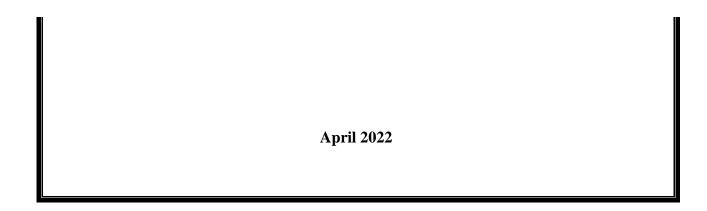# Measuring the Impact and Sustainability of a Community Based Child Protection Intervention in a Post Conflict Setting in Northern Uganda

Report

April 2022

ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of the Child
CBCPM	Community Based Child Protection Mechanism
CBO	Community Based Organisation
CDO	Community Development Officer
CP	Child Protection
CPC	Child Protection Committee
CSO	Civil Society Organisation
FBO	Faith Based Organisation
FGD	Focus Group Discussion
KII	Key Informant Interview
LC	Local Councils
MoGLSD	Ministry of Gender, Labour and Social Development
NGO	Non-Governmental Organisation
UDHS	Uganda Demographic and Health Survey
UNCRC	United Nations Convention on the Rights of the Child
Unicef	United Nations Children Fund
VAC	Violence Against Children

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Executive Summary

Background

Violence against Children is a global human rights violation and a public health concern. In northern Uganda, the 20-year old armed conflict eroded the traditional social protective safety nets and community cohesion that hitherto ensured protection of children from abuse and violence. As a result, in the current post conflict era, children in Northern Uganda experience a high prevalence of VAC, driven by factors such as family disintegration, poverty, alcohol and substance abuse, psychosocial distress, gender-based violence, and harmful cultural practices. A functional child protection system is a critical prerequisite for protecting children from violence, however in post conflict Uganda, the formal government system is riddled by a myriad of challenges including limited capacity, weak coordination, poor record keeping and reporting systems, with legal and policy frameworks that are not well understood by the duty bearers. To promote safer communities in which children are protected from violence, ChildFund International Uganda Country Office, designed and implemented the Empowering Communities to Protect Children Project, in Kitgum district. The project was implemented in two sub-counties of Lagoro and Kitgum Matidi, utilizing a community-based child protection mechanism approach.

The Empowering Communities to Protect Children Project is community mobilisation intervention, designed with the goal of creating a safe family and community environment in which children are protected from all forms of violence. This goal was to be achieved through strengthening community-based child protection systems, improving access to child protection services, enforcement of laws at community and district levels and empowering children to become active agents of child protection.

The Impact Evaluation study

The Impact Evaluation study assessed the impact and sustainability of interventions to strengthen community-based child protection systems on prevention of VAC in families and communities emerging out of armed conflict. The specific evaluation questions were: does training child protection stakeholders result in functional community-based Child Protection systems for VAC prevention? Does equipping child protection structures for case management improve access to child protection services? Does legislation and dissemination of relevant child protection laws lead to improved implementation and enforcement for prevention of

VAC? Does equipping children with knowledge and skills in child protection, make them indispensable change agents for addressing VAC? What are the critical enablers of project success, and what should be avoided for future similar interventions in both post-conflict and non-post conflict settings? How sustainable are interventions to strengthen community-based child protection systems for prevention and response to VAC? A quasi-experimental design, using mixed methods was conducted in Kitgum district in the intervention sub-counties of Matidi and Lagoro, with a matched control in the sub counties of Latanya and Ogom in neighbouring Pader district, to facilitate a counterfactual analysis. Statistical significance of impact of the intervention are reported. The qualitative research is used to augment and give context to the quantitative findings. Evaluation results were validated through community, district and regional feedback meetings.

Findings

Quantitative findings are reported for children and adult caregivers. Regarding the impact of training on the functionality of child protection structures, there was an increase in the willingness to report VAC to structures among both caregivers and children with significant results among (DiD 4.98, p=0.037) among children. There was a significant reduction in reporting of cases of VAC among children (DiD=0.16; p=0.001), and caregivers. These findings however contrast with the in-depth interviews with duty bearers who reported increased reporting of cases, and attributed the same to a shift in attitudes that normalize VAC. The findings of the intervention's impact on enforcement of laws mixed. Among the children, there was a significant reduction in confidence to enforce laws (DiD=-0.02; p=0.072) and in the belief that current laws are adequate to respond to VAC (DiD=-1.74; p=0.734). Caregivers' results demonstrated an increase in the confidence of child protection structures, (DiD=0.01; p=0.433) and decreased appreciation of the adequacy of laws (DiD=-0.11; p=0.078). The evidence of the impact of children's agency is child protection shows a decrease. Children's participation was focused on school-based clubs, which were non-operational due to COVID-19 lock down measures.

Qualitative research evidence demonstrates that training and engagement with child protection stakeholders by the project had an impact on the way the structures operated/worked in response to VAC. This is confirmed by the extent of trust that caregivers and children had in these structures in the intervention area as compared to the comparison area. As a result of the training there was also a noticeable influence of the intervention on children's ability to report

VAC cases especially to their Parents and CPCs. Reporting VAC cases to Village Leaders (LCs) was discouraged as cases were likely to be lost because of the fear by LCs to threaten their social/family ties/relations. There was a higher trust and confidence in the structure handling VAC cases in the intervention area compared to the comparison community. In turn, this trust increased the rate of reporting of cases at the community and improved the utilisation of the referral pathway for VAC cases in the intervention community compared to the comparison community. Trust in the structures was high in the intervention area compared to the comparator. The ECPC project impacted on community trust towards VAC services providers and their structures. This is crucial for a sustainable response mechanism for VAC. The reduction in fear of bribery, shortened distances to service points, a reduced fear of reprisal all combined to positively impact on reporting.

Critical enablers of ECPC project success found to have been essential for the sustainability of good practices included its focus to building capacity of established actors already doing child protection work to enhance the quality and outcomes of their work. The project did not introduce new systems. Kitgum District Local Government provided guidance on the structures to work with and also itself gave the needed support. The other key sustainability factor is that the Child Protection Committees and majority of the community members have the referral pathways for VAC cases, enabling all duty bearers to be aware and confident about their respective roles and those of their peers in the child protection mechanism. Duty bears were aware of the comparative advantages that each actor had over the other, and have cultivated relationships that allow them to exploit resources at their disposal to ensure child protection.

Conclusions

Deliberate community level interventions purposed to build capacity of critical stakeholders (parents/caregivers, children and informal and formal child protection stakeholders) to prevent VAC can have significant impact on knowledge of VAC and best ways to respond to cases of VAC. Both caregivers and children utilise proper channels of reporting cases of violence and critical stakeholders in service delivery are aware and prioritise response in a mutually inclusive way. Community-based responses to VAC present very powerful opportunities for sustainability especially because the actors at the micro and meso level are collaborating.

The ECPC project demonstrated that empowerment through knowledge alone is not enough. The knowledge must practically translate into prevention and response to VAC. Child

protection Committees were trained to effectively handle VAC cases on one hand, and also the rest of the community members were sensitised on the importance of reporting and where to report. The CPCs are a special structure specifically established for VAC, and being closest to the people and specialized into child protection work, their training and equipment enhanced the quality of work they could do. The intervention acknowledged the fact that despite being part of the child protection system, Police and Local Council structures are occupied with other demands that occasionally disrupted their efficacy.

On the whole, qualitative findings from this evaluation show that deliberate interventions to enhance reporting/response to VAC cases impact positively on practice. There was also overwhelming qualitative evidence to show that people/actors in the intervention area were more enthusiastic not only in reporting but also follow-up of cases, despite practical/logistical limitations. Importantly, the evaluation notes that the interest to ensure that cases reported are addressed/handled stimulated innovative ways on how some of the logistical challenges, particularly related to transport and communication were addressed.

Prior to the interventions, a proper mapping of the key and influential community-level (grass-roots level) structures and systems was undertaken and became an imperative for effective project implementation, despite failures to have the Acholi clan leadership structures prominently feature as part of the informal community leadership resource that the project could have utilised. Moreover, previous studies have indicated that a careful integration of formal and informal child protection systems enhances the effectiveness of child protection mechanisms. Clan leaders and elders who were involved in the project were there in different capacities and not necessarily as clan leaders. Yet, they reported that even prior to the ECPC project, always intervened in cases of violence that were brought to their attention by clan members. In the comparator community (Pader) the clan system was equally referred to as a strong community institution/structure that intervened in cases of violence against children. The only major challenge is that it was not strongly linked to the formal child protection structures. To enhance the sustainability of outcomes of similar projects in similar contexts in Northern Uganda, interventions should carefully integrated this structure by directly involving clan leaders and elders in community capacity building.

1.1 INTRODUCTION AND LAY OUT OF THE REPORT

Few studies have so far contributed to the evidence that Community-based child protection mechanisms enhance the effectiveness and sustainability of interventions to address violence against children (see for instance Wessels, 2009; Wessels, 2015). The AfriChild Centre in partnership with ChildFund International Uganda, set out to undertake an evaluation of the impact and sustainability of a community-based child protection intervention -The Empowering Communities to Protect Children (ECPC) Project, under the auspices of the Evaluation Fund[1]. The ECPC project aimed to promote violence-free communities for children's well-being and development, and address protection needs of children in Kitgum-Matidi and Lagoro sub-counties of post-conflict Kitgum District, in northern Uganda. The AfriChild Centre- and Child-Fund International agreed to collaborate in support of this evaluation as their mandates strongly complement each other well in advancing the ever-growing need for building synergies between research, policy and practice around the well-being of children.

This report presents the findings from the impact evaluation of the ECPC project. First, the report examines the contextual background and literature on Violence Against Children (VAC) in Uganda; this is followed by the detailed description of the ECPC project, and then the objectives, specific research questions and the methodology and methods adopted by the evaluation are presented. In section three, the report discusses the findings from both the quantitative and qualitative evaluation methods, and the final section (4) presents conclusions and recommendations. The evaluation and dissemination of findings and recommendations of ECPC project by the AfriChild Centre supports and furthers the AfriChild Centre's mission of generating evidence for effective child-focused interventions, and building a local knowledge base that informs child-focused policies, and the design and implementation of sustainable child focused interventions. The critical piece of learning for the AfriChild, Child-Fund International, and the wider community of practice is on the production of a data-informed reflection on the strategic imperatives of CBCPMs in preventing violence against children.

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[1] The Evaluation Fund is a global public-private partnership to end violence against children. The Partnership brings together Governments, the United Nations, Civil Society Organisations and/or Non-Governmental Organisations, Community based Organisations, academicians, private sector, youth and Children.

2. CONTEXTUAL BACKGROUND AND LITERATURE

2.1 What is Violence Against Children (VAC)?

Violence against children (VAC) is a multi-faceted and complex problem that presents serious human rights and public health problems. The UNCRC (1989) defines violence against children as "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse". The World Health Organisation extends this definition to include "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity" (Krug et al., 2002). The Children's Act blends the above definitions and considers violence against children as any form of physical, emotional or mental injury or abuse, neglect, maltreatment and exploitation, including sexual abuse, intentional use of physical force or power, threatened or actual, against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation." The definition of violence against children is broad and extends to the covert emotional and psychological dimensions.

Violence Against Children is associated with an increased risk of a range adverse outcomes for those directly affected, including difficult parenting experiences (Hugill, 2017), mental health and emotional difficulties, risky sexual behavior, perpetration of violence, and poor educational outcomes (Norman et al., 2012; Devries et al., 2013; Boden et al, 2007, Fergusson et al, 2008). Studies show that exposure to violent childhood has risks for brain development, and affects during certain sensitive periods in brain development. Studies have shown that children's exposure to any form of violence can have long-lasting effects on their socio-emotional and neurological development (see for instance Mueller & Tronick, 2019)[2].

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[2] Mueller, I., & Tronick, E. (2019). Early life exposure to violence: developmental consequences on brain and behavior. *Frontiers in behavioral neuroscience*, *13*, 156.

2.2 Nature and Magnitude of Violence Against Children in Uganda

The National Violence Against Children survey in Uganda (MoGLSD, 2018) provides nationally representative data on the prevalence, nature and consequences of physical, emotional and sexual violence against children. According to this national survey, three quarters of young adults were reported to have been experiencing some form of violence during childhood; 1 in 3 young adults experienced at least two forms of violence (either sexual or physical, and emotional) during childhood. Half of all 18–24-year-old Ugandans believe it is acceptable for a man to beat his wife/spouse/partner. Among the 18-24 years age group, 35 percent of girls and 17 percent of boys reported experiencing sexual violence during their childhoods. In the 13-17 age group, 25 percent and 11 percent of girls and boys respectively reported sexual violence in year preceding the survey (MOGLSD, 2018). Sexual exploitation is a dimension of sexual violence in Uganda, with children exchanging sexual favours for material benefits. Poverty and deprivation are a risk factor for sexual exploitation for children in Uganda. 15 percent of females in the 18-24 age group who had sex before age 18, reported exchanging sex for material support during childhood. Nearly 1 in 5 girls and 1 in 7 boys in the survey reported that they had previously exchanged sex for material support or other form of help in the year preceding the survey.

Empirical evidence from Uganda shows that girls are at higher risk of sexual violence compared to boys, and that perpetrators of sexual violence include neighbours, strangers, intimate friends and classmates. Sexual violence happens in settings where children should be safe and protected, particularly homes, schools and community environments. The school environment also exposes children to the risk of sexual and emotional violence. in one study, 78% of primary school going children reporting having ever experienced sexual violence (UNICEF, 2013).

There are concerns about online child sexual abuse in Uganda due increased availability, access and use of the internet. The use of the internet has presented the risk of online child sexual exploitation mainly due to inadequate restrictions on content, resulting into unhampered access to pornography by children, and the use of and sharing of children's images without consent (Centre for Justice and Crime Prevention, 2016). Moreover, the school lock down as a preventative measure for the spread of the corona virus (COVID 19) pandemic only served to accelerated the use of the internet among children and adolescent for education continuity.

Within the ambit of sexual violence, harmful traditional practices such as female genital mutilation and child marriage are also highly prevalent in Uganda. The 2016 Uganda Demographic Health Survey (UDHS) indicates that up to 20 percent of adolescent girls and young women aged 15-19 years are married or in a sexual relationship. Child marriage occurs more frequently among girls who are the least educated, poorest and living in rural areas. Studies have identified a number of social and economic drivers for child marriage, ranging from poverty to gendered social norms that place high value on girls' reproductive capabilities (Petroni et al, 2017; Atuyambe et al., 2015). Girls who marry early are more likely than their peers to drop out of school and have lower earning capacity, earlier and more frequent childbearing and complications in pregnancy, higher maternal mortality, increased risk of HIV infection, and higher infant mortality. The 2011 UDHS reported that girls in northern Uganda with no or just primary education, lower socio-economic status who had their sexual debut before age 18 years faced a significantly higher risk of child marriage (UBOS & ICF, 2018); one percent of girls aged 15-19 have experienced obstetric fistula. In addition, girls who marry before the age of 18 are more likely to suffer domestic violence, including sexual violence at the hands of their partners. Married girls also tend to be more isolated, exacerbating their vulnerability. They are also the most likely to extend vulnerability to their children, by perpetuating intergenerational cycles of poverty and gender discrimination. Adolescent girls are still faced with female genital mutilation/cutting among the Pokot community in Amudat district (Karamoja), where 95 percent of all girls are cut to make them more 'marriageable'. Both practices have devastating and lasting physical and psychological effects on the girls (UBOS and ICF, 2017).

In the national violence against children survey (MoGLSD, 2018) among 18 to 24-year-olds, nearly 6 out of every 10 girls and 7 out of every 10 boys reported experienced physical violence prior to the age of 18 years. Four in ten girls and six in ten boys ages 13-17 experienced physical violence in the last year preceding the survey. Physical violence against children mostly took place in the context of disciplining children. The 2016 UDHS results indicate that up to 85 percent of children had experienced at least one violent disciplinary action a month prior to the survey. According to a study by UNICEF (2012) on Violence against Children in and around Schools, is widespread, and usually takes the form of corporal punishment in the process of enforcement of

rules and imparting discipline. UNICEF (2013) report that 75 percent of school children have experienced physical violence by their teachers for poor grades, while 80 percent reported exposure to hard and excessive work such as digging, slashing and collecting water at school as punishment for inappropriate behaviour. While bullying is common, affecting nearly 5 out of every 10 children, those from poor families and with disability are disproportionately affected. (UNICEF, 2013).

Child labour presents a serious issue around physical violence against children in Uganda. The 2016/17 Uganda National Household Survey, shows that more than 2 million children are engaged in child labour., with half of these involved in the worst forms of child labour, doing work in hazardous conditions (UBOS, 2017). Child labour negatively impacts on child health and education—impairing their opportunities for normal growth and development. Child labour is attributed to multiple factors including inadequate legal protections, and contradictions on the age of employment, poverty and social vulnerability, exposure to individual and collective shocks, poor quality schooling, limited school access, limited decent work opportunities and difficult transitions to work.

One in three 18-24-year-old Ugandans reported suffering emotional violence during their childhoods. More than one in five 13-17-year-old children reported experiencing emotional abuse in the last year. These make it difficult for the young people to fulfil their potential (MGLSD and UNICEF, 2018). While children from all cultural and socio-economic backgrounds are vulnerable to violence, specific categories, such as those infected and/or affected by HIV and AIDS, those with disabilities, children outside family care and children from socio-economically disadvantaged families are at greater risk of violence compared to their peers. Children affected by armed conflict, and children in contact with the law are also exposed to a wide range of child rights violations including exposure to violence, abuse, and exploitation. (Human Rights Watch, 2014; OAG, 2013). Children with disabilities and those from poor families are disproportionately affected by physical violence within the school setting (Jones et al., 2012; UNICEF, 2012). Discrimination against and exclusion of children with disabilities renders them disproportionately vulnerable to violence, neglect and abuse. Estimates of risk indicate that children with disabilities are at significantly higher risk of experiencing violence than peers without disabilities. In schools these

children are more prone to bullying compared to their peers (UNICEF, 2013). Moreover, children with disabilities are disproportionately denied their right to education and have challenges accessing health services and all the other services essential for their optimal growth and development. Although children's vulnerability is widespread in all regions of Uganda, the magnitude is highest in post conflict areas, especially in northern Uganda (OVC Situational Report, 2010). The long and protracted armed conflict in Northern Uganda was characterised by abduction and violence against children. This is in conformity with global evidence that illuminates the heightened risk of exposure to violence among children in humanitarian settings (Stark & Landis, 2016).

Violence affects children's physical and mental health, and may result in disability or death, HIV infection and greater susceptibility to risky behaviours such as substance abuse and early sexual activity during adolescence and adulthood, impairs their ability to learn and socialize, and undermines their development-- leading to emotional, social, and behavioural problems (UNICEF, 2014). Children exposed to violence are more likely to drop out of school, and are at heightened risk for later victimization and/or perpetration of violence. The consequences of violence on children vary according to the child's age, nature, duration and severity of abuse, the child's innate resiliency, co-occurrence with other maltreatment or adverse exposures such as violence between parents, and support systems around the child.

2.3 The Legal and Policy Environment for Prevention of VAC in Uganda

Uganda has a robust legal and policy environment with a diverse number of laws to protect children against all forms of violence. The Constitution of the Republic of Uganda (1995) is the overriding national legal framework for ensuring that the rights of children and the general population are protected. The Constitution expressly states that '*No person shall be subjected to any form of torture or cruel, inhuman or degrading treatment or punishment*.' The Prevention and Prohibition of Torture Act 2012 prohibits acts of torture carried out in official or private capacity, and torture of a child can lead to a sentence of life imprisonment. The Children's Act, Cap 59 (Amended, 2016) provides the overarching legal framework, articulating constitutional provisions on children and emphasizing the rights, protection, duties and responsibilities as contained in the international and regional laws, UNCRC and the ACRWC respectively that was ratified by Uganda. The

Children's Act, (amendment 2016) mandates MoGLSD to take lead in care and protection of children in Uganda. In response to the emerging online violence against children, the government adopted The Computer Misuse Act 2011, which criminalises child pornography, cyber stalking and electronic communication with the intent to disturb the peace, or right of privacy of any child.

The Government of Uganda through the MGLSD developed the OVC policy with a goal of ensuring full development and realization of the rights of Orphans and other Vulnerable Children (OVC). Replacing the 2004 National OVC Policy which had a narrow focus on Orphans and other Vulnerable Children, the 2020 National Child Policy aims at creating an enabling environment for duty bearers and to ensure that sufficient resources are mobilised and efficiently utilised towards delivering appropriate interventions for children in a coordinated, transparent, and accountable manner. In addition to the above, there is a range of specific policies that provide guidance on protection of children from all forms of violence (MOGLSD, 2020). These include the National Social Protection Policy (2015), National Youth Policy and Action Plan (2016) and other various policies, plans and strategies related to child welfare and protection domiciled in different sectors of government such as the Universal Primary Education (UPE) Policy (1997), National Adolescent Health Policy for Uganda (2004), National Policy on Disability in Uganda (2006), Universal Secondary Education (USE) Policy (2007), the Second National Health Policy (2010), the Special Needs and Inclusive Education Policy (2011) and the National Framework for Alternative Care (2012).

However, efforts to effectively protect children from violence, abuse, exploitation and neglect are undermined by the weak implementation and enforcement of existing policies and laws, inadequate safe guards, wide-spread poverty, limited capacity for a pro-active and responsive statutory workforce exacerbated by the weak community and family structures (MGLSD and UNICEF, 2018).

2.4 Child Protection Systems/Mechanisms: Are they working in Uganda?

Child protection systems are 'formal and informal structures, functions and capacities that prevent and respond to violence, abuse, neglect and exploitation of children. A child protection system is comprised of human and financial resources, laws and policies, governance, means of data

collection and system monitoring, child protection and response services, and nonformal supports of families and communities (Were, 2015). It has different actors including children, families, communities, those working at subnational or national level and those working internationally. Child Protection Systems are formal and informal structures, functions and capacities that are created to prevent and respond to violence, abuse, neglect, and exploitation of children (UNICEF, 2013). Most important are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system (UNICEF/UNHCR/Save the Children/World Vision, 2013, p. 3).

Community-based child protection mechanisms (CBCPMs) are grassroots/local-level processes put in place and/or already existing to respond to violations against children or working to prevent risks to children's well-being at the community level. CBCPMs are key components of child protection systems since they operate at grassroots levels such as village level in rural areas and neighborhood level in urban areas, which is where children and families live and where children may be exposed to significant risks on an ongoing basis. Also, they are rich in potential child protection resources such as parents, teachers, and religious leaders, among others. While evidence suggests that safe, stable, nurturing relationships and family environments are essential to preventing violence against children and assuring all children their full potential, parents and family members are also perpetrators of violence. In addition to this, millions of children in Uganda are at risk of being separated from their parent and families (MoGLSD, 2015). Moreover, families struggle to effectively care, protect, and provide for their children, putting at risk their immediate well-being and long-term development.

Poverty is widely recognized as a major driver of family and child vulnerability to a variety of risks and threats, including child-family separation-often in interaction with other factors such as violence, abuse and neglect in the home; family violence; parental drug and alcohol use and abuse; parental illness or loss; physical or mental ill health of caregivers or children and other stressors.

In Uganda, the declining centrality of the extended family has resulted in an increase in the number of children outside of protective families, as evidenced by children in residential childcare facilities, children living and/working on the streets, and children in prisons and detention centres

(including children of incarcerated mothers). According to MoGLSD (2015) Between 40,000 to 50,000 children in Uganda live in residential childcare facilities; yet, more than two-thirds of the children in residential care facilities have at least one living parent and many more have a contactable relative. Children outside family care lack adequate adult protection and are highly vulnerable violence, and are more likely to engage in higher-risk activities that lead to HIV.

2.5 Ending Violence Against Children

Uganda is a Pathfinding partner in the Global Partnership to End Violence Against Children; this gives the Uganda Government the responsibility to commit itself to accelerated and evidence-based action to prevent and respond to violence against children so as to serve as a model for other countries. Preventing violence in childhood and providing services for its victims has the potential benefits of improving the health, wellbeing and outcomes for Uganda's children and therefore provide the foundation for improved growth of communities in which they live and grow. In 2016, the Global Partnership to End Violence Against Children released INSPIRE: Seven strategies for Ending Violence Against Children, a technical package that includes evidence-based strategies with demonstrated success in preventing and responding to violence in childhood. The seven strategies that INSPIRE encompasses are: (i) Implementation and enforcement of laws; (ii) Norms and values; (iii) Safe environments; (iv) Parent and caregiver support; (v) Income and economic strengthening; (vi) Response and support services; and (vii) Education and life skills. The aim of INSPIRE is to replace children's experiences of violence with safe, stable, and nurturing environments and relationships in which they can thrive (WHO, 2016). As a pathfinding country, Uganda has committed to invest in the implementation, monitoring and evaluation of the INSPIRE strategies.

3. UNDERSTANDING THE IMPACT AND SUSTAINABILITY OF CBCPMS

3.1 The study and project context of Northern Uganda

In the period between 1988 and 2007, northern Uganda region experienced a violent armed conflict between the Lord's Resistance Army and the Government of Uganda. The long-term armed conflict destroyed the traditional social protective safety nets and weakened the community cohesion that hitherto ensured protection of children from abuse and violence. Civilians, particularly women and children bore the impact of the war. Nearly 90% of the population in the

Acholi region (approximately 1,500,000 people) were forced into protected camps, with very limited access to basic social services. The armed conflict reinforced social and cultural factors which promote and perpetuate violence with impunity. In the current post conflict era, Northern Uganda continues to register a high prevalence of VAC, driven by factors such as family disintegration, poverty, a high prevalence of alcohol and substance abuse, psychosocial distress, gender-based violence, and harmful cultural practices that precipitate child abandonment and pre-mature exit of children from their family units. The formal system of child protection managed by the government of Uganda is riddled by limited capacity, weak coordination, poor record keeping and reporting systems. The legal and policy frameworks are also not well understood by the duty bearers. The frameworks are also flawed with inconsistencies, inadequate protective provisions and poor implementation. According to a study commissioned by the ministry of education on violence against children in schools, 79% of primary and 96% of secondary school children interviewed felt that the laws meant to protect children were not working.

3.2 The Empowering Communities to Protect Children' Intervention

Building on its previous work in strengthening community level child protection systems, Child Fund International (Uganda) implemented the 'Empowering Communities to Protect Children' Project in 2017 up to 2020. Utilizing *community-based mechanisms* for preventing abuse and violation of children, the project sought to promote violence-free communities for children's well-being and development, and to address protection needs of 3000 children in 2 sub counties of Kitgum Matidi and Lagoro in Kitgum District. Specifically, the intervention aimed to promote increased investment in the child protection sector and increased access to child protection services, with four outcomes namely: (1) strengthened community-based child protection mechanisms for prevention and response to VAC; (2) access to improved child protection services for children in the supported communities; (3) improved legal framework in response to VAC that is enforced at community and district level; (4) increased knowledge and ability by children to in acting as change agents in addressing violence against them. These intervention areas are further illustrated in the project's theory of change in figure1.

At its onset, the project set out to ensure that children living within its targeted community are safe and protected from all forms of violence at family and community level. It was anticipated that

this protection would be achieved through effective implementation of activities targeting caregivers and parents, the entire community, and service delivery structures including health and the justice system.

Figure 1: Pictorial presentation of the theory of change for the "**Empowering Communities to Protect Children"** project Based on the Project's Logical Framework described in the project Design Document.

Context

Individual
Age
Gender
Education
Knowledge of VAC and response services

Family/school level
Poverty
VAC in homes and school

Community level
Rural setting settings
Post conflict
Sexual Violence
Child marriage
Intergenerational poverty
Gender discrimination

Levels of ECPC activities

Individual
Boys, Girls, Adolescents, children with disabilities

Relationship
Fathers, Mothers, teachers, neighbours, peers

Community
LCs, CPCs, religious leader, clan, police, CBOs

District
PSWO, CDOs, NGOs, Health sector, Media,

Inputs

Availability of Funding for a CBCPM intervention in a conflict-affected community

Availability Technical staff at Child-Fund

Willingness by key Institutions to collaborate during design and Implementation of the intervention.

Outputs

Knowledge
Key stakeholders of CBCPM demonstrate knowledge and skills in child protection;
Community members understand the concept of child protection and CBCPM;
Community members know prevention and response to child abuse

Responses and Support Services
Formal structures on child protection are equipped with essential skills and materials for child protection case management and referral;
Children that have experienced child abuse are provided with necessary supports;

Implementation and Enforcement of Laws
Government officials and law makers are sensitized on child protection and existing CP laws
District leaders are supported for the enforcement of CP laws;
Communities understand existing child protection laws;

Education and Life Skills
Child protection clubs are formed;
Children are trained on child protection and relevant skills;
Children's voices about child protection is delivered to other stakeholders of child protection

Outcomes

Community Based Child Protection Mechanisms Strengthened to prevent and respond to Violence against children;

Supported Communities have access to improved child protection services;
Improved legal framework is enforced at community and district level;

Children are knowledgeable and act as change agents in addressing violence.

Empowered Communities with Strong and Sustainable Structures Protecting Children

Impact

Children in project area are safe and effectively protected from all forms of violence at family and community level

3.3 The Problem Statement

A fundamental hypothesis backing support for Community-Based Child Protection systems (CBCPMs) is that they offer an effective and sustainable mechanism for preventing and/or responding to VAC. In line with four (4) INSIRE strategies[3], the *Empowering Communities to Protect Children (ECPC) Project* adopted community-based child protection mechanisms (CBCPMs) focusing on Parent and Caregiver support to strengthen parent-child relationships and help prevent all types of violence throughout a child's lifecycle. The project also built on education and life skills to empower child advocates with skills, knowledge, and experiences that build resilience and reduce risk factors for violence, to increase children's opportunities to succeed academically, grow socially, and avoid experiencing or perpetuating violence.

Whereas some evidence indicates that CBCPMs lead to positive outcomes for children such as capacities of communities to fulfil children's rights, better-quality care and better access to birth registration and education, more evidence is required to underpin the use of CBCPMs in Uganda. Indeed, promising benefits of CBCPMs in enhancing good outcomes for children have been documented elsewhere, for example, studies in Sierra Leone (Wessells, 2015[4] and Stark et al 2014[5]) have showed that a community-driven actions that emphasise intra-community systems collaboration and linkages with the formal child-protection systems achieved increased ownership, effectiveness, and sustainability of the systems put in place by CBCP interventions resulting into positive outcomes for children.

Overall, there is also a limited number of studies, more so in Uganda that have employed rigorous methods to examine the impact of child protection interventions that have adopted community-based child protection mechanisms (CBCPMs). The tendency for most evaluations of CBCPM has been to focus on process and output indicators rather than outcomes for children and families. It has also been observed that the studies have also lacked robust evaluation designs. Those that have investigated CBCPMs have also not defined impact pathways nor suggested how interventions could be implemented sustainably. Moreover, the strategies that

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[3] INSPIRE are 7 evidence based strategies that have proven to be effective in reducing VAC. They are: (i) implementation and enforcement of laws; (ii) norms and values; (iii) safe environments; (iv) parent and caregiver support; (v) income and economic strengthening; (vi) response and support services; and (vii) education and life skills.

[4] Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the centre. *Child abuse & neglect*, *43*, 8-21.

[5] Stark, L., MacFarlane, M., King, D., Lamin, D., Lilley, S., & Wessells, M. (2014). A Community--Driven Approach to Reducing Teenage Pregnancy in Sierra Leone Midline Evaluation Brief May 2014.

work to create a safe environment for children are not known. Furthermore, the available studies inadequately provide details on knowledge transfer. Hence, this evaluation research contributes to the knowledge base on the effective strategies for prevention of violence against children. Given that CBCPMs for prevention and response to violence against children are on the rise in Uganda, evaluating the impact and sustainability of these interventions provides a significant opportunity for learning, policy advocacy, program improvement and scaling of interventions.

3.4 Evaluation Questions

The overall question for this evaluation was: What is the impact and sustainability of interventions to strengthen community-based child protection systems on prevention of violence against children (VAC) in families and communities emerging out of armed conflict?

3.4.1 The specific questions

The impact evaluation sought answers to six specific research questions that were drawn from the Project's theory of change. These are:

i.   Does training Child Protection stakeholders result into functional community-based Child Protection systems for prevention of VAC?

ii.   Does equipping child protection structures with knowledge, skills, financial and material resources for case management improve access to child protection services?

iii.   Does legislation and dissemination of relevant child protection laws lead to improved implementation and enforcement for prevention of violence against children?

iv.   Does equipping children with knowledge and skills in child protection, make them indispensable change agents for addressing violence against children?

v.   What are the critical enablers of project success, and what should be avoided for future similar interventions in both post-conflict and non-post conflict settings?

vi.   How sustainable are interventions to strengthen community-based child protection systems for prevention and response to VAC?

4. THEORETICAL ORIENTATION AND EVALUATION METHODOLOGY

4.1 Theoretical Orientation

Prevention of violence against children requires taking into account its complex nature. VAC is an outcome of the complex interaction of a number of factors. This evaluation drew on the ecological systems theory developed by Urie Bronfenbrenner (1979) to examine the effectiveness, impact and sustainability of the 'empowering communities to protect children project'. Also known as the Human Ecology Theory, the Ecological Systems theory examines five environmental systems that produce a framework through which child protection interventionists can examine the relationships between children and their relationships within communities and the wider society in order to design appropriate/feasible actions as well as evaluate the impact and sustainability of those actions. The five environmental systems the theory identifies include: (i) The *microsystem* which refers to the institutions and groups that most immediately and directly impact the child's development including: family, school, religious institutions, neighborhood, and peers; (ii) the *mesosystem* which consists of interconnections between the microsystems, for example between the family and teachers or between the child's peers and the family or the child and the leaders and law enforcement agents; (iii) the *exosystem* involves links between social settings that do not involve the child such as a child's experience at school may be influenced by teachers experience at the teacher's home or similarly a child's experience may be influenced by the parents' experience at work; (iv) the *macrosystem* as an aspect escribes the overarching culture that influences the developing child, as well as the microsystems and mesosystems embedded in those cultures. Cultural contexts can differ based on geographic location, socioeconomic status, poverty, and ethnicity. Members of a cultural group often share a common identity, heritage, and values. Furthermore, macro-systems evolve across time and from generation to generation, (v) the *chronosystem* which consists of the effect of environmental events and transitions over the life course of a child, as well as changing socio-historical circumstances of the child.

Bronfenbrenner's ecological systems theory provides an analytical framework for understanding of the dynamic interplay between the child his/her social context such as how the family, school and community influence the child's protection, development and long-term outcomes, and indeed, child protection systems, as is the case in the project under evaluation, are an embodiment of the social ecological frameworks (Bronfenbrenner, 1979), and comprise of actors that have the primary responsibility of protection of children at different levels.

Informal actors – including children, families, and communities – are important parts of child protection systems, although too often they are portrayed simplistically as beneficiaries or as part of the problem. The children themselves, although often portrayed as beneficiaries (Wessells, 2015) are key players within the child protection system. Studies show the resilience of children in the midst of adversity, including surviving in difficult situations and protecting themselves (Boothby, Strang, & Wessells, 2006; Fernando & Ferrari, 2013), Children are agentic social and political actors who support families, and communities to protect peers. At the household level, non-formal actors including parents and extended families, communities and local leaders provide protection to children. Children are also accorded protection within the school setting, where they spend a lot of their time. Parents socialize children and equip them with skills in risk identification, avoidance and management and shield them from harm (Wessells, 2015).

Community members such as local and religious leaders, teachers, elders, respond to and prevent harms to children. Although parents and communities protect children, they are also perpetrators of violence. Families often harm children through family violence or sexual abuse, and communities use harmful practices such as female genital mutilation, and propagation of social norms that harm children.

Within the macro level, formal actors such as probation and social welfare officers, police, and officials within the Justice, Law and Order sectors lead the child protection system at national and sub-national levels. At societal levels, the media, government leaders, and civil society organizations play an important role. Because problems such as child trafficking cross international boundaries, international actors also contribute to or support national child protection systems.

A child protection system mapping study in Uganda (UNICEF, 2013), revealed that most of the weaknesses and gaps in the functionality of the child protection system in Uganda were attributed to inadequate public resourcing of child protection structures, institutions and programmes. With the exception of salaries for government child protection staff, most of the funding for child protection programmes was donor dependent. The study partly attributed this to the failure of the sector to package and communicate child protection services in a manner that makes them amenable to increased public financing as well as the fact that the bulk of donor support was provided outside the government budget framework which did not create

obligations for government to invest in child protection, as well as lack of effective mechanisms for tracking and monitoring the use of the resources allocated to institutions with a child protection mandate and even among CSOs that receive direct funding from development partners and donors to deliver services.

An understanding of the fact that the welfare of children is shaped by an interplay of multiple factors in the immediate and wider environment has carried with it the necessity for holistic interventions for child protection. However, how these interventions work to generate desirable child protection outcomes also varies, calling for project specific evaluations to generate specific lessons and evidence for scalability and policy and practice influence. The social-ecological model provides a useful framework for understanding how violence against children is shaped by a complex interplay of risk factors at different levels or settings of this nested and interconnected system (Krug, 2002). The model identifies risk and protective factors at four levels, beginning with individual and transiting through to the impact of close relationships, the community, and wider society. The different levels or settings in the social-ecological model highlight how the occurrence and co-occurrence of violence across different settings, from individual to societal influence children's experience of violence and long-term outcomes (Matthews, 2014). The goal of this model is to prevent the incidence of violence and therefore an understanding of the risk and protective factors that lead to a child's vulnerability as well as the complex interplay between the various levels. Finally, the ecological systems theory enables appreciation of the fact that child protection/child well-being is a responsibility of multiple centres of response, of which the 'health' of all determines the quality of a child's welfare/protection outcomes - the family, school, community, leadership, law enforcement agents, health personnel and other critical child centred services are all crucial for the desired child wellbeing outcomes, and hence provides a rich context for prevention, and application of INSPIRE strategies.

4.2 Evaluation Methodology

4.2.1 Evaluation Design

The evaluation employed a quasi-experimental design with a matched control/comparator group. This preliminary report was based on a survey for children and caregivers. The baseline survey was conducted in August 2020, followed by an end line survey in May/June 2021.

4.2.2 Study area

This evaluation was conducted in Kitgum district in the intervention sub-counties of Matidi and Lagoro. Latanya and Ogom Sub Counties in the neighbouring Pader district were carefully selected as the comparator study sites. An evaluation of the intervention was not anticipated at the time of project design. Accordingly, the project's baseline research methodology did not assign a comparison community. To remedy this, and to measure the impact of the intervention, baseline research to enable generation of baseline indicator values for the comparison community was designed to facilitate a ***counterfactual*** analysis of impact based on results of the end line evaluation phase. As much as possible, the sub-county that was selected to constitute the comparison community in Pader district is that known not have had similar project interventions.

4.2.3 Study population and Sampling

The evaluation sample size was computed based on Krejcie and Morgan's (1970) sample size computation formulae; baseline indicator values of child abuse cases reported by children (57%) and caregivers (71%) and; the number of direct project beneficiaries for children (3000) and household population in the intervention community of 6086 as estimated in the 2014 census report. A two-stage sampling design was used to select the survey sample. For the baseline, the sample size was comprised of 1232 respondents including 712 children (372 in Kitgum and 340 in Pader) and 520 parents/caregivers, (267 in Kitgum and 253 in Pader). For the end line data collection phase, the total survey sample size was 1230, including 738 children (370 in Kitgum and 368 in Pader) and 492 adult caregivers/parents (243 in Kitgum and 249 in Pader).

4.2.4 Data Collection
Survey data collection

Two categories of respondents/participants were targeted by the survey, i.e., caregivers/parents and children. The household survey was conducted in August 2020. A structured questionnaire was developed based on the key project indicators. The survey collected data on socio-demographic characteristics of respondents; respondents' perceptions, knowledge and attitudes on VAC; prevalence of VAC; factors that predispose children to violence; awareness of existing legal frameworks and participation in activities that promote protection of children from violence. The structured questionnaires for the parent/caregiver and children survey were administered using a mobile-device based survey program (ODK), to facilitate improved turn-around time between data collection and subsequent analyses, and minimize data inconsistencies. Cross-references between variables were inbuilt during data capture, and data was uploaded daily for access by the data management team.

Data Management and Analysis

The survey was administered using a mobile based survey program (ODK), to facilitate improved turn-around time between data collection and subsequent analyses, and minimize data inconsistencies. Cross-references between variables were inbuilt during data capture. Data was uploaded daily for access by the data management team.

Exploratory analysis was conducted on all variables. Descriptive statistics provided proportions for categorical data, and mean (SD) and median (IQR) for continuous variables. Trends in outcomes over time where indicators are available between baseline and end line were estimated as follows:

$$Y = \beta_0 + \beta_1 D^{Post} + \beta_2 D^{Tr} + \beta_3 D^{Post} D^{Tr} [+\beta_4 X] + \epsilon$$

Where:

Y = outcome variable

D^{Post} *= time dummy (1=after intervention and 0= before intervention)*

D^{Tr} *= treatment group dummy (1= treatment and 0=no treatment*

$D^{Post}D^{Tr}$ *= time*treatment interaction*

β_3 *= is DD estimate*

X = vector of control variables

ϵ *= error term*

The difference in difference estimator was used to compare difference in outcomes between the intervention and comparison community. STATA statistical software, was used for analysis. To establish the impact of the intervention, a bivariate analysis was conducted using a chi-square test of independence to establish whether findings in the outcome indicator variables varied by phase across the intervention and comparison area. In addition, a proportions test was performed to determine the specific proportions that differed significantly.

4.2.5 Research Ethics

Ethical approval for the evaluation was obtained from Gulu University Research Ethics Committee (GUREC), Uganda National Council for Science and Technology (UNCST) approval and to the president's office for clearance. In line with guidelines issued by the UNCST as a response to the COVID-19 pandemic, written permission was obtained from Kitgum and Pader local governments. All COVID-19 SOPs were adhered to, including training of the research team by a health professional, sensitization of the community on COVID-19 symptoms, sanitization of hands for research team and participants, temperature screening for all participants, provision of PPE (face masks) and social distancing. Informed consent and assent were duly taken from participants before administering the survey and interviews, and the participant's name was not disclosed or used for any purpose.

5. EVALUATION FINDINGS

This section presents the evaluation findings with evidence drawn from both the quantitative and qualitative data that were collected in the two phased data collection period. The presentation of the findings is organised in respect to the research questions. Presentation of the study findings is preceded by a discussion of the respondent's characteristics.

5.1 Background Characteristics of Study Respondents and Experiences of VAC at Baseline and End Line

Most caregivers (Table 1) at the baseline in the intervention group were aged 40-49 years (62%) while slightly more than half (57%) were 60 years or more in the control group. At end line, more than half of caregivers (56%) in the intervention group were in the age group 18-29 years.

Regarding the sex distribution, at baseline most caregivers in the intervention group were male (62%), while at end line more caregivers (58.9%) were male and were in the control group. More caregivers (54.4%) in the control group had never attended school at baseline; and similarly, at end line 58.5% in the control group had never attended school.

Regarding experiences of emotional violence, more respondents (53.5%) at the baseline phase in the intervention group reported they did not know a child in the community or their household who had experienced emotional violence in the 12 months preceding the survey, while more in the control group (56%) had no experience of emotional violence against children at end line. For physical violence, at baseline more caregivers (56.2%) in the intervention area did not have an experience, while more (51.5%) in the control area at end line reported they knew a child who had experienced physical violence.

With reference to sexual violence, more caregivers in the control area knew a child who had an experience of this type of violence at the baseline (57%) and at end line (54.8%). Regarding reporting incidents of sexual violence, more caregivers (51.3%) in the intervention area had not reported at baseline and while at end line, more caregivers (59.8%) in the intervention area indicated they or someone else had reported an observed incident of sexual violence to the authorities.

The results in Table 1 indicate that age (p<0.05) , sex (p<0.01), knowledge of a child who experienced physical violence (p<0.05) and sexual violence (p<0.01) were significantly associated with the baseline period of data collection. Further, sex (p<0.01), knowledge of a child who experienced emotional violence (p<0.05), and reporting a case of sexual violence against a child were significantly associated with the end line period of data collection.

Table 1 Background Characteristics of Caregivers at Baseline and End Line, Presented for Intervention and Control Areas

	Baseline			End line		
	Intervention	Control	Chi-squared (*p*-value)	Intervention	Control	Chi-squared (*p*-value)
Age			10.76 (0.029)*			3.47 (0.498)
18-29 years	45.8	54.2		56.0	44.0	
30-39 years	46.7	53.3		47.1	52.9	
40-49 years	61.9	38.1		45.8	54.2	
50-59 years	59.0	41.0		47.5	52.5	
60 or more years	42.5	57.5		48.3	51.7	
Sex			10.71 (0.001)**			9.03 (0.003)**
Male	61.1	38.9		41.0	58.9	
Female	46.0	54.0		55.0	45.0	
Ever attended School			1.50 (0.220)			2.60 (0.107)
Yes	52.4	47.6		51.2	48.8	
No	45.6	54.4		41.5	58.5	
Know a child in the community or household that experienced emotional violence in last 12 months			0.99 (0.321)			6.36 (0.012)*
Yes	49.2	50.8		55.4	44.6	
No	53.5	46.5		44.0	56.0	
Know a child in the community or household that experienced physical violence in the last 12 months			4.47 (0.035)*			0.28 (0.595)
Yes	46.9	53.1		48.5	51.5	
No	56.2	43.8		50.9	49.1	
Know a child in the community or household that experienced sexual violence in last 12 months			7.44 (0.006)**			1.30 (0.254)
Yes	43.0	57.0		45.2	54.8	
No	55.5	44.5		51.1	48.9	
Respondent or someone known to them reported observed sexual violence incident			0.04 (0.847)			7.19 (0.007)**
Yes	50.3	49.6		59.8	40.2	
No	51.3	48.7		46.0	54.0	
Notes: *p<0.05; ** p<0.01						

Most children at the baseline period in the intervention group were in the 14-15 years age-group (55.2%) and (51%) were 16 years or more, in the control group. At end line, more than half of children (53%) in the intervention area were in the age group 14-15 years, and a similar proportion in the control group were in the 12-13 years age group.

Regarding the sex distribution, at baseline most children in the intervention group were male (62%), while in the control group, most were female (51%). At end line more children in the intervention group were male (52.5%), while in the control group, more were female (52%).

Table 2 Background Characteristics of Children at Baseline and End Line, Presented for Intervention and Control Areas
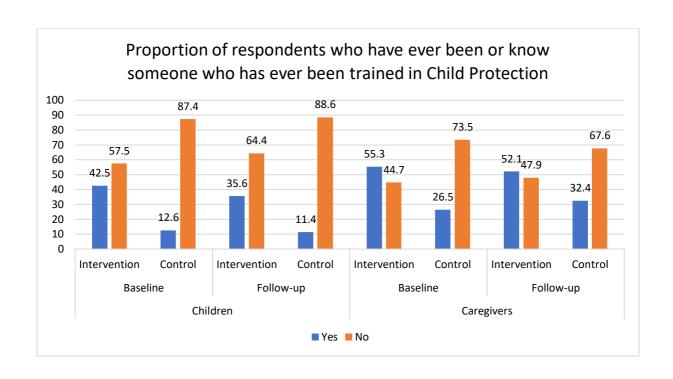
Children's Socio-Demographic Characteristics						
	Baseline			**Endline**		
	Intervention	Control	Chi-squared (*p*-value)	Intervention	Control	Chi-squared (*p*-value
Age			2.51 (0.474)			2.39 (0.496)
10-11 years	53.8	46.2		52.9	47.1	
12-13 years	49.0	51.0		47.2	52.8	
14-15 years	55.2	44.8		53.1	46.9	
16 or more years	48.7	51.3		47.8	52.2	
Sex			3.61 (0.057)			1.39 (0.238)
Male	55.8	44.2		52.5	47.5	
Female	48.6	51.4		48.1	51.9	
Experienced emotional Violence in last 12 months			2.24 (0.135)			0.66 (0.417)
Yes	49.9	50.1		51.8	48.2	
No	55.6	44.4		48.8	51.2	
Experienced physical violence in the last 12 months			5.98 (0.015)*			14.17 (0.000)**
Yes	48.4	51.6		43.6	56.4	
No	57.7	42.3		57.5	42.5	
Experienced sexual violence in last 12 months			0.05 (0.819)			2.20 (0.138)
Yes	53.6	46.4		60.9	39.1	
No	52.0	48.0		49.6	50.4	
Reported observed sexual violence incident			7.29 (0.007)**			4.27 (0.039)*
Yes	44.7	55.3		57.5	42.5	
No	55.6	44.4		48.3	51.7	
Notes: *p<0.05; ** p<0.01						

At baseline, more of children (56%) in the intervention area did not have experiences of emotional violence, compared to half of children in the control area. At the end line, more children in the intervention area had experienced emotional violence (52%); more children (51%) in the control group reported no experiences of emotional violence. Regarding physical violence, more children in the intervention area (58%) did not have experiences of , while in the control group 51% experienced this form of violence. At end line, more children in the intervention area (57.5%) reported no experiences of physical violence while 56.4% in the control area reported they had experienced physical violence. More children in the intervention area (53.6%) had experienced of sexual violence at the baseline period. At end line, more children in the intervention area (61%), had experienced sexual violence. Sexual violence reported at baseline by 55.6% of children had not been reported to authorities, while at the end line period more children in the intervention area (58%) had reported sexual violence experiences to the authorities.

Table 2 shows that children's experiences of physical violence ($p<0.05$) and reporting sexual violence to authorities ($p<0.01$) were significantly associated with the baseline period of data collection. Further, at the end line period, experiences of physical violence ($p<0.01$) and reporting sexual violence to authorities ($p<0.01$) were significant.

5.2 The Impact of Training Child Protection stakeholders on Functionality of Community-Based Systems for Prevention of VAC

More respondents from the intervention area (including both children and caregivers) had been trained or knew someone who had received training in child protection at baseline and end line. Among caregivers, 55.3% and 52.1% in the intervention area had been personally trained and had knowledge of a third-party who has been trained compared to 26.5% and 32.4% in the control area at baseline and end line time periods, respectively.

Proportion of respondents who have ever been or know someone who has ever been trained in Child Protection

The differences in training in child protection among caregivers, were significant difference across the study sites (*p*=0.001).

Among the children, in the intervention area, 42.5% had been trained at baseline, compared to 12.6% in the control area. At the end line period, there was a slight reduction in the proportion of children in both study areas, reporting they had been trained, or knew someone who had been trained. In the intervention area 35.6% reported exposure to training compared to 11.4% in the control area. The differences in training among children in the intervention and control areas were statistically significant (*p*=0.001).

The impact of training child protection stakeholders on the functionality of the community-based child protection systems in the prevention of VAC was measured by the difference in willingness to report VAC incidents to the relevant authorities. Among the children in intervention area, there was a significant increase in the willingness to report VAC (DiD 4.98, *p*=0.037). Likewise, there was also an increase in the willingness of caregivers to report incidents of violence, although the observed change was not statistically significant (Table 3).

Table 3 Difference in Difference Measures of ECPC Outcome Indicators Among Children and Caregivers-Comparing Intervention and Control Communities
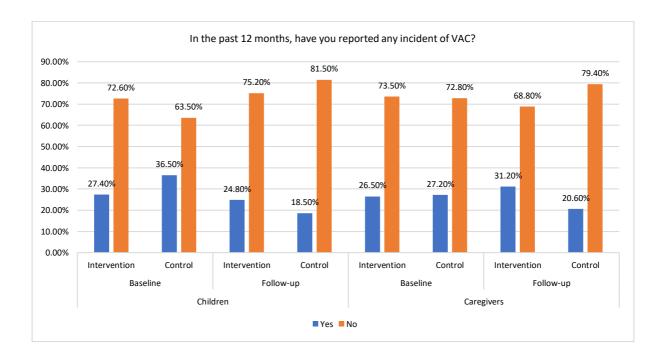
	Baseline	End line	

Outcome variable	Control	Treated	Diff (Baseline)	Control	Treated	Diff (End line)	Diff-in-Diff
Children							
Impact of training							
Willingness to report	10.92	2.19	-8.72	8.6	4.86	-3.74	4.98 (0.037**)
Case Management							
Ever reported any form of violence	1.45	1.70	0.25	1.63	1.73	0.09	-0.16 (0.001***)
Implementation of laws							
Being confident in child protection structures	0.98	1.00	0.02	0.99	0.99	0.01	-0.02 (0.072*)
Adequacy in laws	48.70	43.46	-5.24	50.45	43.48	-6.98	-1.74 (0.734)
Child Participation							
Indispensable agents	1.07	1.06	-0.01	1.27	1.12	-0.15	-0.14 (0.286)
Reported Prevalence of Violence							
Witness any form of violence	1.29	1.54	0.25	1.36	1.49	0.13	-0.13 (0.015**)
Emotional violence	1.19	1.33	0.14	1.36	1.41	0.06	-0.08 (0.104)
Physical violence	1.30	1.34	0.04	1.35	1.46	0.09	0.05 (0.348)
Sexual violence	1.90	1.91	0.02	1.92	1.92	-0.01	-0.02 (0.417)
Caregivers							
Impact of Training							
Willingness to report	4.11	2.01	-2.09	3.42	2.55	-0.87	1.22 (0.464)
Case Management							
Ever report any form of violence	1.66	1.78	0.12	1.73	1.74	0.01	-0.11 (0.040**)
Implementation of laws							
Being confident in child protection structures	1.01	1	-0.01	1	0.99	0	0.01 (0.433)
Adequacy in laws	1.57	1.59	0.02	1.57	1.48	-0.09	-0.11 (0.078*)
Child Participation							
Indispensable agents	0.98	1.05	0.08	1.02	1.08	0.06	-0.02 (0.818)
Prevalence of Witnessing Violence							
Witness any form of violence	1.24	1.49	0.26	1.31	1.45	0.14	-0.12 (0.053*)
Emotional violence	1.25	1.45	0.20	1.41	1.45	0.04	-0.157 (0.012**)
Physical violence	1.34	1.50	0.16	1.40	1.49	0.09	-0.07 (0.278)
Sexual violence	1.45	1.63	0.18	1.59	1.70	0.11	-0.07 (0.227)

5.3 Impact of Equipping Child Protection Structures with Knowledge, Skills, Financial and Material Resources on Improved Access to Case Management

Improved access to response services was one of the key outcomes of the ECPC intervention. The intervention assumed that increased investment in child protection structures, by way of skills building for key staff, as well as financial and material resources would remove case management barriers, and improve access to support services for children who are victims of violence. The intervention invested in articulation and dissemination of the child protection referral pathway and the facilitation of the structures to undertake effective case management of VAC. This provided clarity for duty bearers on what they were required to do when confronted with a VAC case. For the children and community, it helped to establish knowledge on where to report VAC cases and services that are available for the different sources.

To measure the impact of equipping child protection structures on improved access to case management, the children and caregivers' survey asked respondents whether they had ever reported a case of VAC to the authorities in the 12 months preceding the baseline and end line survey phases.

Among the children, in the intervention area, there was a decrease in the proportion who reported VAC from 27.4% at baseline to 24.8 at end line. Data from children in the control group also indicates a decline in percentage of those who reported a VAC incident to authorities from 36.5% at baseline to 18.5% at end line.

Data from caregivers shows an increase from 26.5% at baseline to 31.2% in the end line survey in the proportion of caregivers from the intervention who reported a VACs case to the authorities. This is in contrast to the proportion of caregivers in the control area whose data shows a decline in reporting VACs from 27.2% to 20.6% from baseline to end line.

In terms of impact, analysis of children's data shows that ECPC was associated with a significant reduction in the reporting of cases of VAC (DiD=0.16; p=0.001). Similarly, caregivers' data also shows a significant reduction in the reporting of cases of VAC (DiD=0.1; p=0.04).

These findings from the qualitative data contrast the quantitative impact evaluation:
Based on interviews with the district Probation and Social Welfare Officer in Kitgum, official data indicated that there was increased reporting of cases of violence against children in Kitgum district as a result of the ECPC project. The perspective of the child protection actors in the district was that the increased reporting of cases was not an indication of an increase in prevalence of VAC, but a proxy for increased knowledge and a shift in norms and around VAC including the importance of reporting VAC, and where to report incidents of VAC among the community members.

The community dialogue meetings and radio programmes conducted under the auspices of the ECPC project were considered very pertinent as they were characterized by intensive sensitization on the child protection referral pathway, including what cases to report, where to report and available services from community structures. The mass sensitization, coupled with the improved facilitation of structures had resulted in confidence in members of the community to report cases of violence.

There was overwhelming qualitative evidence to show that actors in the intervention area were more enthusiastic not only in reporting but also end line of cases, despite practical limitations. Importantly, the evaluation notes that the interest to ensure that cases reported are addressed/handled stimulated innovative ways on how some of the practical challenges, particularly related to logistics were addressed. It was found out in qualitative interviews for instance that officers in the case management were motivated to invest in their networks and resources to ensure that cases are managed. While logistics and low budgets remained a key

barrier, those in Kitgum-the intervention area, were found to be persistent and used their relationships to support children and their families. One officer shared an experience when they were managing a complicated family case, in which a girl and her mother were at risk of abuse perpetrated by the father as follows:

> ……*there was no airtime nor transport; the place was far and this child was on the phone begging me to really go and save her but at that point my hands were tied as I had no way to reaching out. I called the probation officer for a solution but the vehicle was unavailable and I could not really run there at that moment to save the situation. But I did not give up. I coordinated with the police and we found ways to maneuver around from the other side until we made an arrest* (Key informant, Kitgum)

5.4 Impact of Dissemination of Child protection Laws Lead on Improved Implementation and Enforcement for Prevention of VAC

The ECPC intervention set out to address gaps in effective implementation of policies and laws. To do this, the project ensured dissemination of relevant child protection laws to stakeholders at different ecological levels. Local government officials (probation officers, community development officers, education and health officers), local leaders (clan heads, elders, pastors, priests and moslem clerics, women and youth leaders) and communities were sensitized on existing laws and policies. Laws were simplified and easily accessible versions of the same were widely disseminated. The project trained relevant duty bearers including local government authorities: (police, Resident state Attorney and prisons) and: civil society staff and legal officers on existing laws and policies, and importance of implementation of these legal instruments. Support was geared towards formulation and dissemination of local laws, legal aid clinics and community outreaches were also conducted for long term sustainable trust building in the community in the justice system and response victims and survivors of abuse.

In the intervention area, caregivers' awareness of the laws/regulations passed and or enforced to address VAC in schools and the community increased significantly at end line phase as compared to baseline phases. This is in contrast to caregivers in the control are, whose knowledge of laws decline between the baseline and end line.

Table 4:Knowledge of laws and legislations on VAC in the Intervention and comparator community

Variable	Caregiver's Responses								Children's Responses							
	Intervention				Comparison				Intervention				Comparison			
	Baseline	End line	Pr(Z$_p$)	Pr(χ²)	Baseline	End line	Pr(Z$_p$)	Pr(χ²)	Baseline	End line	Pr(Z$_p$)	Pr(χ²)	Baseline	End line	Pr(Z$_p$)	Pr(χ²)
Aware of law in schools	59.0%	75.0%	**0.0001**	**0.000**	46.7%	44.8%	0.3337	0.667	23.1%	34.0%	**0.0005**	**0.001**	14.7%	25.3%	**0.0002**	**0.000**
Know content of law in schools	84.2%	84.7%	0.4472	0.678	85.7%	91.0%	0.1071	0.174	84.9%	80.2%	0.1892	0.677	68.0%	80.7%	0.2547	0.121
Aware of law in community	52.2%	66.8%	**0.0004**	**0.001**	43.1%	38.3%	0.1352	0.270	24.2%	39.1%	0.0000	0.000	23.2%	35.7%	0.0001	0.000
Know content of laws in community	87.1%	82.8%	0.1480	0.082	89.1%	84.2%	0.1514	**0.021**	87.8%	76.6%	**0.0167**	0.101	76.3%	79.4%	0.2960	**0.038**
Consider VAC laws to be adequate	62.7%	63.5%	0.4222	0.061	38.0%	35.1%	0.2455	0.500	35.5%	34.2%	0.3601	0.882	18.8%	27.8%	**0.0025**	**0.001**

Regarding children's knowledge on the laws/regulations on VAC in schools, results indicate children's responses were significantly different between phase 2 and phase 1 in both the intervention $(Pr(\chi^2)=0.001)$ and comparison area $(Pr(\chi^2)=0.000)$ and the proportion of children who were aware of the regulations/laws increased significantly in the intervention area $(Pr(Z_p)= 0.001)$ and in the comparison area $(Pr(Z_p)= 0.00)$. Further, there was a statistically significant increase in the children's awareness on the existing laws/regulations on VAC at community level at phase 2 as compared to phase 1 in both the intervention $(Pr(\chi^2) = 0.000)$ and comparison area $(Pr(\chi^2) =0.000)$. the proportion specific test also shows that the proportion of children who were aware of the laws/regulations increased significantly by 14.9% and 12.5% in the intervention and comparison area respectively. There were also changes in children's awareness of the contents of the community laws between the phases but the change was only significant in the intervention area $(Pr(\chi^2) =0.04)$ and a change in proportions was significant in the intervention area $(Pr(Z_p)= 0.017)$ in which the proportion reduced by 11.2% at end line as compared to baseline.

In the intervention area, there was no significant difference in the children's perception on the adequacy of the existing laws on child protection between baseline and end line $(Pr(\chi^2) = 0.88)$ and the observed changes in the proportions was not statistically significant $(Pr(Z_p)= 0.36)$. In the intervention area, there was a significant difference in the caregivers' awareness of VAC laws/regulations at community level at end line compared to baseline. In addition, the proportion of caregivers who were aware of the laws increased significantly $(Pr(Zp)=0.0004)$ by 14.6% from 52.2% at baseline to 66.8% at end line. In the comparison area however, there was a reduction in the proportion of caregivers who were aware of the laws/ regulations enforced at community level to address VAC by 4.9% at end line. The findings also revealed that there was a decrease in the proportions of the caregivers who knew the contents of the laws/regulations enforced at community level in both the intervention and comparison area at the end line period, though the observed decrease was not statistically significant.

The impact of increased dissemination of the laws on prevention of violence against children was measured by survey respondents' views on adequacy of laws on addressing VAC, and the confidence they had in the capacity of child protection structures to respond to child protection cases in accordance to laws and established structures. Regarding the impact of the project on implementation and enforcement of laws, the findings show a significant reduction in children's confidence in the ability of child protection structures to enforce laws (DiD=-0.02;

p=0.072). Along with this reduction in confidence of child protection structures in a reduction on belief that current laws are adequate to respond to VAC, although this is not significant (DiD=-1.74; *p*=0.734). These findings are corroborated by the qualitative data:

> "*I feel that law is not satisfying enough because in some instances, when your right is violated, that person who violated is supposed to be arrested. So, I do not feel satisfied because these people are arrested and sometimes only spend 3years in jail and they are released. Such a person will just continue to violate my rights*" (Children's FGD-Kitgum)

> "*In my opinion, I don't feel satisfied because incase an adult commits an act of violence against me a child, that adult maybe arrested and detained for only a week in the police cell and then released. So, what we don't understand is if that person pays the police in order to be released that fast.*" (Children's FGD- Kitgum)

The voices of children obtained through FGDs demonstrate dissatisfaction with enforcement of the laws, but also illustrate limitations in understanding basic legal principles.

The findings among the caregivers on enforcement of laws is varied from that of children. The analysis shows that there is an increase in the confidence of child protection structures, although not significant (DiD=0.01; *p*=0.433). This is coupled with a decreased appreciate of the adequacy of laws (DiD=-0.11; *p*=0.078).

Implementation of the law and adherence to legal guidelines in all cases of violence against children is a complex process. Overall, qualitative evidence from the evaluation indicated that legal standards for handling VAC cases were not always adhered to. Despite the high knowledge among duty bearers regarding legal action in cases of VAC, there were varied considerations that were considered when dealing with each individual case of VAC. For \example, in some cases, parents and others involved preferred to engage in negotiations outside the legal processes. The statutorily mandated officers often times supported the non-formal negotiation processes that were embarked on by families to resolve cases of VAC, although data shows that this state of affairs was more in the comparison area than the intervention community.

5.5 Impact of Participation in Children's Rights Clubs on Empowering Children to Become Change Agents for Addressing VAC

The ECPC project model focused on augmenting children's agency, premised on the assumption that children have a responsibility to protect themselves and their peers against violence and associated risks. Different project activities were geared towards mobilisation and empowerment of children as active child protection agents. Children were mobilised through school-based child rights clubs, and provided with training and other forms of support. The main outcome measures for the impact of the project on children's agency were: active participation in events that influence policy and practices on child protection.

Regarding awareness of children's clubs, there was a higher proportion of children who were aware of the existence of children's clubs at baseline compared to the end line period in both the intervention (58.9% vs 33.7%) and comparison areas (11.2% vs. 10.9%). In the intervention area, there was a significant change in children's awareness of the child clubs that actively advocate for children's rights in schools, and at community level at end line compared to baseline ($\Pr(\chi^2) = 0.00$). The proportion of children who were aware of child rights clubs in schools significantly ($\Pr(Z_p) = 0.000$) reduced by 25.2% from 58.9% at baseline to 33.7% at end line. The proportion of children who were aware of community groups increased by 3.8% from 3.2% at baseline to 7% at end line. This increase was significant ($\Pr(Z_p) = 0.01$). This shows that a number of school-based clubs that were in existent/functional at baseline had either become non-functional or dissolved; qualitative interviews indicated that the effect of COVID-19 impacted on the functionality of children's clubs as they were mainly organised around/within the schools. In the comparison area there was no significant changes in the children's awareness of the community of schools-based clubs and the awareness levels remained very low compared to the intervention area.

The proportion of children who were members to the rights clubs increased in the intervention area increased by 3.1%, from 39.3% at baseline to 42.4% at end line; in the comparison area children's reported membership decreased by 11% from 41.0% at baseline to 30.0% at the end line period. There was no statistically significant difference in the children's reported membership to groups/clubs that advocate for children rights between baseline and end line periods in both the intervention area($\Pr(\chi^2) = 0.569$) and comparison area ($\Pr(\chi^2) = 0.306$).

The predominant activities of children's clubs were in the areas of community sensitization, identifying and reporting VAC cases. In the intervention area, significant differences in club activities were observed between baseline and end line periods, specifically in the areas of identifying VAC, where there was a positive change of 10.1% ($Pr(\chi^2) = 0.064$), referring VAC cases (% change of 10.1% ($Pr(\chi^2) = 0.001$) and other VAC prevention activities (% change of 11.7% $Pr(\chi^2) = 0.004$). There were also changes in community sensitization where there was a 2.4% increase between baseline and end line, although the change was not significant ($Pr(\chi^2) = 0.66$). There was also a 3% increase in the proportion of children who indicated that the clubs engage in reporting VAC cases (40.2% at baseline vs. 43.2% at end line), although this was not significant ($Pr(\chi^2) = 0.59$).

In the comparison area, positive percentage increases were observed in the areas of community sensitization (11.1%), referring VAC (7.44%), and other activities (23.3%).With the exception of other activities, all other changes were not statistically significant. There were negative percentage changes observed with respect to identifying VAC (-0.9%), and reporting VAC (-2.9%); the changes were not significant.

Table 5: Knowledge, participation in children's clubs and Perceived Importance of Children's clubs

Variable	Intervention				Comparison			
	Baseline	End line	$Pr(Z_p)$	$Pr(\chi^2)$	Baseline	End line	$Pr(Z_p)$	$Pr(\chi^2)$
Aware of club that actively advocate for children's rights								
Yes, at school	58.9%	33.7%	**0.0000**		11.2%	10.9%	0.4532	
In the community	3.2%	7.0%	**0.0096**	**0.000**	3.5%	2.7%	0.2691	0.817
Not aware of any	37.9%	59.3%	**0.0000**		85.3%	86.4%	0.3400	
Respondent was a member of club that advocates for children's rights								
	39.3%	42.4%	0.2846	0.569	41.0%	30.0%	0.1529	0.306
Activity that club engages in								
Community sensitization	48.0%	50.4%	0.3307	0.661	56.4%	67.5%	0.1550	0.310
Identifying VAC	34.7%	44.8%	**0.0320**	0.064	35.9%	35.0%	0.4668	0.934
Reporting VAC	40.2%	43.2%	0.2923	0.585	15.4%	12.5%	0.3556	0.711
Refer VAC cases	6.9%	17.6%	**0.0010**	**0.002**	2.56%	10.0%	0.0874	0.175
Other activities	23.7%	12.0%	**0.0041**	**0.008**	33.3%	10.0%	**0.0058**	**0.012**
Ever participated in the activities of the child rights clubs								
Ever participated	26.1%	22.6%	0.1378	0.276	6.5%	6.3%	0.4478	0.896
Not participated	73.9%	77.4%	0.1378		93.5%	93.7%	0.4478	

It is important to have child rights clubs								
It is important	65.9%	50.9%	**0.0000**		32.2%	41.7%	**0.0044**	
It is not important	7.3%	10.8%	**0.0468**	**0.000**	26.8%	13.4%	**0.0000**	**0.000**
Not sure	26.9%	38.3%	**0.0000**		41.0%	45.0%	0.3400	
Importance of the child rights clubs								
Report VAC perpetrators	30.6%	38.1%	0.0512	0.102	18.2%	24.8%	0.0996	0.199
Helps in preventing VAC	47.4%	57.1%	**0.0214**	**0.043**	42.7%	36.0%	0.1328	0.266
Helps in referring VAC cases	25.7%	26.5%	0.4308	0.862	7.3%	17.7%	**0.0073**	**0.015**
Informs community on children rights and VAC	60.4%	51.3%	**0.0292**	0.058	56.4%	61.4%	0.2043	0.409

There were statistically significant changes in the children's perceived importance of having community and school-based groups/clubs that actively advocate for children rights in both the intervention area ($Pr(\chi^2) = 0.00$) and comparison area ($Pr(\chi^2) = 0.00$). The proportion of children who considered that community/school-based clubs are important significantly reduced in the intervention area by 15% while the same proportion significantly increased in the comparison area by 9.5%.

Regarding the perceived usefulness of child rights clubs by children, the proportion of children in the intervention area who considered the community/school-based groups/clubs useful in; reporting VAC perpetuators, preventing VAC occurrence significantly increased at end line as compared to baseline while those who reported that the clubs/groups sensitize the community about children rights and VAC significantly reduced at end line. In the comparison area, the only observed significant increase was in the proportion of children who reported that clubs help in referring VAC cases.

The evidence on the impact of children's participation shows that there was a decrease in the proportion of children who participated in child protection activities as a result of the intervention, although this was not significant (DiD=-0.14; p=0.286). These results should be interpreted in the context of school closures occasioned by the COVID-19 lockdown. The evaluation recognizes that children's participation in ECPC supported clubs was possible in schools as the project adopted a school based model.

5.6. Evidence on Sustainability of ECPC Project and Critical Enablers of Sustainability

The ECPC Project model took into consideration sustainability of the formal and non-formal structures in violence prevention. For sustainability within the formal structures, the project implementation was conducted through existing structures and resources including the human resources.

a) Building on Existing Child Protection Structures

The design of the ECP was focused on building the capacity of established actors already doing child protection work. The approach of relying on pre-existing structure was a departure from the convention, whereby new projects tend to identify their own structures and provide training to those they recruit specifically to be their agents. This project worked with Kitgum District Local Government and obtained guidance on the structures to work with. Working with already existing structures that are formally recognized by the District Local Government as child protection structures provides an avenue for sustainability. The non-formal structures used by the project in Kitgum were created during the conflict period and have endured the post conflict transition, metamorphosing into post conflict child protection structures that are recognized by the local government. The child protection committees (CPCs) in Kitgum have remained vibrant and continue to provide essential services in case management. District officials in Kitgum confirmed the benefits of training to the continued functionality of CPCs. These structures are made up of community volunteers who have limited knowledge and skills, at the time of recruitment. Training ensures that the lay men and women who are part of the CPCs acquire requisite skills that enable them to execute their roles. Moreover, the post conflict period has been characterized by a turnover in the CPC membership as some volunteers become either deceased or too old to effectively conduct their duties.

> *This project was helpful in keeping our structures running…. some of the volunteers started working in 2001 and they have become old, some have died and they need replacement and others left. So, this work is not ending, and we still need to continuously train new people that come on board* (Key Informant, Kitgum)

There is however a remarkable difference between the CPCs in Kitgum and Pader, which illuminates the impact of training and continued engagement of these structures. While the CPCs in Kitgum have endured the post conflict transition and are recognized by the district

actors and community members as formidable structures, those in Pader face an existential threat. The CPCs in Pader were reported to be inactive and unable to respond meaningfully to cases that are reported.

> *In this sub county, other than the police outpost that we have the police, the child and the family unit, and office of the CDO we do not have any institution or any other places where those cases can be reported. We used to have the Child Protection Committees (CPC) but now they are no longer working. The CPCs were there a long time ago…they were there when people had just returned to their homes from the Internally Displaced Camps. But now they are not vibrant. They have just gone down like that. The CPCs have disappeared. There is nothing like such committees. These committees collapsed because when cases would be reported to the people on the CPC, they would not be able to handle them or even refer them somewhere else. They were not being facilitated to do this work, there was no orientation or retraining. So the people on these committees gave up and disappeared* (Sub County key informant, Pader)

Key informants in Pader associated the weakened CPCs to the increasing rates of violence against children. The absence of the CPCs and a vibrant effective case management and referral network has resulted in impunity. Perpetrators are almost confident that their actions have no consequence, because the victims have limited options for reporting. The sanctions that were previously imposed by the CPCs no longer exist.

> *Nowadays violence is too much ….. the perpetrators are not fearing anything. The victims don't report the case to the child protection unit at the police post …...they keep dying at home. Even if they report it to the LC, the LC cannot handle such cases and some of the LCs are perpetrators themselves. But when those committees were here, cases reported to them would be taken very seriously, and were always forwarded for action. That is not happening these days* (KI at Sub County in Pader).

In addition to this, the project worked with non-statutory structures like the religious and cultural organisations, which are widely recognized and respected by the community. Working with structures provides an immense opportunity for sustainability. Evidence from community members and leaders show that unlike the formal structures that are externally funded, the cultural institutions are funded by families and individuals. The clan systems especially is a

dominant and well respected structure that has the potential to mobilise its members for VAC prevention. Some clan leaders who interacted with the evaluation team expressed enthusiasm with continuing with prevention work, using the skills generated during the trainings, even after the formal phasing out of funded implementation.

> *"As clan leaders, even when this program ends, we are confident of the knowledge we have acquired through ECP and we will continuous to work hard even if they are not around. For example, they have given us the book of bylaws; they have given us a register book for all crimes committed, and right now, we can agree that we got the knowledge from ECP and even if they are not here, we will continue the good work"*
> **IDI-Clan leader-Kitgum**

Despite training extended to the clan structures, there was no evidence to show integration of this structure in the formal local government led ones. The strength of the clan system needs to be harnessed better for sustainability. In the absence of adequate resources for case management, the clan structure is an enduring one, whose decisions have the potential to even override those of the formal structures that are governed by laws and regulations.

b) Increased collaboration and skills for sustainability potential

The project increased collaboration among duty bearers in ensuring that services are available for prevention and response to VAC. Coupled with training, the articulation of the referral pathway enabled all duty bearers to be aware and confident about their respective roles and those of their peers in the child protection mechanism. As a result, these actors tend to work in close collaboration with one another and to provide support to others. The following excerpt from a key informant interview depicts the depth of awareness among the actors on the value of working as teams to address the VAC.

> *I do not usually do these things alone; I am there, the CDO [Community Development Officer] is there, and at times where necessary the LCIII (Sub-County) chairperson is there, and remember, we do involve the LCIs (village leaders) and other people. So, personally I see that we have the necessary people who are equipped in terms of knowledge, and generally we have the structure though for the other things like transport costs/means we rely mainly from outside [NGO] support* (Key Informant Interview, Kitgum)

Duty bears were aware of the comparative advantages that each actor had over the other, and have cultivated relationships that allow them to exploit resources at their disposal to ensure child protection.

c) Case management enhanced by working with Community Members

The project relied on already existing structures that had been previously established in the communities. One of these structures is that of para social workers. These are recruited from the villages and were trained in basic case management. It was found that working with community structures was useful in facilitation of case management. Social welfare officers rely on para social workers to provide information about cases in the community and to coordinate case management. The para social workers are trusted by the communities and play a linkage role between services and community members.

> *Para social workers they have really helped a lot; they are people that we get from the community and they know most of the people. Once you describe what you need, they are able to help. So they have really eased it for us* (key informant)

The lack of clarity among the communities on judicial processes hampers the work of para social workers. When suspects who are granted bail return to the community, there is misunderstanding of the communities on what is happening. The para social workers are put on the spot because the communities suspect collusion between them and suspects. This has the potential to result in mistrust between the community and the para social workers. It was reported that para social workers had expressed concerns when suspected sexual violence offenders return to the community.

> *.... actually the Para social workers themselves they do come to me and say we bring cases to you especially defilement but you find perpetrators back home, why? Why do they come back? It makes it hard for us now to do our work because the community looks at you like an enemy and they think that you have been bribed yet you have not* (key informant)

The para social workers support in monitoring the situation with VAC. They provide monthly reports to the administrative units (sub counties) in their respective jurisdictions. The para social workers however only work as unpaid volunteers. They are facilitated with equipment

like bicycles to ease transport, wellingtons to help them navigate muddy terrain, as books for record keeping. The lack of a proper compensation plan for para social workers casts a shadow on the sustainability of this particular structure. Presently, the different agencies working in the district rely on this structure, meaning that they may be in a position to access some facilitation allowances, which could keep them motivated. It is not clear however, if they would continue to provide the services that they do if these organisations were absent.

Critical Barriers to Sustainable VAC Case Management

a) **Inadequate capacity for end line especially due to logistical barriers**

Despite the reported achievements and improvements in child protection case management, effective follow up of cases in hampered by poor record keeping and logistical barriers. Some cases of VAC are not adequately followed up because the initial records do not provide adequate or clear details to allow for subsequent actions. Duty bearers often times shelve cases because they lack contact details or have incomplete information on the cases. It was also clear that effective case management is a factor of the effort that the victims and their families invest in the case. In some situations, those who report incidents of VAC do not follow them up adequately. When this happens, the statutory duty bearers respond by shelving the cases. This suggests low motivation for following up cases in the absence of pressure by those affected.

> *One challenge is that people report cases and they don't come back to follow up the cases; and then you find there is no phone number for you to follow up. Even the name of the village you find the name is not clear so following up can be really so hard* (Key informant, Sub County in Kitgum)

Logistical barriers put a strain on the community as victims and their families who are keen to follow up cases are sometimes required to provide facilitation including stationery, communication and transport. In this post conflict setting, many families are still in recovery, living on the margins and unable to afford such expenses. In some cases, family members who persist in obtaining justice are asked by duty bearers to dispose of their livestock and poultry in order to get money that could facilitate case end line. In a setting characterized by poverty, it is unlikely that many families will be able and willing to dispose of their assets for proper case management.

……. the woman did not have and at that time I also did not have money, we asked her don't you have anything at home? She is like no. I do not have a shilling. Then we asked her if she had a hen or a rooster at home that she could exchange for fuel and she said that she has only one cock and it is still young and she wanted to keep it (key informant, Sub County in Kitgum)

Logistical barriers are a universal hindrance and extend to the comparator study area. Discussions with actors in the health sector identified inadequate logistics as a key barrier to accessing health care for victims of violence. In Pader, health workers reported that they often experience stock-outs of supplies which encumbers their ability to provide therapeutic support to violence survivors. They also further observed that they refer cases to the police and the Community Development Officers, but are aware that many of the cases that are referred are never followed up to conclusion. Individuals that are referred sometimes opt out of the process; sometimes when they report to the office they are referred to, they do not access any support due to logistical limitations. Duty bearers are poorly facilitated and are only able to follow up cases if the families that are reporting the cases provide transport and communication. These findings suggest that children from poor families that are unable to access cash may not benefit from the project, and from key services if they experience VAC.

b) The Allowances [Facilitation] Syndrome in Post-Conflict Settings

One of the hallmarks of recovery and development programmes and projects in post conflict Uganda is the payment of allowances to community and opinion leaders, in exchange for their time and services. This has resulted in an expectant mindset and a sense of entitlement on the part of many actors. Consequently, the notion of volunteerism that is embedded in the assumptions of project sustainability appears to be delusional. The local leaders who support the work of child protection in the project area are unwilling to do so in the absence of some kind of benefit to them. This has sometimes resulted in sabotage where leaders mobilise against child protection interventions as a protest to non-payment of 'expected' benefits and/or entitlements.

The last time we went for dialogue, we found that the LC1 was mobilizing the people not to attend. This is because we were not giving him and the community allowances for attending. The mentality is that people must be paid to participate, even when an event potentially benefits them (Key informant)

The packaging and marketing of interventions that do not directly translate into immediate benefits for the participants, has to be thought through.

c) The Clash between Formal and Traditional/informal Child Protection Approaches

The utility of the child protection structures is in part hampered by the collectivist value system inherent in the study area where people feel obligated to protect the interests of others. The central philosophy to Uganda's legal approach to violence against children is punitive, making it run counter to the socio-cultural orientation that often 'compels' reconciliation. Moreover, the reconciliatory approach ensures that perpetrators and survivors, alongside their families can co-exist. The clashes between these two approaches presents a challenge to the utility of the modern formal child protection structures. The community-based actors especially the village leaders [LCs] were inclined to adhere to the traditional cultural prescriptions of child protection, whose focus and methods were not in the best interest of the child, but rather on reconciliation between the perpetrator and the survivor, as well as their respective families. The result of this clash in values often time rendered the formally established procedures on responding to violence impractical. The community leaders tasked with child protection adopted a pragmatic style to respond to cases that were reported to them. This may sometimes entailed selective supply of information to other actors in the referral network, or advising those involved in reported incidents to take other actions, that were contrary to the procedures provided by legal guidelines. For example, it was widely reported that LCs sometimes withheld information from the police in an attempt to prevent cases from escalating. Village leaders [LCs] also advise families to settle cases outside of the formal systems.

> *You find like in some communities, actually all of them, [LCs] fear creating enmity… you are expected to handle certain things in certain ways… you are not supposed to take the case there… so you find them [LCs] also sitting on it ….. For example if it is a case of incest, you may find a baby coming out of that incest, yet, you were stopped from talking, and yet they had said they would handle it from home, and they end up not doing anything. So culture also stops them from bringing out those things. I also told you in my case that the chairman failed to arrest a perpetrator whom he knew himself that he was abusing his wife and daughter but because they are related so he uses influence of the leader to keep his relative free* (Interview with a Key informant)

d) Inadequate Utilisation of the Acholi Clan System

Discussions with KIs and at the district in both Kitgum and Pader districts illuminated the potential of the Acholi clan system in playing an impactful role in child protection for which this evaluation regarded as a missed opportunity. It is also imperative to note that the long period of war between the rebels of the Lord's Resistance Army and Government of Uganda Army (over 20 years) in Acholi, affected but did not totally distabilise the functionality of the clan system. Every family in Acholi belongs to a clan, which represents the heritage and identity of each individual. The clans have a leadership structure and provide guidance to members on expected behaviours by all the members. The clan system in the study area is vibrant and well respected. Interactions with study participants in both the project and comparator areas suggested that this structure has immense potential to contribute to the reduction of violence against children.

> ....the clans have good potential to reduce violence against children if the right strategies are designed for them.....the clans need to be strengthened so that they can do this. The role of this institution should not be underplayed. In Acholi the clan system is very important and it is a strong institution. When they call a meeting for 2 o'clock, everyone invited will show up and on time. These clans need to be strengthened because no one can dare defy what they say (district officials, Pader).

Despite the potential of the clan system, it was not deliberately targeted by the project. The evaluation team had interactions with clan leaders who confirmed that they had not been targeted by the project. Clan leaders however reported that they intervene in cases of violence that are brought to their attention by clan members. As indicated above, traditional edicts guide the clan leaders when they interface with violence cases.

> There are rituals that we follow if someone brings a case to us. For example if a girl has been forced to have sex in the bush, we slaughter a goat or a chicken; if this is not done, that girl will not have child in the future if she gets a husband. If a child is being tortured by the family, we go to the home and sit down to talk to the people torturing the child. They listen to us. WE have never received any external support or training from anyone. We are willing to be trained if it can help our people. Those organisation needs to work hand in hand with clan leaders; they should not leave us behind so that violence can be eradicated completely (KI, Clan leader in Kitgum).

The clan leaders who participated in the study demonstrated a willingness to collaborate with organisations that focus on providing services to improve individual wellbeing and community cohesion.

6. CONCLUSIONS AND LESSONS FROM THE EVALUATION

Deliberate community level interventions purposed to build capacity of critical stakeholders (parents/caregivers, children and informal and formal child protection stakeholders) to prevent VAC can have significant impact on knowledge of VAC and best ways to respond to cases of VAC. Both caregivers and children utilise proper channels of reporting cases of violence and critical stakeholders in service delivery are aware and prioritise response in a mutually inclusive way. Overall, community-based responses to VAC present very powerful opportunities for sustainability especially because the actors at the micro and meso level are collaborating.

The ECPC project demonstrated that empowerment through knowledge alone is not enough. The knowledge must practically translate into prevention and response to VAC. Child protection Committees were trained to effectively handle VAC cases on one hand, and also the rest of the community members were sensitised on the importance of reporting and where to report. The CPCs are a special structure specifically established for VAC, and being closest to the people and specialized into child protection work, their training and equipment enhanced the quality of work they could do. The intervention acknowledged the fact that despite being part of the child protection system, Police and Local Council structures are occupied with other demands that occasionally disrupted their efficacy. In the comparison community (Pader) the evaluation noted a higher tendency to report VAC cases to elected Village Leaders (Local Council) and the police compared to the intervention community where initial reporting was with the CPCs. Increased reporting of cases in the project communities and elsewhere in Kitgum was attributed to the intervention's emphasis of reporting cases through the normal response/case management pathway. The cases could easily be recorded as opposed to a comparison community.

Training and engagement with child protection stakeholders by the project had an impact on the way the structures operated/worked in response to VAC. This is confirmed by the extent of trust that caregivers and children had in these structures in the intervention area as compared to the comparison area. As a result of the training There was also a noticeable influence of the intervention on children's ability to report VAC cases especially to their Parents and CPCs. Reporting VAC cases to Village Leaders (LCs) was discouraged as cases were likely to be lost because of the fear by LCs to threaten their social/family ties/relations. There was a higher trust

and confidence in the structure handling VAC cases in the intervention area compared to the comparison community. In turn, this trust increased the rate of reporting of cases at the community and improved the utilisation of the referral pathway for VAC cases in the intervention community compared to the comparison community. Trust in the structures was high in the intervention area compared to the comparator. The ECPC project impacted on community trust towards VAC services providers and their structures. This is crucial for a sustainable response mechanism for VAC. The reduction in fear of bribery, shortened distances to service points, a reduced fear of reprisal all combined to positively impact on reporting.

On the whole, qualitative findings from this evaluation show that deliberate interventions to enhance reporting/response to VAC cases impact positively on practice. There was also overwhelming qualitative evidence to show that people/actors in the intervention area were more enthusiastic not only in reporting but also end line of cases, despite practical/logistical limitations. Importantly, the evaluation notes that the interest to ensure that cases reported are addressed/handled stimulated innovative ways on how some of the logistical challenges, particularly related to transport and communication were addressed.

Prior to the interventions, a proper mapping of the key and influential community-level (grass-roots level) structures and systems was undertaken and became an imperative for effective project implementation, despite failures to have the Acholi clan leadership structures prominently feature as part of the informal community leadership resource that the project could have utilised. During community feedback meetings at the community and district level the clan system in the Acholi culture featured very prominently as an indispensable institution in prevention of VAC. The respect that the clan leaders command was found to potentially be a good window through which norms and practices which negatively impact on children can be re-modelled. Moreover, previous studies have indicated that a careful integration of formal and informal child protection systems enhances the effectiveness of child protection mechanisms. Clan leaders and elders who were involved in the project were there in different capacities and not necessarily as clan leaders. Yet, they reported that even prior to the ECPC project, always intervened in cases of violence that were brought to their attention by clan members. In the comparator community (Pader) the clan system was equally referred to as a strong community institution/structure that intervened in cases of violence against children. The only major challenge is that it was not strongly linked to the formal child protection structures. To enhance the sustainability of outcomes of similar projects in similar contexts in

Northern Uganda, interventions should carefully integrate this structure by directly involving clan leaders and elders in community capacity building.

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