EVALUATION REPORT FOR THE COMMUNITY CHILD SUPPORT PROJECT - CCSP

END OF PROJECT REPORT – AUGUST 2012

SUBMITTED TO;

UGANDA REPRODUCTIVE HEALTH BURAU

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WITH SUPPORT FROM THE OAK FOUNDATION

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Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
ANPPCAN	-	African Network for Prevention and Protection of Children against Abuse and Neglect
CCPCs	-	Community child Protection Committees
CPAs	-	Community Policing Agents
DCRFCs	-	District Child Rights Focal Committees
FGDS	-	Focus Group Discussions
HCP	-	Health Communication Partnership
HCT	-	HIV Counseling and Testing
IEC	-	Information, Education and Communication
LC I	-	Local Council 1
MOES	-	Ministry of Education and Sports
MOGLSD	-	Ministry of Gender, Labour and Social Development
NGO	-	Non Governmental Organization
SPSS	-	Statistical Package for Social Scientists
STD	-	Sexually Transmitted Diseases
UBOS	-	Uganda Bureau of Statistics
URHB	-	Uganda Reproductive Health Bureau
VHTS	-	Village Health Teams

Acknowledgements

I hereby take this opportunity to acknowledge and appreciate various people and groups for their outstanding contribution to the final evaluation of the Community Child Support Project (CCSP).

I do extend my gratitude to CCSP project management for having trusted me with the responsibility of providing technical support for the design and execution of the evaluation task. I remain grateful to respondents' contributions to the exercise through various ways which include; sacrificing ample amounts of time to share relevant information, participating in interviews and reviewing draft report.

In particular, acknowledgement goes to the following offices and people; Child protection Committee members, Community policing agents, District Child Rights focal persons, Probation and Social Welfare officers, police officers, and service providers (nurses and counselors) who participated in the study.
Community members who participated in the interviews and demonstrated high levels of commitment, school administrators, teachers, students and peer counselors are highly appreciated for their time and commitment.

Lastly, my appreciation goes to OAK Foundation for providing financial support and URHB for the guidance during the process of conducting this evaluation.
You are all appreciated; your contribution made the exercise a success.
Yours Truly,

Kyadondo Nakato Lillian
Lead Consultant

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1. Executive summary

1.1. Introduction

The end of project evaluation was commissioned by the management of the Uganda Reproductive Health Bureau to assess overall impact of the CCSP project on community responsiveness to issues of children's rights and child abuse in the project sub countries in the districts of Kaliro, Bugiri and Kampala. The study also thought to identify lessons learnt from project implementation which can be utilized to improve future project activities and maximize results regarding reduction of incidence of child abuse in the project communities. The study was executed by independent consultant in consultation with project staff and supported financially by OAK Foundation

1.2 Objectives of the end of project evaluation

1. To assess the extent to which project objectives were met.
2. To review implementation strategies and their alignment to project objectives
3. To review key lessons learnt from implementation strategies with a focus on project achievements /successes, areas of strengths and implementation gaps/ challenges
4. To provide recommendations for future similar programs.

The evaluation process involved a thorough review of key project documents that include the project proposal, baseline survey, the midterm evaluation report and the project progress reports among others. These allowed for understanding and comparisons with study findings in the efforts to assess key achievements made, outcomes realized as well as effectiveness of implementation strategies.

1.3 Methods of data collection

The study design employed was largely qualitative . However data collection methods used were geared at collecting both qualitative and quantitative data. These include; literature review, Focus Group Discussions, individual in depths interviews, clinic exit interviews and observations with selected target audiences using developed questionnaire guides.

1.4 Key summary findings

Study findings have revealed that CCSP was a timely, relevant and strategically designed initiative for promoting the rights of children in the project areas. The project was timely in the sense that it was initiated at such a time when cases of aggravated child abuse were at the peak in the communities, when community response was so minimal and compromised. It can be observed that even now, there are very few initiatives by NGOS or government which address children's rights using the holistic and multi sectoral approach. The design was strategic in a sense that exiting community and district structures were utilized to respond to the problem of child abuse thereby enhancing community responsiveness and sustainability of activities.

1.5 Key project achievements

It can be deluded from the study findings that the project realized the overall goal of strengthening community capacity for child responsiveness and to establish community structures and child advocacy networks to manage issues of Child Abuse including child sexual abuse. Such structures like the District Child Rights Committees, the Child Protection Committees are not only in place but fully functional. This is demonstrated by increased levels of awareness and enthusiasm to respond to child rights and related issues in their communities , active participation in committee activities and promptness to provide needed support regarding cases of abused children. The collaboration between the community and district committees in remarkable. Results also show that to a large extent, the project realized the aim of reducing incidence of Child Rights violation and ensure that the Rights of children are protected at family and community level in the slum and rural areas of the 3 districts of Kampala, Bugiri and Kaliro. This conclusion is drawn from the trend of cases of child abuse reported at the probation offices, police stations and health facilities in the project communities which indicated a decrease in the last year of implementation yet the commitment members were more vigilant in their efforts to identify and report incidences of abuse and or violations of children's rights.

1.6 Key project outcomes highlighted in the study include:

- Increased awareness regarding child rights issues among community members.
- Positive attitude developed among community members regarding the concept of children's rights.
- Strong acceptance of community members regarding their role in promoting children's rights and reporting abuse.
- Increased proportion of young people who know and can protect their rights.
- Increased levels of reporting of cases of child abuse by community members.
- Demonstrated commitment on the side of local authorities to respond to issues of child abuse and children's rights.
- Enhanced capacities of community child protection committee members in responding to issues of violation of children's rights.
- Improved access to treatment, care and support services for abused children by community members, local authorities and health service providers.
- Improved health and wellbeing of abused children
- A reflected decrease in incidence of child abuse and violations in the project communities.

1.7 Alignment of implementation strategies and activities to project objectives.

Assessment regarding the alignment of project strategies and activities to project objectives indicate a super match as the design of the strategies ensure that there is no missed opportunity at each level of response to issues of child abuse. The design of the strategy ensures that awareness and sense of responsibility among community members is enhanced, cases of abuse identified promptly, addressed effectively and abused children accorded care and treatment. Community policing helps ensure that abuse does not recur. The implementation strategies and activities also

promote sustainability of services since existing nationally accepted structures are used to promote child rights and combat abuse in the project communities.

1.8 Key implementation lessons learnt

Community structures and networks utilized in implementation have greatly enhanced project visibility and confidence from community members and district authorities. This has led increased sense of participation and ownership. One can see a unique community empowerment model for responding to issues of child rights and child abuse in this country. As a result of effective functionality of the community network structures, good will for project continuity among the community members and district authorities has been realized.

The strategic design of the complementary tasks of the community and district committees and local council leaders (DCRCs, probation officers, police officers, CPCS, policing agents and local leaders) created such a strong synergy there by leveraging resources, improving efficiency and bridging of a long standing operational gap between local community and district authorities. Efforts should be made to document and share lessons from this exemplary model of relationship.

The project has demonstrated high capacity for replication to other sub counties and districts in various parts of the country. The structures used are already existing in others districts and implementation has proved that community responsiveness can be enhanced through equal level participation and training.

Another lesson learnt about the implementation of the CCSP project is that it is never enough to set up institutions or services for responding to the need of abused children. Training of the human resource is critical for friendly services, so as clients will utilize them. Services at the project health facilities are tailored to the special needs of the abused children there by influencing them to visit with the care takers when needed.

Advocacy efforts, though may take time to yield tangible results can be instrumental in causing positive change traditionally perceived impossibilities in promoting child abuse. Such traditional practices like early and matched marriages can become history through consistent strategic efforts.

1.9 Key implementation challenges

Despite the highlighted keys successes reported in this study, there were sighted limiting challenges. These include; over stretched coverage for the community child protection committees, long distances travelled by some clients to health facilities, human resource transfers of the trained district officials and inadequate shelter for abused children while undergoing formalities for case prosecution.

1.10 Key recommendations

- Development of a transparent non financial incentive strategy for the peer education program in supported schools.
- Introduction of the out of school peer education program.
- Increase number of child protection committees.
- Explore mechanisms for improving shelter and or treatment for abused children while at the police and related offices.
- Introduction of a cost effective follow up strategy for abused children
- Strengthen advocacy efforts for expanded coverage for community child support program and yielding positive policy and legislation changes regarding child abuse and children's rights.
- Strengthen monitoring and evaluation mechanism
- Train the local council leaders in child rights promotion and response to child abuse in their communities.
- Continue with project efforts to intensify response to child rights issues in the communities.

2. Background and introduction

In this chapter, the situation of children regarding their rights in Uganda is explored including ; evidence of abuse in the communities, government policy framework and response to the problem, unmet need as well as CCSP's rationale for intervention and program scope.

2.1 The situation regarding child abuse and children's rights in Uganda

Uganda subscribes to the UN charter for children. Various efforts have been made at national level to improve the legal and policy framework for improving the situation of abused children and promote the rights of children in the country. Several policy and legal documents have been developed and disseminated to guide interventions both government and Non governmental to respond most effectively to the cause of children's rights.

Such documents include; the National Constitution, Children's Act, the Trafficking in Person's Act. Instituted frameworks have led to the establishment of various units and sections of governance right from national, district and community level to address issues of children. These include children's desk at the ministry of gender labour and social development, National council of children, children's desks and the local community governance councils as well as child protection committees in various districts.

Despite those efforts, child abuse in this country continues to pose challenges found in inadequacy to reach out effectively, to the abused child, low community commitment to prosecute offenders and the misconception by parents that child rights is about getting children lose and so out of control. High levels of violation of children's rights render such children

vulnerable to un imaginable suffering which risks their lives to HIV/AIDS, early un wanted pregnancies and the loss of their future and even entire lives.

Available research indicates that the concepts of child protection and children's rights have not received the attention they deserve in many communities including the very institutions like family, schools and police which should be providing maximum protection against abuse. Current government and NGO efforts to promote the rights of children, are scanty, segmented and not adequately designed to provide a holistic response to the needs and rights of children. However, there is a decline in some forms of violence against children.

There are identified increased efforts from community members and local leaders to report cases of child abuse and to intervene and rescue children from abuse by care takers. However, on most occasions, such efforts ignore the right of the child to privacy and dignity thereby leaving the abused child with such trauma that cannot allow for positive social functioning for that child.

The Police annual crime report 2009 revealed that defilement remained the most rampant form of crime against the children with 7, 360(57%). However, a slight decline (14%) was registered compared to 8,635 cases reported in 2008. Child neglect registered the second highest cases of abuse at 3,126 (24%) up from 2,628 cases in 2008 indicating an increment in child neglect by 498 (16%) cases. Child desertion 754 (5.9%), indecent assault 550 (4.3%) cases, torture 552 (4.3%), child stealing **206** (1.6%) up from **157** (13.4%) cases in 2008, abortion 72 (0.5%) up from 48 cases in 2008 increasing by 20%, kidnap 49 (0.3%), infanticide 46 (0.3%), child sacrifice 29 (0.2%) up from 25 cases in 2008 and child trafficking with 16 cases (0.1%).
The report also highlights the growing contribution of the media in reporting on child abuse and neglect that has significantly increased and cements its watch dog role over the public; the print media reported 294 cases of child abuse with Bukedde reporting the highest at 118(40%) cases, New Vision 100(34%) and the Daily Monitor 76(26%) cases

Child neglect was the most rampant form of abuse reported to ANPPCAN in 2009; the offence registered 969 cases representing 30%, defilement 434 cases representing 14% of total offences, assault 180(5.7%), property rights, commercial sexual exploitation of children, sickness, orphans, custody, maintenance, gender based violence and extreme vulnerability registered 876 cases (28%).

Efforts to improve welfare of children through protection and management of cases of child abuse continue to face challenges that include poor reporting and enforcement mechanisms, low

2.2 Uganda Reproductive Health Bureau and the CCSP project

Uganda Reproductive Health Bureau (URHB) is a Non Governmental Organization (NGO), founded in 1994. URHB's overall mission is to improve the health status of young people and children aged 0-30 years and also protect them from reproductive health risks. URHB contributes as well to improved health status of children and young people through access to services that include; general medical care, HIV/AIDS education including life skills, prevention and management of Sexually Transmitted Infections (STIS) among the age-group 10-24 in

school and 15-30 out of school in urban and rural areas. URHB has been implementing the Community Child Support project since 2009.

The project was initiated arising from the need to address the high incidence of child abuse in general, child sexual abuse and various forms of violations of children rights in the project operational areas of Kampala, Bugiri and Kaliro. Previous studies had indicated that the situation is being caused by various factors that include; community and family ignorance on the rights of children, poor community structures and networks for protecting, reporting and managing cases of child abuse, Limited government commitment reflected in poor funding and weak enforcement mechanisms, broken marriages and increasing poverty leading to child sexual abuse and domestic violence.

2.3. Goal of the Community Child Support Project (CCSP)

The CCSP project was initiated with an overall goal of strengthening community capacity for child responsiveness and to establish community structures and child advocacy networks to manage issues of Child Abuse including child sexual abuse.
The project is intended to reduce incidence of Child Rights violation and ensure that the Rights of children are protected at family and community level in the slum and rural areas of the 3 districts of Kampala, Bugiri and Kaliro. This initiative is being supported by the OAK Foundation (UK).

2.3.1 CCSP project objectives

To address the given goal, CCSP addresses the following objectives.

1. To organize child protection community structures in the 3 districts of Kampala (Mutungo, Luzira and Mbuya parishes in Nakawa Division), Bugiri (Bugiri Town Council, Buwunga and Muterere Sub counties) and Kaliro (Kaliro Town Council, Namugongo and Gadumire Sub counties) in collaboration with community and other stakeholders.
2. To offer psychosocial and health care support to over 3000 sexually and physically abused children.
3. To build capacity of schools, government and private health centers in protecting children from abuse and managing cases of child abuse in the 3 districts of Kampala, Kaliro and Bugiri

2.4 Implementation framework of the CCSP project

URHB conducted a baseline study in the three project districts to establish the magnitude of the problem of child abuse and child sexual abuse. Study findings were used to inform design implementation approaches for the CCSP project so as to minimize the identified gaps.
The CCSP project was designed on a partnership model which creates effective synergy, platform for purposeful collaboration as well as ensuring sustainability.
The study explored the extent to which project design and implementation addresses issues of capacity building effectiveness and sustainability.

2.4.1 Implementation structure

At the project level, the project coordinator is the chief administrator of all project functions. He is supported by a team of technical staff who include; a medical doctor, clinical officer, training manager, child protection officer, laboratory technician, Nurse, child liaison officers, accounts team and driver.
The team works in collaboration with other established structures that link communities to medical, legal and psychosocial services among others. At the village level, there are child protection committees and community policing agents supported to promote community policing, increase awareness on child rights, receive and forward cases of child abuse. This team also works with the local council committees in charge of children to identify and follow up cases of child abuse. The child protection committees are within the approved government child support structures. They also help to refer abused children for medical and psycho social support at the identified support clinics in the project areas.
These teams also work in collaboration with the welfare and probation officers, police agents and district rights committees to ensure that follow up and effective prosecution of cases is done while protecting the right to privacy and dignity of the abused children.

2.5 Project coverage

CCSP is implemented in 3 districts namely, Kampala district, Kaliro and Bugiri district. It is important to note that implementation takes place in a few sub counties of the districts and does not cover the entire districts.

2.5.1 Kampala district (Nakawa Division)

Kampala district is divided into 5 administrative units namely, Makindye division, Nakawa division (project area), Rubaga Division, Kampala Central and Kawempe division.
Under Kampala district, the project is implemented in Nakawa division. It has an estimated population of 359,100 according to 2010 estimates. It is an outskirt of Kampala district and is confronted with socio-economic challenges of a densely populated semi urban area which range from unemployment, poverty, high crime rate as well the heavy burden of disease and poor sanitation. The division accommodates huge slums namely Luzira and Mutungo. Child abuse and other forms of violation of children's rights are rampant.

2.5.2 Bugiri District:

Bugiri district is located in the South Eastern part of Uganda, Bugiri local government attained district status in 1997. Majority of the people belong to the Busoga ethnic group. The district had a total population of 412.395 people according to the 2002 Population and Housing Census projected to increase to 495,005 with a sex ratio of 9: 10 by the end of 2007. The district has one of the highest fertility rates estimated at 7.1 children per woman and a Population growth rate of 3.7%. The district registers high levels of extreme poverty is one of the districts with highest rates of early marriage and pregnancy. Child sexual abuse and other forms of violence against children are rampant.

2.5.3 Kaliro district

Kaliro district is also found in Eastern Uganda with a population of 554,100 as per 2010 population estimates. The district shares similar socio-economic characteristics as Bugiri district. It is densely populated with high fertility rates of almost eight children per woman. Early child marriage (of up to 14 years), child abuse and domestic violence are common in this district.

2.6 Key program components

URHB implements the following key program components under the CCSP project.

Table 1: URHB key program areas.

Program area	Program activities
Health services support	• Child rights promotion and awareness regarding abuse of children • Treatment of child abuse cases • Psychosocial support for abused children and care takers • Referral for legal and related services
Community Empowerment	• Initiation of child protection committees and policing agents. • Training of CPC members • Community seminars, and dialogue meetings on response regarding abuse
School empowerment	• Facilitation of school child rights clubs • Training of Trainers of peer counselors • Training of school peer counselors Dissemination of manuals and IEC materials in schools
District support network	• Initiation of District Child Rights Focal committees • Orientation of District Child rights focal persons District consultative review meetings

In its implementation, the team collaborates with other child related NGOs in the country and project areas to effectively respond to child rights/child abuse issues. Such organizations include; Action for Children, UCRNN, ANPPCAN to mention a few. Program components are designed to maximize synergy and thereby making a holistic response to the comprehensive needs of the children in the project areas.\

3.0 Evaluation design and implementation

This chapter gives an overall description of the design, implementation and analysis approaches utilized in the study. The content highlights the objectives of the study, population samples and how they were arrived at, data collection and analysis methods.

3.1 Overall purpose of the study

The study was designed to establish the extent to which implementation impacted positively on project objectives. The study was also aimed at reviewing implementation strategies in order to discuss key lessons learnt with regard to strengthening and sustaining community capacity, improving service access maximizing partner contributions and ensuring cost effectiveness.

3.2 Objectives of the end of project evaluation

3.2.1 To assess the extent to which project objectives were met.
3.2.2 To review implementation strategies and their alignment to project objectives
3.2.3 To review key lessons learnt from implementation strategies with a focus on project achievements/successes, areas of strengths and implementation gaps/ challenges
3.2.4 To provide recommendations for future similar programs.

3.3 Scope of the study and population samples

The study was conducted in the project operational districts of, Kaliro, Bugiri and Kampala and in the project operational sub counties.

Like the midterm evaluation, the study was conducted among key population groups that include, local community leaders, community policing agents, service providers, project beneficiaries and key stake holders including the welfare and probation officers, police, District Child Rights Focal Committee members and Community Child Protection Committees. School administrators, health workers (at project and partner facilities) and peer educators. Project beneficiaries included students, clinic clients and community members from selected communities.

The exercise was conducted in the three districts of Kampala (Mutungo, Luzira & Mbuya), Kaliro (Kaliro Town Council, Namugongo & Gadumire sub-counties) and Bugiri (Bugiri Town Council, Muterere & Buwunga sub-counties) in central and eastern Uganda respectively, drawing participants from all the CCSP project areas.
The target groups were School Child Rights Clubs, Community Child Protection Committee (CCPC), District Child Rights Focal Committee (DCRFC), Community Policing Agents (CPA‟s), the district probation office, Police department of child & family protection, partner Community Based Organizations (CBO), Partner Non – Governmental Organization (NGO), Partner Hospitals and Health centers, Beneficiary schools, victims of child abuse and URHB Child protection staff.

Research locations included; Kitintale Police station Child and Family protection office, URHB clinic Kitintale, Lake Side College, Luzira Secondary School, URHB Child Protection Department, Jinja Road police station, Action for Children, Kiswa Health Centre, St. Stephens Health Centre Luzira, and Nagururu Health Centre and the grass root communities.

In Bugiri the evaluation team visited Bugiri URHB clinic, URHB Child Protection staff, Bugiri Hospital, Bukoli College, Muterere Secondary School, Buwunga Secondary School, Bugiri Hospital, Bugiri District probation office, Bugiri Police community family protection unit, and the grass root communities.

In Kaliro, key stake holders visited include, the probation and welfare office, police office, District Child Rights Committees, Child Protection Committees, Local council leaders (In charge of children and youth desks), URHB clinic staff, project supported schools Namugongo SeedSchool, Kaliro High School and Bulamoji College Gadumire) local community members as well as staff of other nearby health centers which include; , Kaliro Town Council Health centre II, Namungogo Health Centre III, Gadumire Health Centre III and the sampled grass root beneficiaries from all the three sub-counties. A total of 242 respondents participated in this evaluation exercise.

3.4 Sampling methods and techniques

Given the nature of the CCSP project, purposive sampling was used to select respondents for the study. Lists of all health workers obtained for the midterm evaluation exercise were updated with the administrators of the participating units and locations.
Interviews were then conducted with those who participated most in program implementation. These included; the counselors, lab technicians, medical doctors. Lists of all the Child Protection Officers (CPOs) were obtained and those who closely participated in implementation were identified and interviewed.

Systematic random sampling was used to identify respondents for FGDS and in depths interviews. These included the school peer educators, students as well as members of child protection committees and community members. Staff of URHB who implement the project were also interviewed using a structured questionnaire. Views were also sought from partners of other related programs who network with URHB during project implementation. Selected clients at the clinics were also interviewed to get an impression of the client-provider relationship given the nature of child cases that present at the clinics. In the sample size the maximum allowable margin of error rate was set at 10%. The evaluation performance benchmarks are fixed at 90% on the upper threshold and 70% at the lower threshold.

3.5 Data collection methods.

Various methods were used to collect data but similar to the ones used in the midterm review. This would help compare results from the two studies. These are; Literature review, Focus Group Discussions (FGDS), clinic exit interviews and in depths interviews with selected respondents. The study was mainly qualitative, though quantitative data was also collected for analysis

3.5.1 Literature review

Data sources reviewed for the exercise include; the URHB baseline study report, the midterm evaluation report, URHB/ CCSP project progress and annual reports, police, probation and welfare office reports, Child Protection units, peer educators reports, school child rights clubs activity reports and Child Protection committee reports among others. Other data sources

include; District Child Rights Focal Committees (DCRFC), Community Policing Persons (CPAs), departments of Child & Family Protection, partner Community Based Organizations (CBO), Partner Hospitals and Health centers and beneficiary school reports.
Literature was also reviewed on the general situation of child support and abuse related issues from Uganda legal documents like the penal code, children's act, OVC policy, previous studies from ANPPCAN as well as World Vision reports on the status of children in Uganda.

3.5.2 Focus Group Discussions (FGDS)

Four (4) FGDS were conducted in each of the 3 project districts with health workers, child protection committee members, peer educators and student beneficiaries. Data from the FGDS was utilize to determine views of beneficiaries regarding benefits of the program on variables like increased awareness on children's rights and community responsiveness on matters of child sexual abuse. FGDS sought to assess beneficiary views on the contribution of the project regarding promotion of child rights and protection of children against abuse in their communities.FGD participants included; peer educators, student beneficiaries, community members, health workers of URHB and partner health facilities as well as child protection committee members among others. FGD enabled the Mid- Term evaluation to generate primary data.

3.5.3 In depths interviews

In depths interviews (using a structured questionnaire) were conducted with key informants in the three project communities. The key informants included; School Child Rights Club leaders, Community Child Protection Committee (CCPC) leaders, (CPA‟s), the district probation officers, Police department of child & family protection, school teachers, partner Community Based Organizations (CBO), Partner Non – Governmental Organizations (NGOs), Managers of Partner Hospitals and Health centers, victims of child abuse and URHB Child protection staff. District Child Rights Focal Committee (DCRFC) leaders, Community Policing Persons, schools administrators also participated in the FGDS. In-depth interviews were the core source of primary data generated for analysis.

3.5.4 Client clinic exit interviews

Client exit interviews were conducted at the URHB selected health facilities with a view to determine level of client- provider relationship and quality of care issues as perceived by the affected children and care takers.
The study employed both qualitative and quantitative approaches but was largely qualitative. Qualitative data analysis involved developing thematic areas, review and tabulate frequency of occurrences or responses to quantify associations of variables and their influences. Qualitative data was transcribed and word-processed to enable easy handling in preparation for analysis. After transcription, the consultant edited the transcript to ensure completeness and logical flow. Data analysis involved reviewing the data to identify key themes as well as specific relevant issues under each theme in line with the evaluation objectives. Quantitative data was recorded and saved in a MS EXCEL format, and analyzed using Statistical Packages of Social Science (SPSS), data derived is presented in tabulations, pie charts and graphs.

3.5.5 Observations

Physical observations were made to some of the project activities like clinic service delivery and drama activities by the peer counselors. This informed the study on matters pertaining to quality, availability of services, knowledge and commitment of implementers.

3.6 Data analysis

Qualitative and quantitative methods were utilized to analyze data for the study.
For qualitative method, data was arranged and entered using thematic areas then frequencies tabulated to make interpretations. These formed impressions were then compared with information from quantitative sources. On most occasions, percentages were utilized to weigh relationships and make conclusions.

4.0 Presentation and discussion of major findings

4.1 Introduction

This chapter presents and discusses both qualitative and quantitative data. The study was largely qualitative and so interpreted respondents' perceptions, views and opinions and quantified them using thematic areas after which cross tabulations were made to arrive at general conclusions. Again observations provided opportunity for comparing given perceptions and opinions for such variables as adult attitudes. Respondents' individual comments were quoted in some of the data to demonstrated level of attitude, perceived barrier to act or frequency of incidents of child abuse among community members. Quantitative data was analyzed for such variables as levels of knowledge and occurrence of specific incidents of child abuse as given by adults and child responses. Data is presented in both narrative and figure formats that range from graphs, pie charts and tables. Presentation of findings follows the sequencing of objectives as aligned in the project lo frame. The period under study is 2009 – 2012.

It is important at this stage to note that the findings from this study would not serve as an adequate representation of the overall situation regarding child abuse in the country. However, it may provide useful information on some of the initiatives which can be replicated elsewhere in the country and the likely contribution they can make towards improving the plight of children in the country.

Overall, study findings reveal that implementation of the CCSP project by URHB between 2009 and 2012 was successful. This is attributed to the evidence realized in the study report (as will be discussed in details later) pertaining to achievement of project objectives, effectiveness of implementation strategies in responding to child abuse and strengthening of community capacity to respond.

However, it remains important to observe that despite the areas of success so far realized, a lot still needs to be done in a sense that the project was limited in geographical scope (operated in only one sub county in each of the project districts) and so could not make meaningful response

to reduction of incidence of child abuse at a district level. Because the problem of child abuse is hugely distributed at community level, there is need for intervention efforts to be expanded way beyond a sub county or two in a district.
The study also revealed that there are strong structural and program frameworks created for effective implementation which can be replicated to other non project areas and be easily adaptable.

It is noted however, that sustainability issues continued to pose challenges given the nature of partnership implemented. Whereas using already existing structures and personnel is supposed to build sustainable partnerships, working with government units like probation and welfare and police posed challenges of transfers of personnel and discontinuity of services.
Key lessons were learnt and will be discussed in later sections on what may be done differently the next time round in project implementation to strengthen such gaps.

4.2 Extent to which project objectives were met

Objective 1: To organize child protection community structures in the 3 districts of Kampala (Mutungo, Luzira and Mbuya parishes in Nakawa Division), Bugiri (Bugiri Town Council, Buwunga and Muterere Sub counties) and Kaliro (Kaliro Town Council, Namugongo and Gadumire Sub counties) in collaboration with community and other stakeholders.

Review of project progress reports, midterm evaluation report and interviews with community support agents showed that this objective was met. Functional structures were formed and supported to respond to issues of abuse and children's communities. There is evidence of the networking relationship between such units like police, probation and welfare child protection committees and the health service delivery at URHB supported clinics. The set up is likely to respond to the needs of abused children in a holistic manner. Interviews of the members of various committees formed demonstrated understanding of their roles, appreciation of the implementation networks and realization of synergy which arises from joint efforts to respond to the needs of the affected children in the communities.
The study revealed that the following structures are in place and responding to the needs of children in the communities although with some identified challenges as will be discussed later.

- District Child Rights Focal Committees (DCRFCs).
- Community child Protection Committees (CCPCs).
- Community Policing Agents from the project districts.
- Referral networks for services that include medical care, psychosocial support and , legal aid among others.

Activities of the various committees especially the Child Protection Committees have led to the achievement of the following indicators:

4.2.1 Increased awareness regarding child rights issues among community members.

Local community members were asked to identify the issues related to children's rights and abuse in their communities and they ably narrated the key ones as denial of school fees, rape and defilement, removal of children from school to contribute to family income, corporal

punishment, denial of food and early matched marriages of the girls. They were asked whether they thought it is their responsibility to protect these children from abuse and all said yes (yet interviewed individually). Respondents identified some of the challenges they continue to face in their communities in responding to the needs of the children.
They include; services for abused being far from their localities, long periods of waiting for prosecution of offenders and lack of alternative shelter for the abused children who may fear to cooperate with the people helping out at the consideration of the likely consequences if they went back to the very homes where they suffered abuse.

4.2.2 Increased proportion of young people who know their rights.

There is strong indication that levels of awareness regarding children's rights among young people in the project areas have increased. Interviews were conducted among 48 young people in 3 schools where URHB implements a peer counselors' program.
All the 48 young people interviewed stated that they had ever heard of the term children's rights. They were asked to mention the specific children's rights they know. Only one could mention one right while 27 mentioned between two and four rights while 21 mentioned more than four rights of children. This indicates a relatively high level of knowledge as compared to the base line survey. Children's rights mentioned include; right to education, right to food, right to play, right to shelter, right to be protected from abuse, right to care and love, right to medical services and right to opinion. Figure 1 provides the statistical representation of the findings.

Figure 1: Distribution of respondents by ability to mention children's rights they know

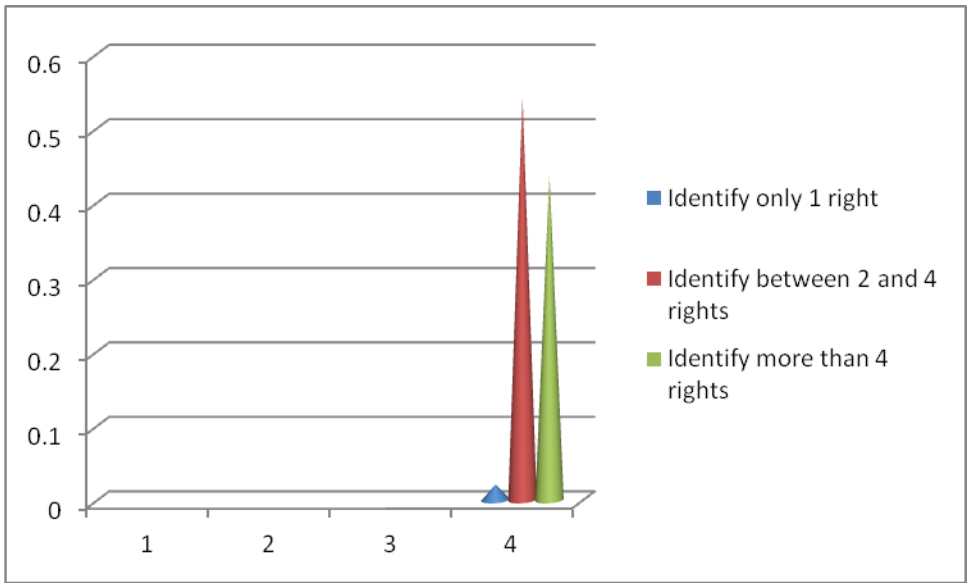
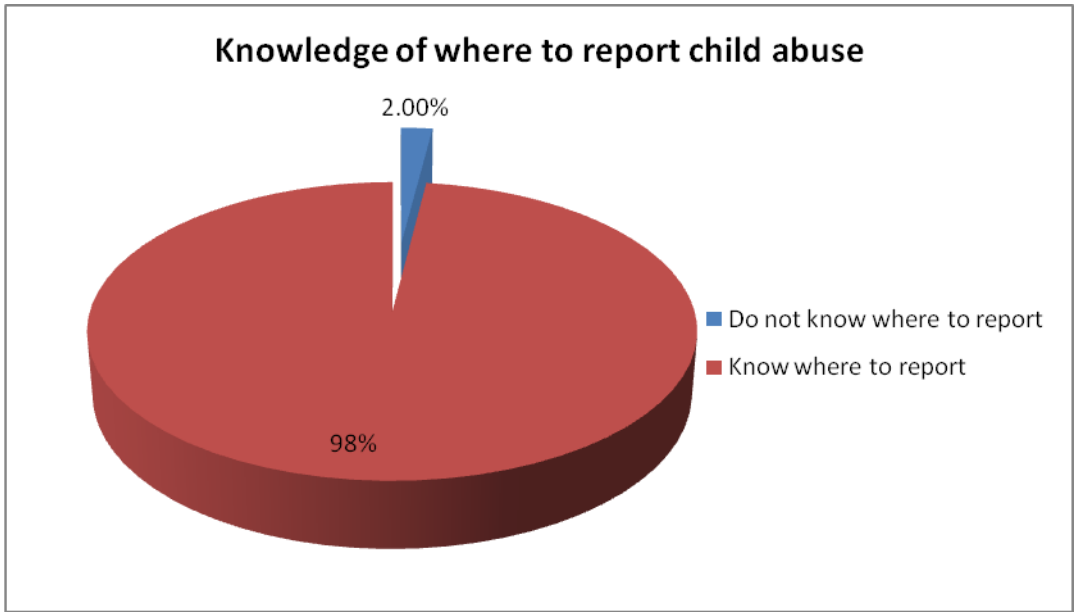


Figure 1 indicates relatively high levels of knowledge among students in the supported schools. Respondents were randomly selected to participate in the interviews. They included senior one to senior four students. Students who had been in the schools for more time had more knowledge compared to those who had joined previously (senior ones).
The study also revealed that students have adequate understanding regarding the term "child abuse".

Although many would not use the technical terms to describe abuse, it was clear they know what it constitutes. Of those interviewed, 91.2% (44) were able to correctly describes what it means and 87.5% (42) were able to identify more than two actions adults (as teachers/parents/care takers) do which can be described as child abuse.
Respondents were also asked to identify the places or people where they can go to report an incidence of child abuse. 98.% (47) knew where to report while 2% (01) did not know where to go to report.

Figure 2 Knowledge of where to report or who to contact for services



For those who stated that they knew where they can report sexual abuse, they were further asked to mention the places or people they can go to. Mentioned include; teachers, police, priest, peer counselor, parents. The understanding here is that it depends on the source of abuse, if it happens at home, they report at school and when it happens at school, they report at home. This finding also implies that there are friendly teachers at school whom the students can confide in. However, there was no mention of the child protection committee member of local council leader. This may be because most local council leaders are adults, children and young people do not find them friendly. Also it could be simply because they do not have such committees in their local communities. It is important to note that many students in the project schools come from across sub counties and so may not have the program in their specific sub counties of residence.

4.2.3 Increased levels of reporting of cases of child abuse by community members

The evaluation study revealed there is registered increase in the level of reporting on cases of child abuse from community members, child protection committees, family members as well as media.
This may be attributed to increased awareness and commitment on the side of community members and improved handling of cases reported to the police.

Members of the child protection committees stated that reporting has increased in their communities. General observation from media including news papers, radio and Television indicates the same trends. However, it should be noted that there are cases which do not reach the media or community. Such cases include defilement by family members among others as the offenders usually fear to come out in the open or the family members prefer to keep cases in confidence for fear of shame to the victimized child or the family as a whole.

4.2.4 Demonstrated commitment on the side of local authorities to respond to issues of child abuse and children's rights.

Community members interviewed revealed that there was demonstrated commitment on the side of local authorizes to respond to issues of child abuse. They were able to identify specific incidents where some local authorities (Local council leaders 1) contributed their own resources like money of transport in form of bikes to facilitate the affected children to travel to clinics for care and treatment and where they provided shelter to the children during case processes.
However, they stated that in a few communities, there are isolated cases where the local council leaders tend to wait on the child protection committee members to do everything without their support.

4.2.5 Enhanced capacities of community child protection committee members in responding to issues of violation of children's rights.

It is evident at this point that capacities have strengthened among child protection committee members to respond to issue of child abuse. The strengthened capacities is demonstrated by the abilities to approach high profile officers to advocate in such cases when prosecution is taking long, when parents or care takers are compromising with offenders and their competent participation in community and district meeting related child protection issues. The consultant for the study happened to attend a child related workshop (un noticed) where some of the CPC members were in attendance. They demonstrated commitment and good advocacy skills for the plight of abused children in their communities. With reference to project progress reports, observations and interaction with project staff, this enhanced ability and sustained motivation can be attributed to the training offered by the project, experience sharing opportunities through joint meetings with colleagues from other districts, recognition and appreciation from community members and high profile offices (probation office and police) in the district among others.

Competences of the committees members may also have arisen from the fact that majority of them are retired people with background of various professions that include; teachers, health workers, civil servants among others.

Interviews with the team indicated strong commitment as evidenced by expressions of personal benefits gained from participation in the program.

Some of the expressed gains from the program include; respect from the community for doing something about the children's issues, being able to use the skills for public communication, self

esteem building, being useful to the community after retirement, being recognized by district authorities, appreciation and respect from the project staff.

> *" One thing that makes me so happy about this program is that even the police officer we always feared respect us, we sit with them and discuss problems of our children together"*
> *" The project staff treat us in such a way that they make us feel so helpful to the program and the community"*
> *" I can now adequately conduct useful discussions with my children about issues like HIV/AIDS and they appreciate unlike in the past when I would criticize them, they way I handle my family has greatly changed and we are happier people".*
> *"I can also stand confidently before the community and talk to them and they listen and we discuss issues which had never happened in life"*
> *" I greatly enjoy the URHB workshops and the change they have caused regarding my own view about children's rights".*

In the schools, high level competences were observed among the teachers as well as the peer counselors as demonstrated by teachers' popularity among the peer counselors and the students, equal partnership level between trained teachers and peer counselors, availability of reference materials, confidence of peer counselors, students' level of awareness on child abuse issues, HIV/AIDS and related sexuality issues.

In all the project supported schools visited, competences of teachers trained exhibited goof communication skills, high knowledge of issues regarding child rights and child abuse, commitment to help affected students as well as supportive attitude from the school administrators. The trained teachers exhibited popularity among the peer counselors and the students.

The other factor that indicated enhanced capacity of the schools to implement the peer counselor program is the relationship between the teachers and the peer counselors. The peer counselors related freely with the teachers which creates a supportive environment for seeking needed guidance. This provided a source of motivation to the peer counselors who felt recognized and appreciated by the teachers.

They felt much better as peer counselors than prefects (For those who were peer counselors and at the same time prefects in their schools).

Students also pointed out that they feel free with the peer counselors although there are problems the counselors cannot solve so have to refer them to other people.

Presence of training manuals and peer counselors hand books facilitate the implementers in the schools to carry out activities with minimal support from URHB. URHB supported the schools to conduct Training of Trainer workshop which helped them create a pool of human resource for sustaining program activities. However, peer counselors stated that they have a common challenge of not having ample time set aside for their activities. This can be attributed to the

extensive syllabi for each time which leave very little time for extra curriculum activities of the peer educators.
The study strongly revealed that students had received ample learning from the peer counselors on such topics that include; children's rights, HIV/AIDS, life skills and sexuality related issues.
This finding was confirmed with the revelation from the study that major source of information on these topics among the students are peer counselors.

4.2.6 Improved access to treatment, care and support services for abused children by community members, local authorities and health service providers.

Discussions with community members and child protection committee members indicated that mechanisms for identifying abused children, reporting and prosecution of offenders had significantly improved thereby increasing access to services y abused children. Various incidents were cited where individual community members had noticed abuse, reported to a child protection committee member who collaborated with the local council leader to get in touch with the probation and welfare officer and sometimes the police as the case necessitated.

" These days it is easier to take a case of child abuse through until the offender is prosecuted. Community members are increasingly getting interested in helping out the abused child and even monitoring families (policing) to prevent and protect children from abuse"

Objective 2: To offer psychosocial and health care support to over 3,000 sexually and physically abused children

It can be observed from the technical proposal that the set targets for objective 2 were to some extent highly ambitious. As much as child abuse and sexual abuse continue to be rampant, activities focused in 3 sub counties in each project district could not lead to reaching out to 3,000 abused children. In essence, it is important to note that discussions with project staff, CPC and DCFRC members strongly indicated that a significant proportion of cases of abuse have been referred to the health centers and did receive psychosocial and other services.
The mechanisms established by the project, to identify, report, and refer abused children leaves ensure that many children are served. It is worth noting that it was not possible to access documented evidence of all the cases of abuse in the project sub counties for project period. However, progressive and activity reports indicate that all created channels were utilized to identify and reach out abused children with psychosocial and medical support.

4.2.7 Health facility response to abused children

During the project period, a total of 891abused children received medical services while 824 psychosocial support and 88 were emergency cases. Of all the cases presented at the health facilities, 211 (23.7%) were cases of sexual abuse. These cases however, decreased over the years for association factors to be discussed later on in the report. While a lot of effort was put into this initiative, it is worth noting that the incidence of sexual abuse though declined is still a challenge in the project communities. There may be a need to the project to advocate to districts, government and other higher level partners including donors to inject large scale interventions to

address this scourge. Table 1indicates children's cases handled at the health facilities during the project period.

Table 1: Number of abused children who received psychosocial and related services at the health facilities during the project period.

Type of service	Number of children reached annually			Total
	Oct 2009- Sept 2010	Oct 2010- Sept 2011	Sept 2011- Oct 2012	
Medical treatment	146	264	481	891
Psychosocial support at health facilities	260	200	364	824
Emergency cases handled	3	23	59	85

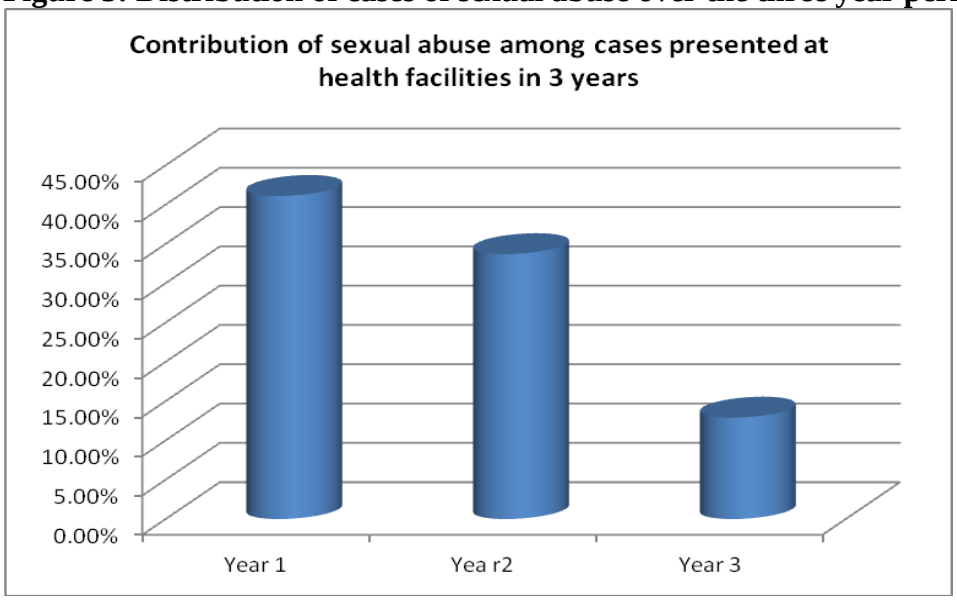
Available data indicates that a total of 891 abused children received medical treatment, 824 psychosocial support and 85 received emergency treatment and care at the 3 project health facilities. It may be observed that among those who received medical treatment may also have received psychosocial support as well as emergency care. It can be observed that the number of children who received medical treatment kept increasing from 146 in year 1 to 481 in year 3. This may be attributed to increased awareness of communities about the services, increased responsiveness of the CCP committee members and other stake holder as well as improved client provider relations thereby influencing more client referrals. It may not necessarily mean that the incidence of abuse increased but it was not possible to determine extent to which incidence has decreased or increased. Discussions with CPC members, probation and welfare officers as well as police officers in the project locations revealed that a significant fact is that majority of cases are reported to authorities. This is a positive achievement compared to earlier years when community, family members and law enforcing officers would compromise with the offenders.
Findings revealed that Kaliro health facility consistently registered high numbers of cases of child abuse as table 2 indicates.

Table 2: Distribution of number of abused children who received medical services at the project health facilities during the three year period by district

Project period	Numbers registered per project district			Total
	Kaliro district	Bugiri district	Kampala	
2009-2010	96	28	22	146
2010-2011	162	75	28	264
2011-2012	265	97	119	481

The possible association factors for Kaliro registering steadily high numbers of child abuse cases in need on medical care include; The district did not have any other organizations or efforts supporting abused children until 2010 when Civil society Fund (CSF) came in. this means that all cases of child abuse from more than the project sub counties were being referred to this one health facility. The other factor is that in 2012, URHB received funding support from Civil Society Fund to implement an OVC program which embraced child abuse. The OVC program increased community awareness tremendously yet it was implemented outside the project sub counties. As a result, more communities knew about the services at the health facility and so referred abused children there. It was also reported by the project staff that Kaliro District officials were a very supportive team compared to other districts and had strong working relations with other project implementers who include the police, Child protection committee members and local council leaders. Lower figures for Kampala in the first and second years may be attributed to there being other organizations and services specially focused on abused children. Findings revealed that proportion of cases at the health facilities that constituted sexual abuse continued to decrease over the project period as figure 6 indicates.

Figure 3: Distribution of cases of sexual abuse over the three year period



It can be observed from figure 3 that the proportion of sexual abuse cases reported in year one were highest at 45% of all cases presented at the health facility during that period. These registered a decline in year two and year three respectively. It is anticipated that community awareness should have risen in the subsequent years so it should have been expected that number of cases of sexual abuse would rise. One of the plausible reasons may be that as community policing efforts increased, offences declined due to fear of prosecution.

It is also important to note that although a steady decline of sexual abuse cases declined over the three years, the decline was not evenly distributed in the project areas. Kaliro consistently registered high figures.

Objective 3: To build capacity of schools, government and private health centers in protecting children from abuse and managing cases of child abuse in the 3 districts of Kampala, Kaliro and Bugiri

Findings revealed that technical capacity has been strengthened for schools, project clinic facilities and to some extent government health facilities in the project areas to protect and manage cases of child abuse. Sources of information on this finding include; activity and project progress report, midterm review report observations and interviews with staff and clients at the health facilities and schools.

4.2.8 Extent to which capacity of schools has been built.

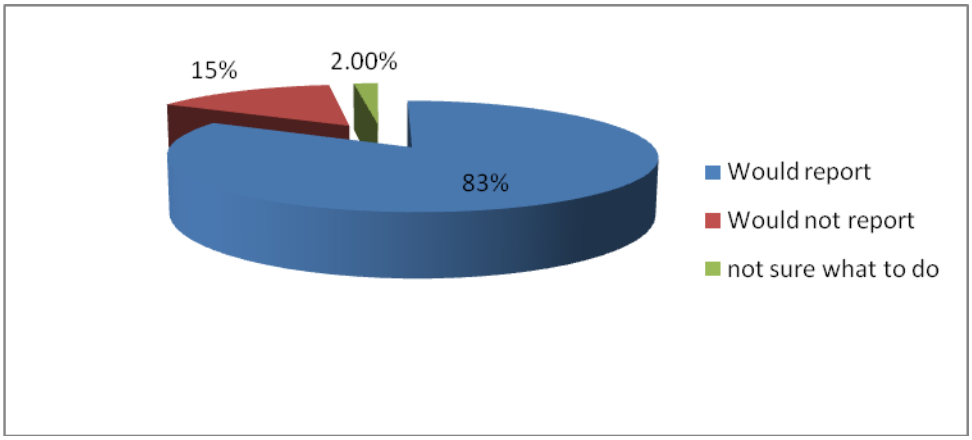
Capacity building activities implemented under the schools program include:

- All the project supported schools received Training of teacher Trainers (TOTs) of peer counselors and so can continue to conduct training sessions for the student peer counselors in their schools.
- Over 135 students have been trained as peer counselors in the project schools and currently reaching out to over 500 of their peers with information and skills for preventing and or report abuse.
- Relevant training, IEC and peer educator manuals and materials have been developed and disseminated to users.
- Training sessions were conducted to all the School Child Rights club members in all the three districts of Kaliro, Kampala and Bugiri.
- School peer counseling program was introduced to the district government and has gained recognition from the relevant departments like education, health, labour and social development.
- Three Trainers of Trainers (TOTS) workshops were conducted for in school child rights advocates and peer educators for the three project districts. This contributed to increased capacity of the students to communication about child rights.
- Discussion sessions between DCRFCs, teachers, parents and students in 9 supported schools were facilitated. The discussions were intended to provide encouragement for the implementation of child friendly policies at school level by school administrators and having in place minimum standards for the protection of students from sexual abuse and exploitation. This initiative greatly contributed to the existing supportive environment regarding this program in the schools. For instance, an afternoon is given to the peer educators' activities once a week and every day after 5.00 pm peer educators reach out to their peers through the clubs. The peer counselors are highly respected by the teachers and students in the schools which provides motivation for continued voluntarism.
- The DCRFCs of the three districts of Kaliro, Bugiri and Kampala received facilitation to conduct bi-annual discussion sessions with school teachers, parents and students in the participating project schools. Discussion sessions between DCRFC's, teachers, parents and students in participating schools have been facilitated with a view of influencing the implementation of child friendly policies by school administration and to

The study revealed that these activities have led to key out comes that include; reduced incidence of sexual abuse at schools, increased awareness among students regarding

children's rights, HIV/AIDS and related issues, improved confidence levels among the students to report cases of abuse as well as improved student-teacher relationship. During the study, students were asked individually whether they would report a family member forcing them into sex and 39 (83%) said they would report him/her while 7 (15%) said they would not and 2 (2%) were not sure what they would do.

Figure 4: Respondents' distribution by ability to report sexual abuse if it occurred to them.



Majority stated that they would report a family member if they were abused but 15% stated that they would not. Reasons given for not reporting a family member include; " I would fear to be beaten afterwards", I fear they would be taken to prison and there would be no body to support my fees". " I fear he would kill me if he came back from prison", " I fear family members would hate me forever", 'My feeling is that children who report elders are not listened to by society". As earlier discussed, the issue of shelter, fees support in case the care taker goes to prison, resentment by family members and fear of murder are the biggest challenges when abuse is not noticed by others. It can be anticipated that even among those who said they can report a family members, these barriers can affect them if it happened. These findings imply that there are still big challenges to be addressed by the program or government regarding the comprehensive support and protection given to the child to prevent any negative repercussions from abusers especially when they are part of the family. However, the positive side is that the majority know what constitutes child abuse and sexual abuse, they know where to report and so need more life skills to be able to take action by reporting the sources of sexual pressure or abuse.

4.2.9 Key outcomes of the supported school interventions.

Key noticeable out comes from implementation of the school program include; increased awareness among students regarding children's rights, increased knowledge on HIV/AIDS and related issues as well as increased proportion of who embrace HIV prevention and related practices and services.

4.2.9.1 Increased knowledge on Children's rights and related issues

As discussed earlier, more students are aware of their rights, where to report any case of abuse and are more likely to report when it occurs.

4.2.9.2 Improved teacher – student relationship.

There is noticeable supportive and friendly environment between teachers and students. It was also observed strongly that student confidence is generally high compared to other schools in rural Uganda in general. Overall, the project has made significant positive difference in the school environment.

4.2.10 Capacity building activities for government and private health facilities:

During the project period, URHB implemented various activities to strengthen capacity of health facilities to manage cases of child abuse. There are:

- URHB developed through a consultative process and disseminated the minimum standard guideline for the provision of health and other services to young victims of sexual abuse.
- 60 health workers were oriented on the minimum standards for medical service provision targeting sexually abused children. This greatly increased user friendliness of services to the abused children and their parents/care takers.
- Monitoring visits were conducted in some of the participating Health Centres to follow up and provide more technical guidance on the effective implementation of Minimum standards of medical service provision for sexually abused Children who visit the health facilities. Health facilities embraced the concept of mentioned service delivery standard guidelines as demonstrated by 80% of the Health Centres appointing one staff to work as a child protection focal person for handling identified sexually and otherwise abused children who come to the Health Centres.
  In addition, 60% of the health centres had the developed minimum standards of medical service provision for sexually abused Children displayed in their offices/notice boards.

  Project progress reports indicated as well that a significant number of staff members of these health centres who had not originally participated in the setting of the Minimum standards of medical service provision could be able to articulate some of the standards and had a clue on what to do when they received an abused child at the health.

4.2.11 Key outcomes of the capacity building activities for private and government health facilities.

- **Service provider competences to handle abused children increased**
  As result of the orientations, trainings, support visits and dissemination of service delivery guidelines (minimum standards of service) technical capacities of service providers to support abused children have strengthened. Such staff who have benefited from capacity building include; counselors, medical doctors and nurses as well as community resource persons who refer the children.

- **Accessibility to user friendly services for sexually abused children and care takers**
  There is noticeable improvement in user friendliness of services for abused children at

the project health facilities and to some extent, nearby government health units. This has been traced in some of the quality of care indices that include, positive service provider attitude, health facility staff promptly responding to needs of the clients, quality of psychosocial support services for the abused children and caretakers and availability of trained medical worker to examine affected children among others.

- **Increased access to quality and tailored services for abused children.**
  Increased proportion of abused children in need of medical examination and psychosocial services who actually visit the health facilities with their parents/care takers have been registered over the project period.

- **Improved health for abused children**
  It can be observed that in general, the health of the abused children have been improved or restored, health and psychological risks prevented and their rehabilitation to positive social functioning ensured through access to tailored services.

4.3 Extent to which implementation strategies impacted positively on project objectives.

A review of project implementation strategies through progress reports, midterm review report and discussions with project staff and other key stake holders in the communities indicate that they are well aligned to project objectives and made a positive contribution to the achievements realized.
Key strategies utilized to implement the CCSP 2009-2012 can be noted as; district level stake holder partnerships, strengthening of purposeful community level networks for prevention and response to abused children, capacity building for school based peer education and health facility based care and support for abused children.
The ultimate goal of the CCSP project is to reduce the incidence of child abuse in the project areas and create conducive social support environment where children's rights are protected. In order to achieve this, implementation is focused empowering community and district level structures to respond more effectively to issues of children's rights and child abuse.

4.3.1 Initiation of District level stake holder partnerships.

Under this strategy, URHB supported the initiation and functionality of the District Child Rights (DCRFCS) focal committees whose membership was selected by the relevant district departments. The committees are composed of 7 members from departments that include; Probation and welfare, Community Development, Health Education, Health services and on the political side, the Vice Chairperson for children's affairs, Community Child Protection Committees (CCPCS) and NGO representative among others. School Child Rights clubs and Community Policing Agents (CPAS). The committee members have been trained in management of cases of child abuse and the rights of children among other things to improve their competences.

The role of the DCRFCS are to work with other departments like the police, supervise the activities of the Child Protection Committees and do receive cases of child abuse for further

referral and management. This helps to ensure that cases of child sexual and other forms of abuse are not handled half way. They also assist in enforcing laws governing child protection and rights in the communities.. The district organs like police and probation officers have increased commitment and improved effectiveness in handling cases of child abuse due to the exposure they have had through trainings and other activities. As a result, the child protection committees find their work strengthened as they have people they know to refer children's cases to and when referrals are made, the district officials promptly respond to the cases presented.

CPC members made comments about their working relations with the district.

" Unlike in the past, it is encouraging to refer cases to police or probation office because when you send parents with a case, they come back with a good report that they were well attended to". " These days when we talk, the district officials listen which encourages us to work harder" because we feel appreciate, our role is appreciated at the district and in the communities.

4.3.2 Strengthening community level networks and structures for prevention and response to abused children.

As observed in the midterm evaluation report, the established community networks of community child protection committees working with community policing agents and local council leaders provide an effective framework for identifying and responding to child rights and related issues in the community.

Their roles include; sensitization of community members on child rights, as well as their roles in protecting children from abuse; Identifying and reporting cases which require legal action and referring abused children for further support among others. The project established 3 referral health facilities but also works with other government health facilities to refer abused children for services.

These structures are sustainable since they are within the local government establishment. It can also be observed that they functioned effectively reflected in the number of cases referred to the health facilities, police and other legal department like probation and welfare through the community networks.

The Child Protection committees are sustainable in the sense that they are a nationally accepted community structure approved by government. They will continue to operate and serve communities beyond the project period. In addition, the project created effective linkages between the structures and the relevant district level frameworks there by maximizing synergy from joint partnerships. The effect of the created synergy can be traced in increased reporting and improved management of child abuse issues in the communities.

4.3.3 Capacity building for school based peer education program.

The project has strengthened capacity of supported schools to implement peer education programs for increasing awareness regarding children's rights and supporting young people life skills to resist and report abuse. In addition, the project also provided information on related issues that include HIV/AIDS, STIS, relationships and sexuality to facilitate informed safe decisions and choices among students. By using peer educators to reach out to their peers, access to friendly information by trusted young people was greatly improved.

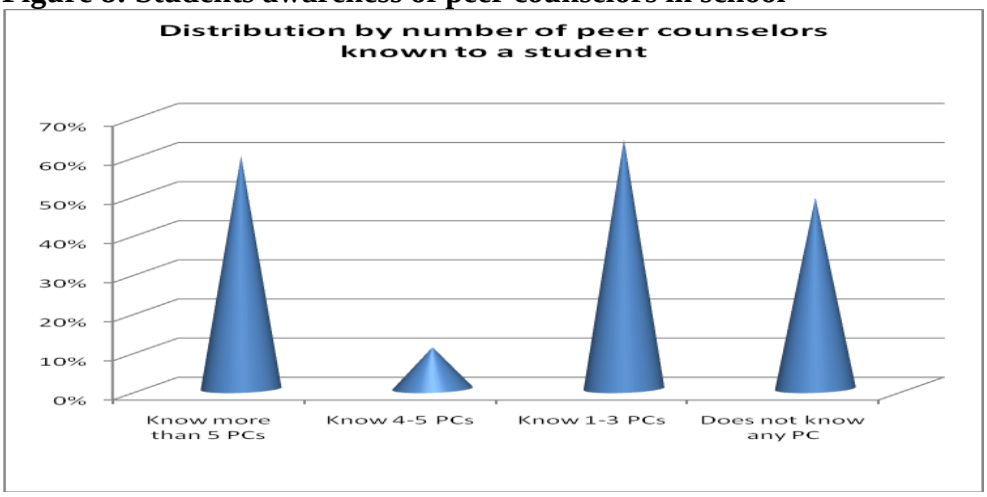
This can be attributed to increased levels of knowledge demonstrated by the students regarding program issues.

The training of peer educator trainers who are teachers also enhances continuity of the program in a sense that when student leave the school on completion of their studies, teachers are able to train others. Interviews with teachers, students and student peer counselors indicate strong technical capacity for implementing school child rights club activities. The peer counselors do organize and effectively, their activities with minimal support from the teachers. The program is very popular in the schools.

In all participating schools the school child rights club has a patron who is either a teacher or headmaster, and is headed by a president peer counseling who is a pupil or student. The team is responsible for all club activities including provision of guidance and sensitization of the pupils and students on child abuse and child protection practices.

The study sought to find out student's knowledge about the program. Students were asked whether they know a peer counselor in their school and 98% stated that they did know while only 2% stated that he did not know.
They were also asked to identify the number of peer counselors they know in their schools. The results are shown in figure 8.

Figure 8: Students awareness of peer counselors in school



As figure 8 indicates, majority of students know at least two peer counselors in the school which implies increased access to friendly informed information. The schools have an estimated 100 peer counselors which indicates that one student counselor reaches out to 5-10 students at most which is doable without taking much of his/her time for studies.
Students were asked to describe some of the activities the peer counselors do through the child rights clubs and other informal interaction with them. The following were mentioned:

" They conduct discussions on how to prevent diseases like HIV/AIDS and STIS", "They help us deal with problems at home", "They help us to focus on our future", They help us learn how to be assertive", " They tell us about our rights as children", " How to deal with difficult parents".

Respondents were asked to make mention of the things they have learnt from the child rights clubs or other interactions with peer counselors. Examples of responses given are given under the following quotes.

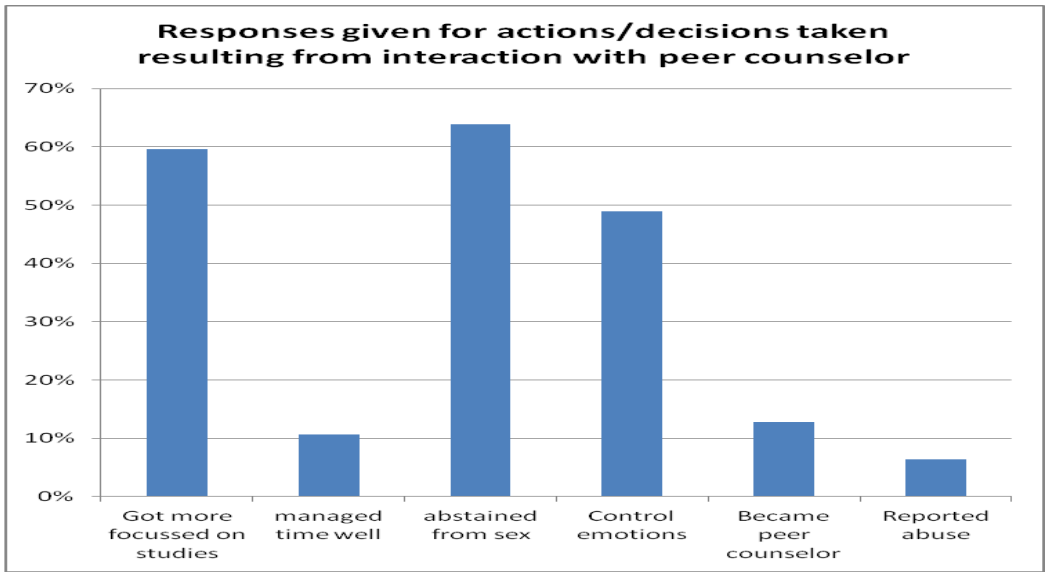
- *"I have learnt how to set clear goals and to be confident"*
- *I know some of my rights as a child"*
- *I know where to report if I am abused"*
- *"I have learnt to wait and make the right decisions"*
- *I can help my fellow students if they are abused, I can help the to repot"*
- *"I have learnt how to control myself"*
- *"I have learnt not to accept boyfriends when am still young"*

"To be faithful in marriage will protect me from HIV"

- *" I have learnt that helping the needy and sick earns me respect".*

The given expressions reveal that knowledge for making informed and healthy choices has been imparted to the students through the efforts of the peer counselors and the teachers.
The study sought as well to establish the impact of the program on students' life. Respondents were asked to mention any action or decision they made as a result of the interaction they has with the peer counselors. Figure 9 gives the results.

Figure 9: Distribution of respondents by actions/decisions taken resulting from peer educator interaction



It is worth noting that study participants gave more than one response regarding a decision or an action they had taken as a result of interactions with the peer educator. majority of students (63%) said they were challenged and decided to abstain from sex while 65% decided to focus more on their studies. 48.9% said they are more able to control emotions like anger while 13% decided to become peer counselors once the opportunity to serve come their way. 6/4% (3) said that they got encouraged and reported someone who was abusing (mistreating) them. It may be noted as well that responses followed a trend such that the person who reported that she had decided to abstain from sex had also reported deciding to focus on their studies.

Students were also asked whether they would opt to become peer counselors if an opportunity was availed and 42 (89.3%) said they would be happy to join the program. They were asked for specific reasons why they would want to join the program and they responded as follows:

" I also want to counsel other students", " I want to fight for our rights more especially girls" , " To help the needy and to educate others about what is right and wrong" , " To teach students the dangers of having unprotected sex" , " I feel good helping other people change', " The program helps you also to keep a changed person".

It is also evident that the school peer education program is quite popular. Students were requested to mention what they liked most about the peer education program in the school. Some of the responses were given include;

" It helps me make the right decisions" , " I am able to advise my fellow students", " The program gives me courage to stay in school despite my problems", " It makes me gain confidence in myself", " I like it when fellow students speak to us".

Overall, this study has revealed that the peer education strategy in schools impacted strongly on the lives of the students regarding ability to make healthy choices and actions thereby reducing the risk of HIV and the incidence of abuse among the student population. It is a sustainable program.
It is evident from the study that selection, design and combination of implementation strategies is well aligned to meet project objectives, strengthen community participation capacity and ensure sustainability to some extent.

4.4 Review of key lessons learnt from project implementation.

The study conducted a review of implemented project activities to identify lessons learnt regarding key project achievements, areas of strengths and implementation gaps and challenges

4.4.1 Project achievements/successes

Study findings revealed that the implementation of the Community Child Support Project can be taken to be a big success as given by the following indicators.

4.4.2 Increased community and district awareness regarding child rights and related issues.

One of the remarkable achievements of the CCSP project during the period 2009 -2012 in the increased level of awareness of the communities about children's rights , child protection and related issues. Interviews with the young people in the project supported schools revealed that in addition to comprehensive knowledge of their rights, they know what child abuse constitutes and do know where to report issues of abuse. Students were asked to identify those things which adults do which they can consider abuse and 42 (87.5%) were able to correctly identify two or more forms of abuse. They were further requested to give their perceptions of the extent to which adults in their lives (teachers and parents) were observing their rights.

Table 4: Students' assessment of the extent to which adults observe their rights as children.

Child right	**Rating by students**				
	Very good	Good	Fair	Poor	Total
Right to education	40	8	0	0	48
Right to food	43	5	0	0	48
Right to Play and recreation	20	21	6	0	47
Right to be loved and cared for	39	6	3	0	48
Right to be protected from abuse	38	6	4	0	48
The Right to shelter	41	6	1	0	48
The right to information and choice	23	18	6	1	48
The right to health care	41	7	0	0	48
Freedom of thought, speech and free from fear	20	16	7	4	47

Table 4 indicates that adults make strong efforts to observe the right to education, food, shelter and health care from the students' view. However, the right to play, informed choice and freedom of expression are still challenges to the children. With regard to right to play, students expressed that at school they are given limited time for recreation due to busy schedules and given home assignments which impinges on their private time to play. For those in boarding section, expressed the similar challenges as they have a lot of evening preps which leave them with very little time for recreation.

It can be observed that this a general challenge in the country where students are made to take so many subjects in preparation of exams which are based on a very wide syllabus. The Ministry of education is in the mean time instituting serious measures against coaching during holidays but there is need for a bigger solution.
Discussions with community members, child protection committee members and district officials clearly indicated high level awareness regarding issues of children's rights as compared to adult audiences in non project communities where the consultant has worked on other development activities.

The impression is that, if all Ugandan communities, had this level of knowledge and the demonstrated commitment, then incidence of child abuse in this country would greatly decline.

4.4.3 Improved skills of community child protection committees and district stake holders in responding to issues of children's rights.

As the midterm evaluation report revealed, study findings confirmed that the capacity of the community child protection committees to identify and adequately handle cases of child abuse in the district has been effectively enhanced. This was demonstrated by the fact that they can adequately comprehend child rights and related issues in their communities, they have actively moved out to condemn and report cases of abuse without fear or favour, they have ably linked up with higher level authorities in their communities and districts to persue issues of children's rights. They were asked to explain the source of their motivation bearing in mind the fact that they are volunteers. Their source of motivation include; the recognition by communities of their contribution, the commitment that comes from knowing that it is their responsibility to promote children's rights and protect them from abuse as well as the need to maximize a given opportunity to perform their roles through the presence of a project that address children's rights (CCSP) in their communities. The level of commitment demonstrated is quite high. Similarly, the district probation welfare officers and police have demonstrated strong commitment to address issues of children's rights in the communities. The child protection committee members and the community members interviewed emphasized that the effective collaboration with these officials have not only motivated them to work harder but enabled them to persue and see the completion of many cases of child abuse. The community support network with strong backing from the district teams has greatly discouraged parents of abused children from compromising with the offenders. Community policing as been an effective strategy in discouraging would be offenders.

4.4.4. Increased community and district responsiveness to issues of children's rights in the project areas.

As a result of the enhanced skills, there has been increased and demonstrated responsiveness of the community and district authorities to the issues of children's rights in the project districts. More cases have been identified and persued to completion as discussed earlier on which would not have happened without a strong network of community and district stake holders in the affairs of children. The handling of abused children at the police stations have reportedly improved in the efforts to reduce stigma and protect the rights of the abused child to dignity and privacy although with some challenges like temporally shelter.

4.4.5 Increased proportion of abused children receiving treatment and psychosocial support.

Study findings revealed that access to quality medical and psychosocial support services for abused children has greatly been improved by the availability of the three project health facilities. An estimated 950 children accessed services at the It is important to note that these services are free of charge to the clients and user friendly due to the training given to the services providers. There is a doctor who conducts medical examination which greatly helps in fostering speedy prosecution of cases of sexual abuse and also provides quick treatment in case of transmission of sexually transmitted infections.

4.4.6 Improved health and wellbeing of abused children in project community areas.

The psychosocial support provided to abused children has enabled them to shift back into positive social functioning in the communities reflected in transition back into the school system and leaving with less stigma associated with their past traumatic experience. Similarly, parents have been supported to live on after such painful experiences of abuse to their children. The child protection committee members affirmed that follow up of the cases of abuse they handled showed progressive recovery psychologically and physically, of the abused children and their parents or guardians. The community members are so grateful to the project.

" *I don't know what would have become of the abused children if it wasn't for the CCSP project". I hope government can know and appreciate what this project has done to our communities", I wish all communities in Uganda had such program like this, the abuse of our children would greatly decline"*

4.4.7 Decline in cases of child abuse identified and reported from the project communities.

Although it could not be substantially verified, findings through progress reports, reported speeches of community members, child protection committee members and interviews with health facility service providers, revealed that there is a remarkable decline in cases of aggravated child abuse in the project communities. Emergency cases registered at the health facilities have also declined from 23 in the first year of the project to only 3 by the end of the project. This implies that community policing has been effective thereby, prompting early detection and corrective action by community child protection committees and other local authorities (local council leaders).

4.5 Identified areas of project strengths

The CCSP has embraced key areas of strengths over the implementation period which can be used as platforms for expansion, replication the project to others districts and or advocacy for more stake holder (government) participation of.

4.5.1 Enhanced project visibility and confidence from community and district authorities

The CCSP project is strongly visible in the 3districts among government, other NGOS and local government leaders some of whom refer abused children from non project communities to the project health facilities. The project is strongly felt and it's achievements have been documented. These lessons can be shared with government and other stake holders to call in for a buy into the expansion of similar initiatives to more sub counties. The documented evidence is good enough for advocacy to government on policy and legal framework gaps which will be addressed at a later stage in the report. It can be observed with confidence that the confidence of the communities and district officials in project viability and effectiveness in responding to the needs of abused children has been earned.

4.5.2 Good will and strong community capacity to partner with CCSP in response to child rights and child protection issues.

Interviews with representatives of project community members, child protection committee members clearly revealed a unique sense of community ownership, motivation and capacity to respond to issues of children's rights. These people perceive the project as an opportunity that should not be missed with a high sense of voluntarism rare in Ugandan communities these days. This can be attributed to the way the project was introduced to the communities, which made them perceive it as their initiative, the trainings which were conducted to strengthen capacity and the level of decision making and interaction with project staff. Members of the child protection committees explained that communities spearheaded the selection of the members, the identification of roles of members with the involvement of URHB as the technical guidance team. The free interactions with district authorities make them feel respected and recognized for their contribution to the cause of children in their communities. " By sitting in the same training room with the district officers, be received with respect at the police station when I take a case makes me feel like I should do even more". " CCSP staff make us feel we are part of the project due to the respect they give us for our contribution".

4.5.3 The synergy realized from the community and district support network

The strategic design of the partnership structure between community level (CPCS, policing agents and local leaders) and district authority resulted into a strong Synergy that ensures active participation of all stake holders, bridging of a long standing operational gap and thereby ensuring effective response to the problem of child abuse in the project areas. It is very are to find an effective collaborative relationship between community and district level authorities. This exemplary relationship need be specifically documented and shared with relevant parties in advocacy for expansion as part of the efforts to reach more children.

4.5.4 Utilization of replicable implementation strategies

The other key area of strength is that all the strategies implemented in the CSP project can effectively be replicated in other districts of Uganda. Identified replicable strategies include, the school peer education program, the community child protection committees, the implementation network which enables community implementers to work closely with district authorities to respond to issues of children's rights as well as the referral system for legal, medical and psychosocial support.

4.5.5 Quality services provided at the project health facilities.

The CCSP project has managed to establish client friendly and tailored health facilities for addressing medical and psychosocial support needs of abused children and their care takers. The services are widely known by community members even beyond the project communities in Kaliro and Bugiri.

4.5.6 Strengthened district advocacy networks

The project has also created advocates networks reflected by the many district advocacy meetings conducted with participation from relevant partners. There are reported consultations with various child support departments and units at local community levels. These include LC1, Children's desk, probation and welfare among others.

4.6 Identified implementation gaps/challenges

Study findings revealed that despite successful implementation of the CCSP project over the years, there were some limiting challenges. These include, over stretched coverage for the community child protection committees, long distances travelled by some clients to health facilities, human resource transfers of the trained district officials and inadequate shelter for abused children while undergoing formalities for case prosecution.

4.6.1 Over stretched geographical coverage for child protection committee members.

It was observed that while members of the child protection committees are highly motivated, they face a challenge of having to cover many villages in response to calls regarding abused children. It was observed that due to the small number of committees (one in each sub county) Membership to each committee is average 20 people. Bearing in mind that each sub county is made of up to 8 parishes each constituting an average of 5 to 8 villages, a committee members may have to move for more than 5 kilometers to do his/her work. This makes the work load huge. An easier solution would be to support the establishment of at least 3 sub committees per sub county. This would also ease access of services to clients.

4.6.2 Physical inaccessibility of services to abused children due to long distances.

Likewise, some of the children and care takers find it hard to access medical and psychosocial support services because of long distances from their homes to the service centers. This creates missed opportunities in a sense that clients fail to turn up for review or continued psychosocial support because the centers are few. A solution could be found in establishing community follow up systems like the use of mobile phones or messages to follow up patients, establishment of community outreach centers etc.

4.6.3 Inadequate shelter for children while at the police posts.

As noted in the midterm review report, study findings revealed that sometimes abused children are required to visit the police or even stay at the station especially in the case of abuse by parents or care takers as contacts of other relatives are being sought. However, the police stations are in such appalling situations that children have to share with adults and be exposed to such unfriendly environment given the stress they are going through. This affects their recovery process greatly and reduces their trust in the adults who are supporting them through this process. There is therefore a need to explore mechanisms for improvising children's shelter while at police.

4.6.4 Transference of trained partner staff

Members of the community child protection committee reported that they encounter difficulties in following up cases of bused children when the probation and police officers they had been working with on such cases are transferred away and new ones who were not trained by the project replace them. Such situations create delays and sometimes even discontinuation of children's cases at the police or office of probation and welfare offices.

4.6.5 Project health facilities over stretched with large clientele

Government complimentary failures in health service put huge pressure on URHB clinics. Patients do visit the facilities from residences beyond the project communities because there are no alternative equality effective services in their areas.

4.7 What can be done differently to maximize results?

There are a number innovations the project nay consider piloting in the next phase to maximize reach and impact for protecting children from abuse and enhancing community capacity to prevent child sexual and other forms of abuse in the communities.

4.7.1 Possibility of a peer education program for out of school youth.

Lessons learnt from the school peer education provide a strong indication that out of school may benefit even more. It is worth noting that the CPC members are doing their tasks quite well. However, young people especially teenagers may still fear to disclose issues like sexual abuse to the adults. It was also realized that life skills like assertiveness, decision making have been greatly improved among students through peer counselors' interactions with students. Young people out of school need such support since their esteem is likely to very low given the fact that they are not exposed to other programs which build esteem for effective communication and negotiation. The peer education program would also provide information on HIV/AIDS and other sensitive issues like sexuality education and adoption of prevention practices that include Medical Male Circumcision.

4.7.2 Advocacy program

With all the documented evidence that the project is viable, doable and effective in responding to issues of child abuse in the communities, URHB can document lessons learnt through written and electronic materials (mini documentary) and use these to advocate for other partner participation as well as increased government resources towards the cause of abused children in the districts. Through the districts, fact sheets can be presented to the social committee for children in parliament to advocate for increased efforts nationwide to address child abuse. The project may require an advocacy unit to effectively function and meet objectives. It may be necessary to include an advocacy objective in the project objectives.

4.7.3 Capacity building for other implementers (TOTS)

After years of successful implementation of the project, URHB may consider another step from a mere service provider to providing technical support to other implementers in the district or even at national level, for the design of community based child rights responses. Technical support may constitute, program/project proposals, training of staff and district implementing partners, development /adoption of training and related communication materials as well as documentation of best practices.

4.7.4 Developing an incentive scheme for peer educators.

In order to sustain the spirit of voluntarism among the student peer counselors, the project can consider developing a non financial student incentive mechanism operated by schools themselves. This can be built within school programs, events and activities but ensure that it fairly and honestly executed.

4.7.5 Establishing a mobile communication follow up strategy for abused children.

Uganda is one of the countries where mobile communication network is accessible to more that 65% of the population. Most communities can afford access to a mobile telephone service. The project can exploit this opportunity and initiate a closed user group mobile service to follow up patients/clients referred elsewhere or those who need follow up to ensure their full recovery from the traumatic experiences. The mechanism works this way, the health facility is given at least 3 phones by the project, an arrangement can be worked on with a telecommunication company like MTN or UTL to subsidize the air time and clients are given the numbers on brochure. When client calls are many , a specific time period or days of the week may be allocated for call ins from the client. On such days, the service will be free and outside the given period, the client pays. This helps greatly in client follow ups than making physical visits to client residents. The closed user mechanism can also help to make client reminders and consultation with district officers.

4.7.6 Integration of income generation skills into out of school peer education.

In order to address redundancy and poverty common among out of school youth, it may be relevant to integrate skills for income generation in the peer education activities. This may involve introduction of the young groups to small scale affordable skills like mushroom growing, brick laying, home vegetable growing and fishing among others. Technical resource persons may be invited to provide lessons to the young people. They can be facilitated to initiate and manage village saving and loaning associations where they put together their savings and be able to raise income for various projects. Special trainings can be provided on these schemes. Effective functioning of the schemes can provide good platforms for peer education on various issues including HIV/AIDS, STIS, condom use, faithfulness in relationships, children's rights and skills for dealing with abuse.

4.7.7 Strengthening M & E system.

If the project adapts the idea of moving from just service delivery to capacity building, there will be a need to put in place a strong M & E unit with a clear M& E strategy to guide data collection, documentation of implementation lessons and tracking indicator achievement.

5.0 Key evaluation recommendations

This section presents key recommended actions deemed necessary for future project implementation in the efforts to maximize reach of abused children and promote children's rights in the project areas. These are suggestions drawn from findings and implementers' reports as well beneficiary experiences. Project management may explore their consideration. They may not be implemented all at the same time but may be phased over a project period.

5.1 Program documentation

Over the years, the CCSP project has implemented model practices which provides very useful lessons. As recommended in the midterm review, project management may need to explore the development of a functional documentation strategy so that these good practices can be shared for replication, expansion and participation by other stake holders.

5.2 Development of a transparent non financial incentive strategy for the peer education program in supported schools.

There is need for CCSP project to explore mechanisms for instituting a non financial incentive strategy for the school based peer counselors in order to sustain further the sense of voluntarism among the students. A brief exercise can be conducted among the student peer counselors and find out their individual non financial source of motivation and use those small things to build the incentive strategy. Caution need to be taken to ensure that the scheme is very fair and transparent otherwise if abused it can turn out to be a source of de motivation to the peer counselors.

5.3 Introduction of the out of school peer education program.

Bearing in mind the impact of the school peer education program on the knowledge, attitudes and capacity of young people regarding prevention and or response to child abuse, it is strongly recommended that a similar program be introduced for the out of school youth. As has always been observed, young people listen and confide more to their peers especially when it comes to issues of sexual abuse. Such a program will not only increase access to friendly information but can also lead to increased efficacy for resisting abuse through life skills impartation by peers.

5.4 Increase number of child protection committees.

Project management is encouraged to explore possibilities of increasing number of child protection committees to at least three in each sub county. This will lead to increased coverage and reduced work load on the committee members bearing in mind that they are volunteers who have other personal errands to accomplish.

5.5 Explore mechanisms for improving shelter and or treatment for abused children while at the police and related offices.

The project needs to consider developing a mechanism for supporting an environment that is friendly and promotes the child's right to dignity, privacy and consent especially while they are at the police stations. It may be necessary to work out an arrangement with the district authorities to provide a conducive environment for the abused children while at police.

5.6 Introduction of a cost effective follow up strategy for abused children

There is need to develop a mechanism that follows up abused children to ensure their successful recovery and rehabilitation. An access mobile line can be established to connect the health facility workers (Doctors and counselors) with the clients. The client can be made to incur a charge.

5.7 Strengthen advocacy efforts for expanded coverage for community child support program.

The project may explore the need to strengthen advocacy efforts for increased district and national government contributions for expanding the program to other sub counties and or districts in the country. This is because project implementation has proved that child abuse can be brought down with community based and district efforts which respond to the holistic needs of children.

5.8 Strengthen monitoring and evaluation mechanism

There is a need to strengthen the existing monitoring and evaluation system through creation of a functional M & E strategy that will guide the design and dissemination of data collection formats and reporting tools. The M&E strategy may also integrate MIS data for documentation purposes.

5.9 Train the local council leaders in child rights promotion and response to child abuse in their communities.

As part of the efforts to maximize synergy from local partnerships and thereby ensure sustainability of community efforts to address abuse, project management may need to consider inclusion of local council leaders (dealing with children's issues) in the community trainings. These local council leaders have proved to be useful in child abuse response unfortunately they are not trained and they are limited in capacity compared to their counter parts (the CPC members).

5.10 Continue with project efforts to intensify response to child rights issues in the communities.

Given the overall assessment of the CCSP project, the major achievements and outcomes, the consultant hereby recommends most strongly for the continuation of the project with possible

extension to ore sub counties. The extension may be designed as a capacity building and advocacy initiate to widen coverage and at the same time institute child support policies and regulations for national address.