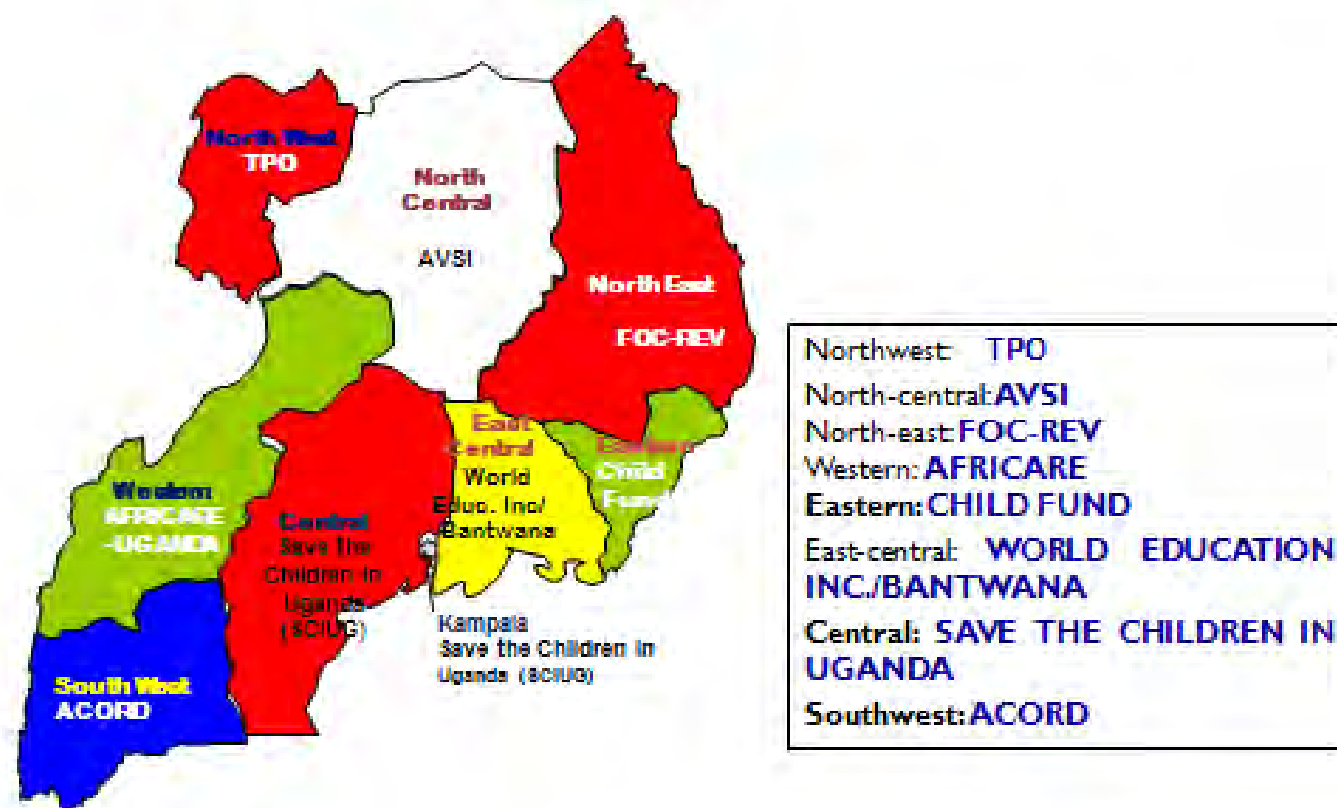
Sampling

The Team Leader, in partnership with USAID and SUNRISE-OVC will select target districts based on time and accessibility.

Illustrative work plan

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Desk research						
Instrument design						
Field research						
Data analysis						
Preliminary presentation						
Final report drafting						
Final report submitted						
Final Presentation						

Zonal Coverage of SUNRISE/TSO Partners in 80 Districts



Annex 6: List of documentation reviewed

1. 4Children. Draft *Program Guidance for 4Children*. (2014).
2. African Child Policy Forum et al.. [Strengthening Child Protection Systems in Sub-Saharan. A Call to Action. Joint Agency Statement](#) (2013).
3. Better Care Network Toolkit. <http://www.bettercarenetwork.org/bcn/toolkit/>
4. Bunkers, K., Bess, A., Collins, A., McCaffery, J., and Mendenhall, M. *The composition of the social service workforce in HIV/AIDS-affected contexts.*(2014)Washington, DC: CapacityPlus/IntraHealth International.
5. Davis, R., for USAID. Case Management Toolkit: A User's Guide for Strengthening Case Management Services in Child Welfare. (2014).
6. Davis, R., McCaffery, J., & Conticini, A. [Strengthening Child Protection Systems in sub-Saharan Africa: A Working Paper for the Inter-Agency Group on Child Protection Systems in Sub-Saharan Africa.](#) (2012).
7. DFID & Irish Aid/SAGE. *Aid Evaluation of the Uganda Social Assistance Grants for Empowerment (SAGE) Programme* (February 8, 2102). Oxford Policy Management.
8. Global Protection Cluster. *Interagency Guidelines for Case Management and Child Protection: The Role of Case management in the Protection of Children – A guide for Policy and Programme Managers and Caseworkers* (2014).
9. Kalibala, S. and Lynne, E. *Situation Analysis of Vulnerable Children in Uganda*; New York: Population Council (2010).
10. Kemigisa, Margaret. *USAID/SMMORE: Strengthening MGLSD Management of OVC Response– Project End of Term Evaluation Report*
11. Management Sciences for Health. *2011-2014 LQAS Survey Trends: % of OVC aged 5-17 experiencing cases of abuse* (2015) Commissioned by: USAID Uganda Management Sciences for Health. *2012 LQAS Survey Results – OVC Related Indicators* (2012) Commissioned by: USAID Uganda.
12. Management Sciences for Health. *2011 & 2012 LQAS Survey Results – OVC Indicators* (2012) Commissioned by: USAID Uganda.
13. Riley, Mark. *Baseline Study: The state of Institutional Care in Uganda* (June 2012)
14. President's Emergency Plan for AIDS Relief. *Guidance for Orphans and Vulnerable Children Programming.* (2012).
15. TPO Uganda. *A Project to Standardise Child Protection Training in Uganda: Development, Harmonization, Standardization and Institutionalization of Child Protection Training Programme in Uganda.* (2012)
16. Uganda MGLSD. *Assessing and Improving Quality of Interventions for Orphans and Other Vulnerable Children* (2009)
17. Uganda MGLSD. *Assessment of Uganda's National OVC MIS* (Feb 10, 2015), USAID External Evaluation team (Lead: Xoli Mahlalela)
18. Uganda MGLSD. *Children (Approved Home) Regulations Assessment Toolkit* (May 2013)
19. Uganda MGLSD. *Child Protection Training* (July 2008) IASC Child Protection Cluster Uganda
20. Uganda MGLSD. *Framework for Alternative Care* (Nov 1, 2012)
21. Uganda MGLSD. *Guide for Service Quality Standards for Orphans and Other Vulnerable Children* (n.d.)
22. Uganda MGLSD. *Integrated Human Resource Information System: Individual Data Form* (Jan 2013)

23. Uganda MGLSD. *Operations Manual: For Youth and Probation and Social Welfare Officers* (June 2009)
24. Uganda MGLSD. *OVC Support Supervision Guide* (2015)
25. Uganda MGLSD. *Staff Performance Appraisal in the Public Service: Guidelines for Managers and Staff* (July 2007)
26. Uganda MGLSD. *Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children 2011/12—2015/16* (May 2011)
27. MGLSD, UNICEF and EPRC *Situation Analysis of Child Poverty and Deprivation in Uganda*. (2015). Kampala: Ministry of Gender, Labour and Social Development, Uganda; UNICEF, Uganda, Economic Policy Research Centre, Uganda.
28. Uganda MGLSD. *Issues Paper Strengthening Human Resources and Financing for Child Care and Protection Services (2011)*.Kampala: MGLSD
29. Uganda Bureau of Statistics (2010). *Uganda National Households Survey 2009/2010: Socio-Economic Module (Abridged Report)*, Kampala, Uganda.
30. U.S. PEPFAR. *President’s Emergency Plan for AIDS Relief Guidance for Orphans and Vulnerable Children Programming* (2012).
31. UNHCR. *Guidelines on the Determination of the Best Interests of the Children*. (2008).
32. U.S.PEPFAR. *Guidance for Orphans and Vulnerable Children Programming* (July 2012) PEPFAR
33. UNICEF, UNHCR, Save the Children and World Vision. [A Better Way to Protect ALL Children: The Theory and Practice of Child Protection Systems, Conference Report](#). (2013).UNICEF.
34. USAID Uganda. *OVC Funded Activities COP 12, 13, 14* (2014)
35. USAID Uganda. *Orphans and Vulnerable Children’s Strategy* (Aug 29, 2014)
36. USAID/MEASURE. *Measuring the Strength of National Social Service Systems – Fact Sheet* (January 23, year) Futures Group
37. USAID/MEASURE. *Uganda Vulnerability Assessment Results* (April 2014) Futures Group
38. USAID/ HIV/AIDS Program. *Project Monitoring Plan* (Oct 29, 2010) ICRU
39. USAID/SCORE. *Project Monitoring Plan* (Dec, 2011) AVSI Foundation
40. USAID/SCORE. *Annual Report Year 3* (Sept 2014) AVSI Foundation
41. USAID/SCORE. *Year 4 Workplan* (Oct 2014) AVSI Foundation
42. USAID/SCORE. *Annual Report Year 2* (Sept 2013) AVSI Foundation
43. USAID/SDS. *Quarterly Report Jan – March 2013* (April 2013) CEM
44. USAID/SDS. *Quarterly Report July-Sept 2013* (Oct 2013) CEM
45. USAID/SDS. *Project Monitoring Plan* (Sept 2010) CEM
46. USAID/STAR SW. *Annual Activity Report Oct 2012-Sep 2013* (Oct 31, 2013) Elizabeth Glaser Pediatric AIDS Foundation
47. USAID/STAR SW. *Revised Performance Monitoring Plan* (March 31, 2012) Elizabeth Glaser Pediatric AIDS Foundation
48. USAID/SUNRISE-OVC. *Issues paper #1: Strengthening Human Resources and Financing for child Care and Protection Services* (August 2011), Uganda MGLSD.
49. USAID/SUNRISE-OVC. *Issues paper #2: The Status of Local Government Social Welfare Workforce Staffing, Skills and Support* (n.d.) Uganda MGLSD.
50. USAID/SUNRISE-OVC. *Staffing Analysis Tool* (Sept. 2014) Uganda MGLSD.
51. USAID/SUNRISE-OVC *Preliminary Findings Sustainability Status: District Readiness to Sustain and Multiply Project Gains* (Feb 5, 2014) Int. AIDS Alliance
52. USAID/SUNRISE-OVC. *Performance Monitoring Plan June 2010-June 2015* (Sep 13, 2010) Int. AIDS Alliance
53. USAID/SUNRISE-OVC. *Revised Performance Monitoring Plan* (Feb 25, 2013) Int. AIDS Alliance

54. USAID/SUNRISE-OVC. *Performance Status by IR June 2010-Dec 2013* (Jan 2015) Int. AIDS Alliance
55. USAID/SUNRISE-OVC. *Updated PMP Performance to Date FY10-FY15* (Dec 2014)
56. USAID SUNRISE-OVC. *Indicator Total by year Report for Year(s) 2010 – 2015* (Feb 10, 2015) Int. AIDS Alliance
57. USAID/SUNRISE-OVC. *Staffing Status SUNRISE-OVC Districts* (June 2014) Uganda MGLSD & Int. AIDS Alliance
58. USAID/SUNRISE-OVC. *NHA Quarterly Performance Data* (April 2011) Uganda MGLSD
59. USAID/SUNRISE-OVC. *NHA Quarterly Performance Data* (April 2012) Uganda MGLSD
60. USAID/SUNRISE-OVC. *NHA Quarterly Performance Data* (April 2013) Uganda MGLSD
61. USAID/SUNRISE-OVC. *NHA Quarterly Performance Data* (April 2014) Uganda MGLSD
62. USAID/SUNRISE-OVC. *NHA Greensheet Care Sub-area 5: Support Care Targets and Achievements* (2014)
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Annex 7: Key Informant Interview and Focus Group Discussion Participant Lists

First Name	Last Name	Position/Title	Organization	District
Eunice	Kagoya	Interns/Volunteers	Bugiri District	Bugiri
Ketty	Muzaki	Interns/Volunteers	Bugiri District	Bugiri
Silvia	Mirembe	Interns/Volunteers	Bugiri District	Bugiri
Byakika	Yakubu	DOVCC Chair	Bugiri District	Bugiri
Edith	Nalukwembbe	Secretary, GLSD	Bugiri District	Bugiri
George	Omuge	CAO	Bugiri District	Bugiri
Shafiq	Butanda	District PWO	Bugiri District	Bugiri
Stephen	Magero	DCDO	Bugiri District	Bugiri
Tabitha	Bwizanganya	Data Entry Clerk	Bugiri District	Bugiri
Dan	Kudaga	Parish Chief Uwemba	Bulida Sub County	Bugiri
Ronald	Ssenyonjo	CDO	Bulida Sub County	Bugiri
Andrew	Ochieng	SCORE	SCORE	Bugiri
Lydia	Nabiyre	Nursing Officer	Uwemba S/C Health Center	Bugiri
Stella	Nabiyere	Nursing Officer Lead	Uwemba S/C Health Center	Bugiri
Emma	Kaihura	M&E officer	Africare	Kampala
Esther	Karamagi	Acting COP	ASSIST	Kampala
Juliana	Nabwire	QI Advisor	ASSIST	Kampala
Grace	Kemimrembe	DCOP	Community Connector	Kampala
Benjamin	Aisya	M,E &L	Community Connector	Kampala
Charles	Sserwanja	HIV/Public Health	IRCU Faith-Based HIV-AIDS	Kampala
Joshua	Kitakule	COP	IRCU Faith-Based HIV-AIDS	Kampala
Agnes	Wasike	National CP Coordinator	MGLSD	Kampala
Harriet	Atim	Program Officer	MGLSD	Kampala
Jane	Ogwang	Sr Probation Officer	MGLSD	Kampala
Lydia	Najamba	OVC Coordinator	MGLSD	Kampala
Mortiz	Magal	OVC Department Head	MGLSD	Kampala
Obadiah	Kushemeirwe	OVC MIS Coordinator	MGLSD	Kampala
Onduri	Machula	Act. Dir., Soc.Protection	MGLSD	Kampala
Barbara	Amuron	Chief of Party	MEEPP	Kampala
Sarah	Kyokusingura	Sr M&E Advocacy Advisor	MEEPP	Kampala
Boniface	Mugisha	TM, Livelihoods	PIN	Kampala
Brian	Rubwojo	Chief of Party	PIN	Kampala
Jarvice	Sekajja	OVC Specialist	PIN	Kampala
Massimo	Lowicki	Chief of Party	SCORE	Kampala
Saul	Langol	Dep. Chief of Party	SCORE	Kampala
Robert	Kalemba	Director, Sustainability	SDS	Kampala
Madina	Nakibiringe	Senior Grants Manager	SDS	Kampala
Ella	Hoxha	Chief of Party	SDS	Kampala
Annet	Kaobusngye	Dep.Chief of Party	SUNRISE	Kampala

Fred	Ngaribano		SUNRISE	Kampala
Grace	Mayanja	Chief of Party	SUNRISE	Kampala
Herbert	Tumuhimbise	Senior Technical Advisor	SUNRISE	Kampala
Patrick	Ssemanda	Sr. M&E Officer	SUNRISE	Kampala
Richard	Ekodeu	TA Qual. Ass. &Standards	SUNRISE	Kampala
Basil	Kandyomunda	Senior Consultant	SUNRISE (Consultant)	Kampala
Michael	Etokoit	Chief of Party	TASO	Kampala
Aida	Girma	Country Director	UNICEF	Kampala
Sylvia	Pasti		UNICEF	Kampala
Wilboard	Ngambia	Social Policy Analyst	UNICEF	Kampala
Catherine	Muwanga	AOR	USAID	Kampala
Edton Babu	Ndyabahika	Deputy Country Director	World Education	Kampala
Mark	Riley	Child Protection Expert	Consultant	Kampala
Judith	Kinue	Friend 1	Child Care Institution	Mpigi
May	Caplin	CEO	Child Care Institution	Mpigi
Sarah	Kasozi	Administrator	Child Care Institution	Mpigi
Sarah	Kiyingi	Friend 2	Child Care Institution	Mpigi
Luwakanya	Johnmary	LCV Chairman	Mpigi District	Mpigi
Mataringaya	Willy	CAO	Mpigi District	Mpigi
Mwanje	Anthony	DCDO	Mpigi District	Mpigi
Nabuuma	Annet	Senior Probation Officer	Mpigi District	Mpigi
Dr. Kasendwa	Patrick	Medical Director	Nkozi Hospital	Mpigi
William	Mbwonigaba	Team Lead	Save the Children	Mpigi
William	Etwop	M&E	Save the Children	Mpigi
Kyobe	Anny	CDO	Sub-County	Mpigi
Sarah	Nakandi	Sub-County Chief	Sub-County Local Gov't	Mpigi
Babirye	Aisha	Acting Manager	Bushfire Ministries (CCI)	Namatumba
Bernard	Ogwang	CAO	District Government	Namatumba
Esther	Nandase	Probation Officer	District Government	Namatumba
Samuel	Livango	DCDO	District Government	Namatumba
Kwajja	Bumali Hissa	CDO	Sub-county Government	Namatumba
Eric Robert	Kamunvi	TSO Representative	World Education	Namatumba
Specioza	Namakula	TSO M&E	World Education	Namatumba
Kamwesigje	Necvilleus	OVC Coordinator	STAR-EC	Kampala
Mr. Johnson ,	Mutungwanda	ACAP	District Government	Kasese
Wilson	Asaba	Chairperson DOVCC	District Government	Kasese
Kitanywa	Sowedi	Sr. PWO	District Government	Kasese
Ben	Birungi Henry	DCDO	District Government	Kasese
Florence	Ayo	TSO representative		Kasese
Nzirambi		Child Care Institutions	NOTDEC	Kasese
Kamwesigje	Necvilleus	OVC Coordinator	STAR-EC	Kampala

Nsubuga	Hood	DCDO	District Government	Bundibigyo
Zakayo	Kisungu	ACAO/DOVCC Chair	District Government	Bundibigyo
Simon	Musiga	PWO	District Government	Bundibigyo
Edmond		DCDO	District Government	Bundibigyo
Joseph	Maate	CDO	Sub-county Government	Bundibigyo
Geofrey	Muntangie	ACDO	Sub-county Government	Bundibigyo
Veronica	Kugonza	Secretary for gender	District Government	Bundibigyo
David	Opwonya	Dep. CAO/ DOVCC Chair		Gulu
Isaac Netwton	Ojok	District Vice-chairperson		Gulu
Jessica	Anena	PWO		Gulu
Cosmas	Opio	CDO	Bungaatira Sub-county	Gulu
Micheal	Ongan	TA Capacity building		Gulu
Fred Peter	Okello	TA- M&E		Gulu
Jimmy	Okello	PM, Family Strengthening	SOS Children's Village	Gulu
Sarah	Nayiga	Programme Director	SOS Children's Village	Gulu
Beatrice	Ochan	Family Care Manager	SOS Children's Village	Gulu

Focus Group Discussions (FGD)	District	Sub-County
National Child Serving CSOs	Kampala	
USAID Health Projects	Kampala	
Int'l Child Serving CSOs	Kampala	
USAID Integrated Health Projects	Kampala	
USAID Care and Treatment	Kampala	
TSO Meeting I 2.9	Kampala	
TSO MeetingII 2.19	Kampala	
INGOs	Kamplala	
Children (Aged 12-15 years)	Mpigi	
Children (Aged 16-17 years)	Mpigi	
DOVCC	Mpigi	
Community Leaders	Mpigi	Kilingente
Parasocial Workers	Mpigi	Kilingente
Caregivers	Mpigi	Kilingente
SOVCC	Namatumba	Magada
DOVCC	Namatumba	
Community Leaders	Namatumba	Magada
Caregivers	Namatumba	Magada
Paraprofessionals	Namatumba	Magada
Children	Namatumba	Magada
DOVCC	Bugiri	
Community Leaders	Bugiri	

Caregivers	Bugiri	
Para-Social Workers	Bugiri	
Children	Bugiri	
DOVCC	Kasese	
SOVCC	Kasese	
Caregivers	Kasese	
Children	Kasese	
DOVCC	Gulu	
SOVCC	Gulu	
Caregivers	Gulu	
Para social workers (PSWs)	Gulu	
Children	Gulu	
DOVCC	Bundibugyo	
SOVCC	Bundibugyo	
Caregivers	Bundibugyo	
Para social workers (PSWs)	Bundibugyo	
Children	Bundibugyo	

Annex 8: Key informant interview and focus group discussion guides

KII Guides

TSO Officer
District CAO
District Local Government
Residential Child Care Institution
Care and Treatment Facility

FGD Guides

Children
Caregivers
Community Leaders
DOVCC
SOVCC
Para-Social Workers
Para-Social Workers Association

Key Informant Interview Guide for TSO Regional Officer

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Name

Title/Organization

Date

Introduction

4Children is a USAID funded global project, meaning we are not specific to one country. 4Children is a consortium of organisations led by CRS. USAID Uganda has asked us to carry out two assignments in Uganda. One is an evaluation of the SUNRISE project. Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

Additionally, USAID has asked us to do a review of the USAID OVC portfolio, which includes the SUNRISE project and many other initiatives related to OVC.

Today I would like to cover issues around both the SUNRISE evaluation and the portfolio review with you. **First, if you agree, I would like to begin with the questions related to the SUNRISE project**

General/Coordination

- What has been your role within or interaction with the SUNRISE project?
- What would you say have been the biggest successes of the SUNRISE project? What do you attribute this to?
- What have been the biggest challenges or gaps of SUNRISE?
- What do you feel have been the most effective approaches of the SUNRISE project in your districts? (prompt: community mappings, social service camps)
- How would you describe the coordination between SUNRISE management and TSOs generally and with your TSO specifically? How was the coordination between the TSOs?

Government

- How well has SUNRISE engaged with the Government (national, sub-national or district—need to clarify if it has been both)? What has this engagement looked like or involved? If the engagement is not positive, find out the reasons.
- One of the critical objectives and achievements of the SUNRISE OVC project has been to strengthen district level Government capacity to implement and realize national policy at a district level and to improve coordination efforts. To your knowledge and understanding, how effective has SUNRISE been in building district government capacity?
- How has this work furthered Government OVC priorities and policies? Please provide examples?

DOVCCs/SOVCC

- SUNRISE has sought to improve coordination through strengthening the DOVCCs and SOVCCs. In your experience, what has been the success of this approach?
- What have been some of the challenges?
- What would you suggest needs to be done better or differently?
- Do you view the DOVCCs and SOVCCs as an integrated and sustainable component of the district level child protection system? Why?
- What are your recommendations for the future related to the DOVCCs and SOVCCs?
- What will be the sustainability challenges for the DOVCC and SOVCC once the SUNRISE project ends?

Para professional social workers

- SUNRISE has successfully trained nearly 11,000s of para-professional social workers. What has been the strength of these para professional social workers within the child protection system?
- How are they linked to Government structures? What needs to be done to improve the linkage to Government structures?
- How prepared are the para professional social workers to appropriately identify, refer and follow up cases of vulnerable children and families?
- What are your thoughts on sustainability of these paraprofessional social workers?
- What are your recommendations related to paraprofessionals for the future? (Prompt: training needs, etc.)

Child Protection

- Give us one interesting example that you have seen where community, civil society and Government have united together to address a child protection violation.

Targeting and Graduation

- What are the various ways that OVC projects and others determine which vulnerable households to support? Please describe any tools, community input or other means by which households to support are identified.
- What are your experiences with these different ways? What works well? What does not work well? Why
- How does OVC projects determine the types of services each household will receive? Describe tools or other means.
- What are the various ways that OVC projects and others decide when a family is ready to graduate from receiving support? Please describe any tools/guidelines that help this program make this type of decision.
- What are your experiences with these different tools/guidelines? What works well? What does not work well? Why

OVC MIS

- SUNRISE has also made efforts to institutionalize the OVC MIS as a means to generate and gather data important for policy and decision making. What have been the strengths of the OVC MIS?
- What has not worked well and why?
- What recommendations do you have for the future?

HIV specific

- How has SUNRISE addressed the issues of HIV referrals, treatment and care?
- What do you feel are the greatest strengths/results of SUNRISE in terms of HIV specific issues?
- What are remaining issues related to HIV and children/caregivers that should be built upon in future programming? What are the gaps that you feel must be addressed in future programming?
- Any other comments on the SUNRISE project?

Portfolio Review

- What are the critical issues related OVC and child protection that you feel must be addressed (or continue being addressed) in the next five years?
- Are these reflected in the legal and policy framework?
- Are these reflected in the work that USAID is supporting?
- What are the primary gaps related to OVC and child protection in Uganda?
- How would you describe the current status of social work within Uganda at this point in time? Have there been important developments in this area? Please describe? What do you see as the continuing gaps in this area?
- How would you describe the relationship (i.e., the “links between”) USAID supported work in the area of OVC and national government bodies mandated with protecting the health, education and protection of children—especially those affected by HIV and other adversities.
 - What are the gaps?

- Is there any support related to OVC and child protection from the US Government that you would like to be different?

Key Informant Interview Guide for District Chief Administrative Office (CAO)

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Name

Title

Date

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4Children is a USAID funded global project, meaning we are not specific to one country. 4Children is a consortium of organisations led by CRS. USAID Uganda has asked us to carry out two assignments in Uganda. One is an evaluation of the SUNRISE project. Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

Additionally, USAID has asked us to do a review of the USAID OVC portfolio, which includes the SUNRISE project and many other initiatives related to OVC.

Today I would like to cover issues around both the SUNRISE evaluation and the portfolio review with you. **First, if you agree, I would like to begin with the questions related to the SUNRISE project.**

General/Coordination

- What has been your role within or interaction with the SUNRISE project?

Government

- How well has SUNRISE engaged with you and other key actors within district government? What has this engagement looked like or involved? If the engagement is not positive, find out the reasons.
- What has been the greatest contributions of the SUNRISE project to your district?
- One of the critical objectives and achievements of the SUNRISE OVC project has been to strengthen district level Government capacity to implement and realize national policy at a district level and to improve coordination efforts. To your knowledge and understanding, how effective has SUNRISE been in building district government capacity?
- How has this work furthered Government OVC priorities and policies? Please provide examples?
- Have you or anyone in your office participated in -Leadership Development program opportunities? What did you gain from these experiences? What would you recommend to improve these activities?

Planning and budgeting

- Related to government's efforts for planning and budgeting OVC related interventions, what are the most important sources of information to assist you to make good decisions. (probe around the mapping and OVC MIS and the utilization of those tools)
- How could the current data systems be improved to provide more relevant information for planning and budgeting purposes?

DOVCCs

- SUNRISE has sought to improve coordination through strengthening the DOVCCs. In your experience, what has been the success of this approach?
- What have been some of the challenges?
- How does your office coordinate with DOVCCs? What is your role in the DOVCC?
- Do you view the DOVCC's as an integrated and sustainable component of the district level child protection system? Will they continue after the SUNRISE project ends?

Availability of Services

- In the last few years, do you feel there have been changes in the quality and availability of services to OVC and their families? What are the changes?
- What has been the increased demand for services, particularly amongst the most vulnerable families?

Child Protection & HIV

- What are the main child protection issues of this district?
- Have you seen a change in attitudes or practice related to how people treat children or in government priorities in the past several years? Please provide examples.
- What is being done to address these issues in budgeting and strategic planning?
- What are the main HIV challenges related to children that the district is facing?
- What is being done to address these challenges/issues in budgeting and strategic planning?

Sustainability

- What will be the ability of Government to sustain the interventions that SUNRISE assisted to build in the district? (Which interventions: leadership, workforce development, financing, coordination, information and service delivery.) Challenges?

- What measures are being put into place to ensure that the district can continue with the interventions and approach initiated by SUNRISE?

Portfolio Review

- What are the critical issues related OVC and child protection that you feel must be addressed (or continue being addressed) in the next five years?
- How are these reflected in the district development plans and budget allocation?
- What are the primary gaps related to OVC and child protection in your district?

Key Informant Interview Guide for Local Government (District)

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Name

Title

Date

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General/Coordination

- What has been your role within or interaction with the SUNRISE project?

Government

- How well has SUNRISE engaged with you and other key actors within district government? What has this engagement looked like or involved? If the engagement is not positive, find out the reasons.
- One of the critical objectives and achievements of the SUNRISE OVC project has been to strengthen district level Government capacity to implement and realize national policy (on OVC) at a district level and to improve coordination efforts. What has been done to build the capacity of the district? To your knowledge and understanding, how effective has SUNRISE been in building district capacity? Please provide examples?
- Have you or anyone in your district participated in the district leadership development program? If yes, what did you learn from the program? Was the leadership development program relevant to the work you do? Please explain
- Have you or anyone in your office participated in cross-district learning opportunities? What did you gain from these experiences? What would you recommend to improve these activities?

DOVCCs /SOVCCs

- SUNRISE has sought to improve coordination through strengthening the DOVCCs and SOVCCS. In your experience, what has been the success of this approach?
- What have been some of the challenges?
- How does your office coordinate with DOVCCs? How about the SOVCC?
- Do you view the DOVCC's as an integrated and sustainable component of the district level child protection system? Will they continue after the SUNRISE project ends?
- Are there any other players that you feel should be a member of the DOVCC or SOVCC? Who are they?

Community OVC mapping

- Describe briefly the community OVC mapping exercise? (Probe: How was it done?). What was your level of involvement? Who else was involved? What tools were used?
- How were the results utilized? (probe for beyond CDO to look at the district as a whole)
- What would do you consider to be the key strengths of the community OVC mapping exercise? How about the weakness?
- What challenges were encountered during community OVC mapping exercise?
- Do you think that through the mapping exercise the district was able to identify the most vulnerable households? Please explain
- Was the information from the community mapping shared with the communities or para social workers? How did they use the information in their work?

OVC MIS

- SUNRISE has also made efforts to institutionalize the OVC MIS as a means to generate and gather data important for policy and decision making. Does your district report to the OVC MIS? What have been the strengths of the OVC MIS?
- What has not worked well and why?
- How do you use the data to help inform decisions that you or others in government make? Please give an example.
- Does the data generated into the OVC MIS feedback to the community and/or para professional social worker? How do they use the information?
- What information needs do you have that are not covered by the OVC MIS?

Quality of Social Work

- Did you or any team members participate in the Child Protection Training developed by Makerere University?
- How did the training benefit your work? What could be improved?
- What are the additional skills you would like to see furthered?
- How do you handle case management of children? How do you find solutions to protect a child and address the situation in the family? Actual tools and records the use.
- What quality improvement standards do you use?(Get a copy)
- Have you participated in Quality Improvement training?
- Have the numbers of CDOs or probation officers increased in the last years during SUNRISE? By how many?
- Have you seen any changes in fund allocation for OVC services in the district since SUNRISE began providing support?
- Could we see a case management file? We will keep the information confidential. We are looking at it for the tools and formats that you use and information you collect.
 - Where is the case file stored? Confidentiality and security
 - What is done with this information? Does the information feed into the OVC MIS

Para-professional Social Workers

- What is the relationship between your office and the para-professional social workers?
- How are they linked to Government structures? What needs to be done to improve the linkage to Government structures?
- How prepared are the social workers to appropriately identify, refer and follow up cases of vulnerable children and families?
- What has been the strength of the new cadre of para professional social workers within the child protection system?
- Are the para professional social workers being supervised? By whom? Are the supervisors prepared well enough to provide adequate supervision
- How frequently do you interact and provide supervision to the para professionals?
- Did you receive training in supportive supervision?
- What additional skills do you need for supportive supervision?
- What tools do you use during your supportive supervision?
- Are there enough social workers to meet the need in this district? If not, what would you propose?
- What are your thoughts on sustainability of these paraprofessional social workers?
- What are your recommendations related to paraprofessionals for the future? (Prompt: training needs, etc.)

Referral, coordination, service provision

- If clients come to your office looking for help what do you do?
- What services are available to vulnerable children and families? Are there enough services to respond to the need?
- How does your office monitor who is providing services in this district and that the services offered in this district are accessible and of high quality? If services are not meeting standards, what do you do?
- What changes have you experienced in the interaction between OVC actors and the community?

Targeting and Graduation

- What are the various ways that OVC projects and others determine which vulnerable households to support? Please describe any tools, community input or other means by which households to support are identified.
- What are your experiences with these different ways? What works well? What does not work well? Why
- How does OVC projects determine the types of services each household will receive? Describe tools or other means.
- What are the various ways that OVC projects and others decide when a family is ready to graduate from receiving support? Please describe any tools/guidelines that help this program make this type of decision.
- What are your experiences with these different tools/guidelines? What works well? What does not work well? Why

Availability of Services

- In the last few years, do you feel there have been changes in the quality and availability of services to OVC and their families? What are the changes?
- What changes have you seen in demand from the most vulnerable families for services?

Service Camps

- Have you organized or participated in service camps?
- What happens during the service camps? What kinds of services?
- What have been the strengths of this approach (to both Government and community)?
- How do you determine the topics of the service camps?
- How do you select the community and venue for the camp? How are the beneficiaries selected?
- What changes have the service camps brought?

Child Protection & HIV

- What are the main child protection issues of this district?
- Have you noticed any change in attitudes or practice related to how people treat children in the past several years? Please provide examples.
- How are child abuse cases handled in your district? Has there been any changes in the way child abuse cases are handled since the SUNRISE project started working in your district? What are some of the challenges or barriers to reporting abuse? What can be done to address the barriers?
- What are the main HIV challenges related to children that the district is facing? What is being done to address these challenges/issues in budgeting and strategic planning

- How has SUNRISE addressed the issues of HIV referrals, treatment and care for children? What are the gaps that you feel must be addressed in future programming? What are remaining issues related to HIV and children/caregivers that should be built upon in future programming?

Residential Care

- Are you familiar with the Government standards and guidelines on the alternative care for children framework?
 - What have you learned about family based care?
 - What are changes in quality of residential care for children that have recently occurred?
 - What have been changes in the number of children either entering or leaving residential care?
 - What data are the residential care institutions required to submit? Is this done on a regular basis? What are the challenges?
 - Are the children leaving residential care and returning to family are considered vulnerable children and identified for follow up case management?
- Any other comments on the SUNRISE project?

Key Informant Interview Guide for Child Care Institution

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Name

Title/Organization

Date

Introduction

4Children is a USAID funded global project, meaning we are not specific to one country. 4Children is a consortium of organisations led by CRS. USAID Uganda has asked us to carry out two assignments in Uganda. One is an evaluation of the SUNRISE project. Our team is collecting information from other districts (ADD NAMES) and from many different people who have been engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

I would like to begin with the questions related to the SUNRISE project

General

- What has been your role within or interaction with the SUNRISE project?
- What would you say have been the biggest successes of the SUNRISE project? What do you attribute this to?
- What have been the biggest challenges or gaps of SUNRISE?

Government monitoring and oversight

- One of the critical objectives and achievements of the SUNRISE OVC project has been to strengthen district level Government capacity to implement and realize national policy like the alternative care framework. To your knowledge and understanding, how effective has SUNRISE been in building district government capacity?
- Are you aware of the minimum standards (alternative care framework)?
- How were you made aware of the Minimum Standards (alternative care framework)?
- Have you made any changes in how you operate your CCI based on this training or awareness raising?
- Has government changed the way they interact with you? If so, how?
- How does government monitor your CCI or other CCIs in this district?
- Have you seen an increase or a decrease in the number of children referred to your CCI? What do you attribute this to?

Social Workers

- Have you noticed a difference in the way that issues of OVC are addressed at the community level? Are you aware of the increased number of and capacity building of para social workers?
- Has this had any effect on how children are referred to CCIs? What kind of information they come with (i.e., case files) or reintegration?
- What has been the strength of these para professional social workers within the child protection system?
- What are your recommendations related to paraprofessionals for the future? (Prompt: training needs, etc.)

Data Collection

- Have reporting requirements for CCIs changed in the past couple of years and if so, how?
- What does the government require you to provide in terms of information about your CCI?
- Does the government (Probation officer or CDO) collect information related to number of children in your CCI? How frequently? How is it collected (prompt---does the CCI send it)? What do they do with this information?
- Do you have suggestions for what information they should collect but don't?
- What has not worked well about this process and why?

- What recommendations do you have for the future?

De-institutionalization efforts:

- Do you think there has been any change in public perception around CCIs? Please explain.
- Have you or any other organizations in the district worked on deinstitutionalization?
- How has this process evolved?
- What are the positive results?
- What are some of the challenges?
- If you have had children from this CCI reintegrate into family care, who is responsible to monitor and follow up on the child?

NOTE TO TEAM: ANY POSITIVE CASE STUDIES WOULD BE HELPFUL

Do you have anything else that you would like to share with me about the topics we have discussed (social workers, services, child protection and HIV)? Thank you very much for your participation.

Key Informant Interview Guide for Care and Treatment Facility

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Name
Title
Date

Introduction

4Children is a USAID funded global project, meaning we are not specific to one country. 4Children is a consortium of organizations led by CRS. USAID Uganda has asked us to carry out two assignments in Uganda. One is an evaluation of the SUNRISE project. Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received

services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

Additionally, USAID has asked us to do a review of the USAID OVC portfolio, which includes the SUNRISE project and many other initiatives related to OVC.

Today I would like to cover issues around both the SUNRISE evaluation and the portfolio review with you.

Pediatric HIV

- As we are looking at OVC issues and the linkages between care and treatment and OVC programming, we would like to know what challenges you are facing with increasing pediatric enrollment into care and treatment?
- What challenges do you face with adherence amongst children?
- What challenges do you face with defaulting amongst children?
- What techniques do you use to improve adherence and to trace defaulters particularly children?
 - Most facilities should be taking a family approach and will tell you that they work with the parents/caregivers and the child together

Potential linkages with OVC programs and paraprofessional Social Workers

- In the case of SUNRISE, nearly 11,000 of para professional social workers have been trained in areas related to child protection and working with families and communities. This cadre could be an added benefit to identify adults and children in the community living with HIV and assist to bring them into treatment facilities. What advantages would you see? What would be the challenges?
- Do you have any examples of collaboration with the paraprofessional social worker or the CDO/probation and welfare officer
- Could there be any role for the para professional to work on issues of adherence or care and treatment defaulting? What would be the challenges?
- At facility level, when you see signs of abuse and violence in women or children, what do you do? Do you refer them to the CDO or to the Police? What challenges do you face in this kind of referral? What would be the solutions that you would propose?
- What are the other social issues that you have referred to a CDO or probation and welfare officer?

FGD Protocol and Questions for Children (over 14 years of age)

Keep in mind that you want to gather information to answer the following:

- G.** What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
- H.** Under what circumstances were some program interventions and approaches more successful than others?
- I.** Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across

districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.

- J. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
- K. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
- L. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Introduction

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I came here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how certain parts of this project have or have not impacted your lives.

Our team is collecting information from other districts (ADD NAMES) and from many different people including: children, caregivers, community leaders and government officials who have been in engaged in or have received services from this project. We hope to use this information to provide to help us learn what has gone well and what we can improve upon.

In my interview with you today, I would like to ask you a series of questions. These are related issues that children and families in this community are dealing with, understanding more about the people in the community that are hear to help others and what you think is working well and what you think could work better.

Your participation in this group is voluntary. In other words you do not have to be here and can leave at any time. I have asked you and your caregiver/parent to sign this form saying that I have explained what we are going to do and that you are OK with participating. I do want to let you know that some of my questions may be difficult to answer or may feel too personal to you – you do not have to answer any questions that you do not want to. We should consider this a private discussion because some of the information will be personal. It is important not to share what we talk about with others after we end our discussion. It is okay to tell people you came to this discussion, but not to tell anything specific that you hear about each other.

The discussion should take approximately 1 ½-2 hours. I will be taking notes (or X will be taking notes) while you are talking as I want to be sure and remember the important things you have to say.

I will also be recording the discussion.

Rapport building

Do you all know each other? Let's begin with introductions. Could you please state your name and what you like to do in your free time.

Note to team: Ice-breaker, if needed:

Discussion Questions

The first thing I would like to ask you about are the challenges that children face.

- What would you say are the biggest challenges or problems that children in your community are faced with?
- Have you seen any changes in the way children are treated in this community or in your own household over the past several years? Please describe.
- If you had the opportunity to speak with the President of Uganda about what could be done to improve the lives of children what would you say?

Now I would like for us to discuss is about para social workers (explain who this is): A large part of the project has been focused on increasing the number of social workers who are in the community. I would be interested in hearing your thoughts on the following:

- Are you aware of social workers in your community? How are they assisting children or young people like yourselves?
- How does the social worker collaborate with other people in your community (teachers, police, Probation Officials) in helping children or young people in your community?
- If you or someone you know interacted with the social worker, how did they treat you or the other person?
- Did the social worker listen to you or ask your opinion on certain things? Please explain. How did it feel to talk to the social worker? Did you feel better after you or your friend spoke to the social worker?
- Did the social worker help your situation?
- Social workers have to respect the principle of confidentiality. Do you feel that this is something they are doing in their work?
- What is the social worker able to do to help children and families?
- Do you feel that the social worker understands the community you live in and the issues that affect children and families?
- Do you have suggestions for what could be done to improve the way that social workers are doing their job including what kind of additional training might be helpful. What other information do they need to know or what kind of skills do they need to have to do their job better?

An important part of social work and social services is providing referrals to services that support and improve the situation of children and families. The next set of questions that I would like us to discuss revolve around **Access and Quality of Services**.

- What types of services are available for vulnerable children and families in this community? (Prompt: health clinic, getting a birth certificate).
- How do people know about services?
- Are the services easy to find? If not, please explain.
- What is your feeling about the quality of the services? Do they help the children and families in the way that they should?
- Are you aware of the Social Service Camps (outreach) organized under the Sun Rise project?
- Have any of you ever attended a social service camp? How did you find out about it? Do you remember what kinds of services were provided or what information was discussed? Did you find it beneficial?

- When you received the services or went to the office or organization how were you treated by the staff? How did you feel?
- Do you have suggestions for what could be done to improve the services? Are there services that do not exist that you feel should exist to meet the needs of children and families in this community?

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed? Thank you very much for your participation today. This has been a very important opportunity for us to learn from all of you what has worked well and what the project can improve upon. I am so appreciative of your input and am delighted that we were able to share this time together. Thank you!

FGD Protocol and Questions for Caregivers

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Introduction

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I am here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how this project has or has not impacted your lives. I would like to listen and better understand what you feel have been the successes of this project. I would also like to know what are some of the things that could be improved upon.

Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

In my interview with you today, I would like to ask you a series of questions about the project. These questions relate to social workers and social services. We might also discuss issues that are considered

sensitive such as HIV, child abuse and poverty. If any of my questions or the topics we discuss make you feel uncomfortable or are difficult to answer—you are free to decline answering the question.

Because these issues are sensitive, I would like to ask that we show our respect and concern for each other and listen to others and not judge. I have a consent form that explains the purpose of our discussion and requests your permission to use the information, including quotes, in a report that we will be writing. If any of you prefer to remain anonymous or not to have your words or stories written in the report, please let me know.

The discussion should take approximately two hours. I will be asking the question and X will be taking notes because we want to be sure and remember the important things you have to say. And with your permission, we would also like to record our conversation to make sure we accurately capture what you have to say. Is that ok with you?

Rapport building

Let's begin with introductions. Could you please state your name, how many children you have and one thing that you love about being a caregiver or parent.

Discussion Questions

The first thing I would like for us to discuss is about social service workers or parasocial worker who work in the community: A large part of the project has been focused on increasing the number of parasocial workers and strengthening their capacity to work with families, including identifying families or children that are need support, assessing the situation and then referring the child or family to appropriate services. I assume that many of you have had some interaction with a social worker. If so, I would be interested in hearing your thoughts on the following:

- For information, how many of you have received services from a para professional social worker?
- How many paraprofessional social workers are there in your village?
- What kinds of help and assistance does the para professional social worker provide?
- How did the parasocial worker find out about you/your family or how did you find out about the parasocial worker?
- How do you feel the parasocial worker treated you? How did it feel to talk to the parasocial worker and what kinds of things did you talk about? Do you believe the concerns you discussed with the parasocial worker are kept private?
- How do you think the parasocial worker has helped you resolve or improve your situation?
- Do you feel that the parasocial worker understands the community you live in? Does the parasocial worker have a good relationship with leaders in your community? Please explain.
- Do you have suggestions for what could be done to improve the way that parasocial workers are doing their job including what kind of additional training might be beneficial?

An important part of social work and social services is providing referrals to services that support and improve the situation of children and families. The next set of questions that I would like us to discuss revolve around **Access and Quality of Services**.

- What types of services have you or your child(ren) used? How did you find out about the services? Were the services easy to find? If not, please explain.
- When you received services or went to the office or organization how were you treated by the staff?
- Did any of you participate in the social service camps? If yes, what services did you or your child(ren) receive? Was it useful? How could it be improved?

- If you did not use the services, why not? Did the parasocial worker follow up with you and try to help you access the service(s) or identify other possible services?
- Do you feel that the services made a difference in your situation? Please explain.
- Are there any cases when a family does not need to continue to receive visits or services from a social worker? How do you know when a household can access what they need on their own? How long does this usually take?
- Do you have suggestions for what could be done to improve the services? Are there services that do not exist that you feel should exist to meet the needs of children and families in this community?

Now we are going to discuss some issues that can be sensitive or make us feel a bit uncomfortable. Please let me know if you do not want to participate. If you don't want to answer, that is OK. A big part of this project was to raise awareness around issues of violence, especially violence against children. It is also focused on raising awareness about HIV. The next set of questions has to do with what we refer to as **child protection (i.e., violence, sexual and physical abuse, neglect, exploitation) and HIV.**

- What have you learned over the past 2-3 years about child protection (this means how to prevent and respond to exploitation, violence and abuse against children)? Where did you learn this information? How was the information presented to you?
- How have you incorporated the things you have learned about violence against children in your own home? Has it impacted the way that you parent your children? Please explain.
- Have you seen any changes in the way children are treated within your community?
- Do you know about any cases of physical or sexual abuse of children? How was it handled?
- What are the barriers to reporting and responding to abuse? What can be done by communities and the government to reduce these barriers?
- Do people know where to report it and what services the child should receive?
- Are girls or boys engaged in any kind of commercial sex whether for money or some kind of item?
- Do you have any suggestions for how social workers or community leaders or government can help address issues of issues of exploitation, violence and abuse against children?

As you know HIV can have a big impact on communities, families and children. We would now like to better understand how the issue of HIV is being addressed in this community...

- Are people living with HIV (adults, adolescents and children) treated differently than other community members? How?
- Do you think there are children and adolescents living with HIV who are not identified or receiving treatment? What are the barriers and challenges?
- What can be done to better prevent HIV infection amongst children and adolescents, especially girls?
- Do you have any suggestions for how social workers, community leaders or government can better address issues of HIV, especially stigma and discrimination?

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed (social workers, services, child protection and HIV)? Thank you very much for your participation today. This has been a very important opportunity for us to learn from all of you what has worked well and what the project can improve upon. I am so appreciative of your input and am delighted that we were able to share this time together. Thank you!

FGD Protocol and Questions for Community Leaders

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
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5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
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Introductions

Once interview team is introduced to the community leaders, each team member should introduce themselves giving their name, position, and role. Then the interviewer will explain the purpose of the exercise.

Purpose

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I am here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how this project has or has not impacted your lives. I would like to listen and better understand what you feel have been the successes of this project. I would also like to know what are some of the things that could be improved upon.

Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

In my interview with you today, I would like to ask you a series of questions about the SUNRISE project. These questions relate to service providers (e.g., probation officers, parasocial workers, community development officers...), social services, families and children. We might also discuss issues that are considered sensitive such as HIV, child abuse and poverty. It is important that we understand these issues and learn what we can do to better support children, families, communities and government to respond to these issues. If any of my questions or the topics we discuss make you feel uncomfortable or are difficult to answer—you are free to decline answering the question.

Because these issues are sensitive, I would like to ask that we show our respect and concern for each other and listen to others and not judge. I have a consent form that explains the purpose of our discussion and requests your permission to use the information, including quotes, in a report that we will be writing. If any of you prefer to remain anonymous or not to have your words or stories written in the report, please let me know.

The discussion should take approximately two hours. I will be asking the question and X will be taking notes because we want to be sure and remember the important things you have to say. And with your permission, we would also like to record our conversation to make sure we accurately capture what you have to say. Is that ok with you?

Rapport building

Let's begin with introductions. Could you please state your name and what your role is within the community?

Discussion Questions

What do you know of the SUNRISE project and what is has accomplished in this community?

Community Capacity to Plan and Respond to the Needs of Vulnerable Children

- What do you feel are the main issues affecting vulnerable children and families in this community?
- Did any of you participate in community mapping exercises? Please explain.
- How have the results of this mapping exercise helped inform the community strategies, approaches or responses to helping vulnerable families and children?
- How did you use this information to help vulnerable children and families?
- In what ways does the project help vulnerable children and families? When is a family ready to stop getting help from the project? How do you know they are ready? How long does it take?
- In what ways does the community mobilize support or resources to help vulnerable children and families?
- As a result of this project, how has your ability to address the needs of vulnerable children and families improved/changed? What project activities helped you most?
- We understand that the para social workers collect data on vulnerable families which is fed into a district level information system. Do you ever get information back from the district level?

Role of Parasocial Workers

The first thing I would like us to discuss is parasocial workers, those people in the community trained by the SUNRISE project who are responsible for working with the communities to protect and improve the wellbeing of children: A large part of the project has been focused on increasing the number of parasocial workers and strengthening their capacity to work with families, including identifying families or children that are need support, assessing the situation and then referring the child or family to appropriate services. I assume that many and perhaps all of you have had some interaction with a parasocial worker. If so, I would be interested in hearing your thoughts on the following:

- How does the parasocial worker identify vulnerable children or families (households)?
- How is the parasocial worker treated in the community? Do people respect the work he or she does?
- Do you have any direct interaction with parasocial workers? Please explain.
- Do you feel that the parasocial worker is familiar with the problems and key issues faced by children in the community?

- In which ways does the parasocial worker work the local leaders and government officials including government officials such as the police, probation officer, judicial officers? Please explain.
- How do they work with the Sub-County OVC Coordinating Committees, agricultural extension officers or community health workers to address the problems that vulnerable families and children? Please explain.
- Do you have any suggestions for what could be done to improve the way that parasocial workers are doing their job? Please provide suggestions.

Access and Quality of Services

An important part of social work and social services is providing referrals to services that support and improve the situation of children and families. The next set of questions that I would like us to discuss revolve around **Access and Quality of Services**.

- What types of services exist in this community to help families and children (probe: legal aid, counseling, health, child protection, education, financial support, etc.)? Who provides these services? How do people find out about these services? What is your opinion about the quality, accessibility and adequacy of these services?
- Do you think the most vulnerable families are able to access these services? If not, what are the barriers?
- Have there been instances where a family or child needed to be referred for assistance? Can you provide some examples, please?
- Have any of you participated in social service camps [find out local terminology from TSO prior to FGD]? How effective was this as a way of connecting vulnerable children and families to necessary services? Do you have any recommendations for how it could be improved?
- When services that are supposed to be provided by the government, but are not, what do you do as community leaders?
- Do you have suggestions for what could be done to improve the services? Are there services that do not exist that you feel should exist to meet the needs of children and families in this community?

Child Protection and HIV

Now we are going to discuss some issues that can be sensitive or make us feel a bit uncomfortable. Please let me know if you do not want to participate. If you don't want to answer, that is OK. A big part of this project was to raise awareness around issues of violence, especially violence against children. It is also focused on raising awareness about HIV. The next set of questions has to do with what we refer to as **child protection (i.e., violence, sexual and physical abuse, neglect, exploitation) and HIV**.

- What have you learned about child protection (protection from violence, abuse and exploitation) from this project?
- What do you feel are the biggest child protection/child rights related to abuse, violence and exploitation issues in this community?
- Have you seen any changes in the way children are treated within your community since the project started? Please explain.
- Do you know about any cases of physical or sexual abuse of children? How was it handled? Do people know where to report it and what services the child should receive?
- What are the barriers and facilitators to reporting? How could these be overcome?
- Do you have any suggestions for how parasocial workers or community leaders or government can help build awareness to prevent abuse, neglect and exploitation of children?

- Are there any traditional norms that the community has identified as harmful or beneficial to children? If so, what are they? And what is the community doing about them?
- Are you aware of any bylaws developed in the past 5 years which better protect children from violence, abuse and exploitation? If so, what are they? How have they made a difference in your community?

As you know HIV can have a big impact on communities, families and children. We would now like to better understand how the issue of HIV is being addressed in this community...

- Are people living with HIV (adults, adolescents and children) treated differently than other community members? How?
- Do you think there are children and adolescents living with HIV who are not identified or receiving treatment? What are the barriers and challenges?
- What can be better done to prevent HIV infection amongst children and adolescents, especially girls?
- Do you have any suggestions for how social workers, community leaders or government can better address issues of HIV, especially stigma and discrimination?

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed (social workers, services, child protection and HIV)? Thank you very much for your participation today. This has been a very important opportunity for us to learn from all of you what has worked well and what the project can improve upon. I am so appreciative of your input and am delighted that we were able to share this time together. Thank you!

FGD Protocol and Questions for District OVC Committee

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Introduction

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I am here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how this project has or has not impacted your lives. I would like to listen and better understand what you feel have been the successes of this project. I would also like to know what are some of the things that could be improved upon.

Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

In my interview with you today, I would like to ask you a series of questions about the project. These questions relate to social workers, social services, the role of the DOVCC and coordination. We might also discuss issues that are considered sensitive such as HIV, child abuse and poverty. If any of my questions or the topics we discuss make you feel uncomfortable or are difficult to answer—you are free to decline answering the question.

Because these issues are sensitive, I would like to ask that we show our respect and concern for each other and listen to others and not judge. I have a consent form that explains the purpose of our discussion and requests your permission to use the information, including quotes, in a report that we will be writing. If any of you prefer to remain anonymous or not to have your words or stories written in the report, please let me know.

The discussion should take approximately two hours. I will be taking notes (or X will be taking notes) while you are talking as I want to be sure and remember the important things you have to say.

Rapport building

Do you all know each other? Let's begin with introductions. Could you please state your name and what you like most about being a member of the DOVCC.

NOTE TO TEAM: BE SURE TO GET NAME OF INSTITUTION OR GOVT BODY THEY REPRESENT AND NAMES OF MISSING PERSONS.

Discussion Questions

Composition and Role of DOVCC

- What is your role as the DOVCC within the child protection system?
- When was the DOVCC established and by whom?
- How was membership determined?
- If the DOVCC is receiving support from groups besides SUNRISE could you please tell us whom and what kinds of support.
- Do you feel that all of the important government or district bodies are represented? If not, who is missing?
- To what extent do you feel that the DOVCC has been able to fulfill its mandate?
- What do you see as the most important task or activity(ies) of the DOVCC?
- How does the DOVCC coordinate with or relate to government, NGOs and community leaders?
- What are the strengths of those relationships? What are the challenges?
- Do you feel that the DOVCCs are recognized as an important part of the child protection system in this district?
- What is the relationship between DOVCC and SOVCC?

- Who does the DOVCC report to? How frequently and what do you report on?
- Do you have suggestions for how the DOVCC could do its job better?

Social workers: A large part of the project has been focused on increasing the number of social workers and strengthening their capacity to work with families, including identifying families or children that are need support, assessing the situation and then referring the child or family to appropriate services. I assume that many and perhaps all of you have had some interaction with a social worker. If so, I would be interested in hearing your thoughts on the following:

- How does the para social worker identify vulnerable children or families (households)? Do you feel like they are capturing the right children/families or are there gaps/children that are not identified but should be?
- Do you think that the social workers have enough of an understanding of the issues facing children and families and how to assess the situation and then refer? Please explain by providing examples.
- How is the social worker treated in the community?
- Do people respect the work he or she does?
- Has there been a change in public perception of social work since the project started?
- What is the relationship between the DOVCC and social workers? What does this look like and what is the purpose of the interaction? How would you describe this relationship?
- Do you have suggestions for what could be done to improve the way that social workers are doing their job?

Access and Quality of Service (mapping)

An important part of social work and social services is providing referrals to services that support and improve the situation of children and families. The next set of questions that I would like us to discuss revolve around **Access and Quality of Services**.

- What do you feel are the main issues affecting vulnerable children and families in this community?
- Where do you get this information?
- What types of services exist in this community for OVC?
- Did the DOVCCs participate in community mapping exercises? Please explain?
- How have the results of this mapping exercise helped inform strategies, approaches, decision-making or responses?
- How often has it been updated?
- Is the information shared with SOVCC and/or communities and if so, how?
- Does your district have an OVC strategy?
- If yes, how did the DOVCC participate in developing the OVC strategy?
- How has the DOVCC utilized the OVC strategy for planning, budgeting, advocacy and reporting?
- Do you have suggestions for what could be done to improve or expand the services?
- Are there services that do not exist that you feel should exist to meet the needs of children and families in this community?
- Has the composition of membership of the DOVCC had an influence on how services are identified or provided to OVC. Please give examples. (e.g., cross referral to social protection, justice?)

Quality Improvement

- Does this DOVCC have a TWG on Quality Improvement?
- Are there quality standards that exist?
- Are they utilized in your district?
- Who utilizes them and how?

- What difference have the quality improvement standards made?
- How do you know if the services that are provided are of quality? What feedback are you getting from those referring to services, those receiving services and those providing services?

Sustainability

- Has the DOVCC been able to advocate for increased resources (staffing, funding, etc) for OVC related issues?
- Has this been a direct result of SUNRISE or what other factors had a role in this?
- What kinds of skills or knowledge have you received from the SUNRISE project that have helped you in this process?
- Do you feel that the SUNRISE project has helped the DOVCC in making OVC issues more prominent in district agendas and across sectors?
- Do you feel that the work the DOVCC will continue after this project ends? Please explain.
- **Prompt to team members (ask about the six system components: legal, policy and governance, workforce, financing, coordination, information, service delivery)**

Child protection awareness, prevention and response

Now we are going to discuss some issues that can be sensitive or make us feel a bit uncomfortable. Please let me know if you do not want to participate. A big part of this project was to raise awareness around issues of violence, especially violence against children. It is also focused on raising awareness about HIV. The next set of questions has to do with what we refer to as child protection (i.e., violence, sexual and physical abuse, neglect, exploitation).

- What have you learned about child protection from the SUNRISE project?
- What do you feel are the biggest child protection issues in this district?
- Have you seen any changes in the way children are treated within your community? Please explain.
- Do you know about any cases of physical or sexual abuse of children? How was it handled? Do people know where to report it and what services the child should receive?
- SUNRISE helped organize social service camps to address the protection needs of vulnerable children in this community. How did the community receive this activity? What were the strengths/results? Are there areas to improve upon?
- Do you have any suggestions for how social workers or community leaders or government can help build awareness to prevent abuse and violence?
- Have you seen an increase in reporting child abuse?
- What government structures are most effective in responding to issues of abuse?
- Where are some of the challenges in this process?
- How might the DOVCC address these?
- Has your DOVCC addressed issues of Child Care Institutions in your district? Please explain.
- Has the SUNRISE project helped you better understand issues around alternative care, family care and the role of government in monitoring Child Care Institutions?

If there is time, please ask HIV specific questions

- Are people living with HIV (adults, adolescents and children) treated differently than other community members? How?
- Do you think there are children and adolescents living with HIV who are not identified or receiving treatment? What are the barriers and challenges?
- What can be better done to prevent HIV infection amongst children and adolescents, especially girls?

- Do you have any suggestions for how social workers, community leaders or government can better address issues of HIV, especially stigma and discrimination?

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed (social workers, services, child protection and HIV)? Thank you very much for your participation today. This has been a very important opportunity for us to learn from all of you what has worked well and what the project can improve upon. I am so appreciative of your input and am delighted that we were able to share this time together. Thank you!

FGD Protocol and Questions for Sub-county OVC Committee

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?
3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Introduction

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I am here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how this project has or has not impacted your lives. I would like to listen and better understand what you feel have been the successes of this project. I would also like to know what are some of the things that could be improved upon.

Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

In my interview with you today, I would like to ask you a series of questions about the project. These questions relate to social workers, social services, the role of the SOVCC and coordination. We might also discuss issues that are considered sensitive such as HIV, child abuse and poverty. If any of my

questions or the topics we discuss make you feel uncomfortable or are difficult to answer—you are free to decline answering the question.

Because these issues are sensitive, I would like to ask that we show our respect and concern for each other and listen to others and not judge. I have a consent form that explains the purpose of our discussion and requests your permission to use the information, including quotes, in a report that we will be writing. If any of you prefer to remain anonymous or not to have your words or stories written in the report, please let me know.

The discussion should take approximately two hours. I will be taking notes (or X will be taking notes) while you are talking as I want to be sure and remember the important things you have to say.

Rapport building

Do you all know each other? Let's begin with introductions. Could you please state your name and what you like most about being a member of the SOVCC.

Discussion Questions

Composition and Role of SOVCC

- What is your role as the SOVCC within the child protection system?
- When was the SOVCC established and by whom?
- How was membership determined?
- Do you feel that all of the important government or district bodies are represented? If not, who is missing?
- To what extent do you feel that the SOVCC has been able to fulfill its mandate?
- If the SOVCC is receiving support from groups besides SUNRISE could you please tell us whom and what kinds of support.
- What do you see as the most important task or activity(ies) of the SOVCC?
- How does the SOVCC coordinate with or relate to government, NGOs and community leaders?
- What are the strengths of those relationships? What are the challenges?
- What is the relationship between the SOVCC and the DOVCC?
- Do you feel that the SOVCCs are recognized as an important part of the child protection system in this district?
- Who does the SOVCC report to? How frequently and what do you report on?
- Do you have suggestions for how the SOVCC could do its job better?

Social Workers: A large part of the project has been focused on increasing the number of social workers and strengthening their capacity to work with families, including identifying families or children that are need support, assessing the situation and then referring the child or family to appropriate services. I assume that many and perhaps all of you have had some interaction with a social worker. If so, I would be interested in hearing your thoughts on the following:

- How does the para social worker identify vulnerable children or families (households)? Do you feel like they are capturing the right children/families or are there gaps/children that are not identified but should be?
- Do you think that the social workers have enough of an understanding of the issues facing children and families and how to assess the situation and then refer Please explain by providing examples.
- How is the social worker treated in the community?
- Do people respect the work he or she does?

- Has there been a change in public perception since the project started?
- What is the relationship between the SOVCC and social workers? What does this look like and what is the purpose of the interaction? How would you describe this relationship?
- Do you have suggestions for what could be done to improve the way that social workers are doing their job?

Access and Quality of Service (mapping)

An important part of social work and social services is providing referrals to services that support and improve the situation of children and families. The next set of questions that I would like us to discuss revolve around **Access and Quality of Services**.

- What do you feel are the main issues affecting vulnerable children and families in this community?
- What is this informed by?
- What types of services exist in this community for OVC?
- Did the SOVCCs participate in community mapping exercises? Please explain?
- How have the results of this mapping exercise helped inform strategies, approaches, decision-making or responses?
- How often has it been updated?
- Is the information shared with communities and if so, how?
- Does your sub country have an OVC strategy?
- If yes, how did the SOVCC participate in developing the OVC strategy?
- How has the SOVCC utilized the OVC strategy for planning, budgeting, advocacy and reporting?
- Do you have suggestions for what could be done to improve or expand the services?
- Are there services that do not exist that you feel should exist to meet the needs of children and families in this community?
- Has the composition of membership of the SOVCC had an influence on how services are identified or provided to OVC. Please give examples. (e.g., cross referral to social protection, justice?)

Child protection awareness, prevention and response:

Now we are going to discuss some issues that can be sensitive or make us feel a bit uncomfortable. Please let me know if you do not want to participate. A big part of this project was to raise awareness around issues of violence, especially violence against children. It is also focused on raising awareness about HIV. The next set of questions has to do with what we refer to as child protection.

- What have you learned about child protection from the SUNRISE project?
- What do you feel are the biggest child protection issues in this district?
- Have you seen any changes in the way children are treated within your community? Please explain.
- Do you know about any cases of physical or sexual abuse of children? How was it handled? Do people know where to report it and what services the child should receive?
- SUNRISE helped organize social service camps to address the protection needs of vulnerable children in this community. How did the community receive this activity? What were the strengths/results? Are there areas to improve upon?
- Do you have any suggestions for how social workers or community leaders or government can help build awareness to prevent abuse and violence?
- Have you seen an increase in reporting child abuse?
- What government structures are most effective in responding to issues of abuse?
- Where are some of the challenges in this process?
- How might the SOVCC address these?
- Has your SOVCC addressed issues of CCI in your district? Please explain.

- Has the SUNRISE project helped you better understand issues around alternative care, family care and the role of government in monitoring CCIs?

Sustainability

- Has the SOVCC been able to advocate for increased resources (staffing, funding, etc) for OVC related issues?
- What kinds of skills or knowledge have you received from the SUNRISE project that have helped you in this process?
- Do you feel that the work the SOVCC will continue after this project ends? Please explain.
- **Prompt to team members (ask about the six system components: legal, policy and governance, workforce, financing, coordination, information, service delivery)**

Quality Improvement

- Does this SOVCC have a TWG on Quality Improvement?
- Are there quality standards that exist?
- Are they utilized in your district?
- Who utilizes them and how?
- How do you know if the services that are provided are of quality? What feedback are you getting from those referring to services, those receiving services and those providing services?

HIV

- Are people living with HIV (adults, adolescents and children) treated differently than other community members? How?
- Do you think there are children and adolescents living with HIV who are not identified or receiving treatment? What are the barriers and challenges?
- What can be better done to prevent HIV infection amongst children and adolescents, especially girls?
- Do you have any suggestions for how social workers, community leaders or government can better address issues of HIV, especially stigma and discrimination?

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed (social workers, services, child protection and HIV)? Thank you very much for your participation today. This has been a very important opportunity for us to learn from all of you what has worked well and what the project can improve upon. I am so appreciative of your input and am delighted that we were able to share this time together. Thank you!

FGD Protocol and Questions for Para Social Workers

Keep in mind that you want to gather information to answer the following:

1. What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?
2. Under what circumstances were some program interventions and approaches more successful than others?

3. Did the SUNRISE systems strengthening activities have any measurable impact at the household / child level? This question asks for comparisons on changes in status of OVC households across districts supported by SUNRISE and those without, districts that have both SUNRISE and SCORE activities.
4. Where do we see evidence of coordination and collaboration between the local government OVC systems strengthening activities and the household level activities? What was the effect of that collaboration? What other opportunities exist that have not been utilized?
5. How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
6. What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

***** Note to evaluation team. Would be good at the beginning to get each participant to explain how many community groups/NGO/GoU they are involved in. For example, are they working with the CP Committee, or with Plan or World Vision, etc. Need to be sure and clarify that we are asking about their role with SUNRISE (via the TSO)**

Introduction

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I am here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how this project has impacted your work and how your work has impacted vulnerable children and families in this community. I would like to listen and better understand what you feel have been the successes of this project. I would also like to know what are some of the things that could be improved upon.

Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

In my interview with you today, I would like to ask you a series of questions about the project. These questions relate to your work, collaboration with others (government, NGOs, DVOCCs, etc), referral processes and child protection and HIV. If any of my questions or the topics we discuss make you feel uncomfortable or are difficult to answer—you are free to decline answering the question.

Because these issues are sensitive, I would like to ask that we show our respect and concern for each other and listen to others and not judge. I have a consent form that explains the purpose of our discussion and requests your permission to use the information, including quotes, in a report that we will be writing. If any of you prefer to remain anonymous or not to have your words or stories written in the report, please let me know.

The discussion should take approximately two hours. I will be taking notes (or X will be taking notes) while you are talking as I want to be sure and remember the important things you have to say.

Rapport building

Do you all know each other? Let's begin with introductions. Could you please state your name, how long you have been working as a social worker and your favorite thing about para social worker (OR OTHER TERM)

Discussion Questions

Awareness about vulnerability in the community (e.g., mapping)

- What are the main issues that make children and families vulnerable in this community?
- Do you feel that you are adequately prepared to identify vulnerable families and support vulnerable children or families in your community?
- After you identify them, what do you do?
- Did you participate in the community mapping exercise? Did any of you participate in community mapping exercises? How have the results of this mapping exercise helped inform strategies, approaches or responses?
- Do you know or have a list of vulnerable children or families in your community?
- If a family has not been identified before, how would you find out about them?
- Are the most vulnerable families being identified? If not, why?

Training:

The first thing I would like for us to discuss is about your role as social workers. It might have been a long time ago, but you probably received a 2 week training and then supervision by the CDO. We would like to hear some of your thoughts about that training.

- How do you feel the training that was provided has helped you do your work better?
- What were the topics that have been the most use in your daily work?
- What are the topics that were not very useful?
- What are topics that you wish you had learned in the training but did not? For example, are there issues that you deal with in your role that you wish you had more information about?

Self perception, understanding of role and supervision

- How were you selected to be a para social worker?
- How do you feel community members treat you?
- Do you feel that your role as a social worker is respected by community leaders?
- If so how is this demonstrated? Who do you think is most supportive of your role as a social worker?
- What kind of support or supervision do you receive in your job? (e.g., who do you report to? Who asks you about what you are doing?)
- Who provides supervision? Please explain what this entails.
- How frequently do you receive support or supervision from this person? Is this enough? Not enough?
- When there is something about your work that you don't understand or that you would like help with what do you do and whom do you speak to? (if needed give a prompt, like a case of sexual abuse by a relative).
- On average how many families do you see in one month? Is this too many, too few, just right?
- How do you balance this with your other responsibilities?
- Do you know of other para social workers who have stopped doing their work? What was the reason for this?

Referrals and coordination:

An important part of social work and social services is providing referrals to services that support that improve the situation of children and families. The next set of questions that I would like us to discuss revolve around **referral, access and quality of services:**

- Once vulnerable children and families are identified in your community how are they assessed and then how are they referred to the Assistant CDO? (**NOTE to team: is there a form they use**)
- What are the main issues affecting children and families that would make you refer to the Assistant CDO?
- Are there instances when a child or family has been identified that you do NOT refer to the Assistant CDO?
- Once you refer the case to the Assistant CDO, what are the main services that children or caregivers can access?
- How do you ensure that they have accessed the services? How do you follow up? How often?
- How are you able to determine if the problem was resolved for the child or the family?
- What services for OVCs do you wish existed in this community that don't? Do you have suggestions for what could be done to improve the services?
- Do you ever receive referrals of a vulnerable child or pregnant woman from the health clinic or community health worker (VHT)? Please explain.

Service Camps

- Have any of you participated or helped organize social service camps/outreach?
- How were families identified for this? How did you make the community aware of the outreach?
- How many people usually attend these camps? How is it documented?
- How many have you had in your community/parish?
- What issues or topics are usually addressed at these service camps/outreach?
- What service providers are there? Was it enough?
- What are some of the benefits of this approach (prompt: easy access, timing, etc.)?
- What were some of the results? (prompt: case study info)
- What did the community feel about these camps?
- How do you think they could be improved?
- Approximately how many of the children and families that you work with are affected by HIV? Are they receiving proper health care and treatment? If not, why not?

Graduation:

- How do you know when a child or family's situation has improved and they are ready to move on from receiving services?
- What is your role in this process?
- How many children/families that you have worked with have reached a point where they can "graduate" from the program?
- How many children or families left the program but then came back and needed help?

Child protection awareness, prevention and response:

Now we are going to discuss some issues that can be sensitive, but I assume that you are all used to this given the work that you do. A big part of this project was to raise awareness around issues of violence,

especially violence against children. The next set of questions has to do with what we refer to as child protection (i.e., violence, sexual and physical abuse, neglect, exploitation) and HIV.

- What are the main issues related to abuse and violence against children in this community?
- What child protection issues are the most difficult for you to deal with in your work? Why?
- Have any of you had a case where you found a child in your community was being abused?
- How was it identified?
- Who in the community was involved in helping the child?
- What are some of the challenges that a case like this might face? (note: what are the barriers?). Which part of the process is most difficult (e.g., police, culture, expenses, justice system)
- What services were available to the child?
- What happened to the perpetrator?
- How have you incorporated the things you have learned about abuse and violence in your day-to-day work? What about in your own home? (any prevention)
- Have you seen any changes in the way children are treated within your community in terms of child abuse?
- How do you talk to parents and help them understand about issues of abuse? (prevention)
- Are there children in your community that are in child care institutions?
- Have you worked with families that talk about placing their child in a CII?
- How did you handle that situation?
- Have there been any children reintegrated from child care institutions back into family care? What has been your role with these children and families?
- Are girls or boys engaged in any kind of commercial sex whether for money or some kind of item?
- What was your response to this situation?
- Do you have any suggestions for how social workers or community leaders or government can help address issues abuse against children?

NOTE: if there is time, please ask the following to help inform future programming and portfolio review:

- Are people living with HIV (adults, adolescents and children) treated differently than other community members? How?
- Do you have any suggestions for how social workers, community leaders or government can better address issues of HIV, especially stigma and discrimination and access to care and treatment services?

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed (social workers, services, child protection and HIV)? Thank you very much for your participation.

FGD Protocol and Questions for Para Social Workers

Keep in mind that you want to gather information to answer the following:

- What evidence exists that demonstrates that the SUNRISE program has achieved its four intermediate results?

- Under what circumstances were some program interventions and approaches more successful than others?
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- How have relationships between key OVC stakeholders at the different levels of district changed as a result of USAID programming? What was the effect of these changes on improving access, coverage, quality and utilization of OVC services?
- What have we learned about systems strengthening activities for improved OVC services? Where are the gaps? This questions asks for an assessment of the different OVC systems strengthening activities that have been conducted by various USAID activities i.e. SUNRISE, SDS, district based technical assistance programs, ASSIST.

Introduction

I am here to do a final evaluation of the SUNRISE project. The SUNRISE project has been working in this district for X years, with the support of NAME OF TSO. I am here to ask some questions and hear your responses. In particular, I am interested in hearing from all of you how this project has impacted your work and how your work has impacted vulnerable children and families in this community. I would like to listen and better understand what you feel have been the successes of this project. I would also like to know what are some of the things that could be improved upon.

Our team is collecting information from other districts (ADD NAMES) and from many different people who have been in engaged in or have received services from this project. We hope to use this information to provide us with important feedback that will help inform and guide the next phase of programming. We want to build on what is going well and learn from and improve upon the things that are not going as well as we would like.

In my interview with you today, I would like to ask you a series of questions about the project. These questions relate to your work, collaboration with others (government, NGOs, DVOCCs, etc), referral processes and child protection and HIV. If any of my questions or the topics we discuss make you feel uncomfortable or are difficult to answer—you are free to decline answering the question.

Because these issues are sensitive, I would like to ask that we show our respect and concern for each other and listen to others and not judge. I have a consent form that explains the purpose of our discussion and requests your permission to use the information, including quotes, in a report that we will be writing. If any of you prefer to remain anonymous or not to have your words or stories written in the report, please let me know.

The discussion should take approximately two hours. I will be taking notes (or X will be taking notes) while you are talking as I want to be sure and remember the important things you have to say.

Rapport building

Do you all know each other? Let's begin with introductions. Could you please state your name, how long you have been working as a social worker and your favorite thing about being a social worker.

Discussion Questions

We have heard that some groups of para social workers have organized associations.

- Why did you form an association? What was the motivation?
- How long ago did you form the association?
- What was the process involved? Is it officially registered?
- How many members are you?
- What are the requirements of being a member?
- What has been the benefit of having an association?
- Have there been any challenges or problems with the association?
- How have you dealt with it?
- Has the association had any interaction with the government? What about other CSO? (prompt: training, leadership, etc)
- What are your hopes for the association in the future and what plans do you have?
- Do you have a Village Savings and Loan Associations as part of this association?
- Why did you decide to do a Village Savings and Loan Associations within the Association and not with other established group in your community?
- If yes, why did you form this and what have the benefits been to your group (NOTE TO TEAM: GET INFORMATION FOR POSSIBLE CASE STUDY on either the Association or the VLSA)

Conclusion

Do you have anything else that you would like to share with me about the topics we have discussed?
Thank you very much for your participation.

Annex 9: SUNRISE-OVC Project Organigram

