

**Communities Caring for Children Programme (CCCP)**

**CCCP Evaluation and Endline Survey 2015**

**Key findings and conclusions**

**Based on data collected in Sept and Nov 2015 from:**

**Siraro District, Ethiopia**

**Kiryandongo District, Uganda**

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# Acronyms/Abbreviations

CCCP Communities Caring for Children Program

CDO Community Development Office

CSO Civil Society Organisation

ECCD Early Childhood Care and Development

ECCE Early Childhood Care and Education

ECD Early Childhood Development

FGD Focus Group Discussion

HIV/AIDS Human Immuno-Deficiency Syndrome

HoH Head of Household

IA Irish Aid

IAFP Irish Aid Funding Program

IGA Income generating activity

KI Key informant interview

LC-LQAS Large Country Lot Quality Assurance Sampling

LQAS Lot Quality Assurance Sampling

M&E Monitoring and evaluation

MoU Memorandum of Understanding

MUAC Mid-Upper Arm Circumference

NGO Non-governmental organisation

NGO Non-Governmental Organisation

OD Organisational development

SA Supervision Area

SCFDA Siraro Child and Family Development Association

TOC Theory of Change

ToR Terms of reference

VPA Voluntary Partnership Agreement

VSLA Village Saving and Loan Association

#  Introduction

This document is an evaluation report for the Communities Caring for Children Programme (CCCP) carried out in Siraro District in Ethiopia and in Kiryandongo District in Uganda, two of the three CCCP programme countries September and November 2015. Mozambique was excluded for financial and logistical constraints at the time of designing this evaluation.

## CCCP Programme background

The Communities Caring for Children programme (CCCP) is being implemented by ChildFund and local partners in Ethiopia, Uganda and Mozambique. The programme period of implementation is from January 2012 to December 2015, now with a one-year cost extension for 2016. CCCP is funded by ChildFund and Irish Aid, from a multi-annual Civil Society Programme Funding Scheme grant to ChildFund Ireland. Programme evaluation is a requirement of the grant and is expected to feed into applications for a future cycle of the grant.

### Programme goals and objectives

ChildFund’s Early Childhood Development (ECD) programme strives to holistically help children aged 0 to 5 years reach their full potential.

**Programme goal:** CCCP’s overall goal is that ALL children 0-5 years old in the programme area are protected and supported to have equal opportunities to realise their rights and develop to their full potential.

#### Programme Theory of change:

* ***If*** we increase access and quality of community led home and centre based early childhood care and development services,
* ***If***communities demonstrate increased understanding and application of key early childhood care and development services,
* ***If*** there are vibrant community led systems for planning, monitoring, accountability, and learning,
* ***Then*** all children 0-5 years old in the programme area will be protected and supported to have equal opportunities to realise their rights and develop to their full potential.

The programme has three outcomes and seven objectives as summarised below:

1. Improved quality of ECCD services in the target areas
* To improve parenting knowledge and practice of caregivers of 0-5 years
* To improve school readiness of 3 to 5 year old centre based children
* To increase target household income to support ECCD interventions
1. Strengthened community structures for child care, protection and case management
* To improve the capacities of identified community structures to care and protect children
* To develop/strengthen referral networks of child care and protection service providers, (including health, education, legal and protection)
1. Improved culture of learning and knowledge management on ECCD approaches and practices
* To develop and implement knowledge management strategy that facilitates frequent reflection and programme improvement
* To improve intra and cross country learning and knowledge management for better ECD and Child Protection services

Source: CCCP M & E, Knowledge Management &Learning Plan, June 2012

### Programme approach and strategy

The Communities Caring for Children Programme (CCCP) addresses early childhood development needs in one district in each of three countries: Siraro in Ethiopia; Gondola in Mozambique and Kiryandongo in Uganda.

Pre-school children and their formal and informal carers are being targeted in the three districts in an effort to provide appropriate early childhood health, education and psycho-social development opportunities at home and in centres where early childhood care and development activities are made available. Home-based care has targeted parents with parenting education and support, early childhood stimulation, child immunisation, sanitation and nutrition information. It is expected that communities will be empowered to increase the application and the sustainability of the services through greater engagement with and of local authorities.

The centre-based activities have focused on caregiver/child interaction, training of parents/ caregivers on parenting and child health, volunteers and professional staff on child protection, gender and gender based violence (GBV), promotion of community owned child protection and inclusion mechanisms and structures.

An advocacy and learning component of the project is intended to advance community-district linkages and where possible linkages with national structures, strategies and policies to influence decisions and practices that that benefit young children.

In addition, CCCP teams in the three countries have been coming together to share knowledge and experiences gained in the course of implementation to enhance programme quality. This activity aimed to improve regional learning on quality ECD programming through cross-country knowledge sharing. The programme intended to go beyond simple partnership with local organisations to strengthening their capacities through creating opportunities for knowledge and sharing of experiences.

**Project contexts[[1]](#footnote-1)**

The programme district in Siraro, Ethiopia, covers 5 Kebeles: Ropi Sinta, Ropi town, Damine Leman, Boye Awarkasa, and Alemtena Sirbo, with impact beneficiaries of 3,400 children under five. In Uganda the programme in Kiryandongo district covers three sub-counties where it aims to reach at least 2,400 households with 2,400 children 0-5 years during the four years.

#### Impact and target population

In this programme, total population in the Programme Area is defined as the total number of children and adults in CCCP covered areas based on the latest available secondary data. Impact population is the total number of children identified to benefit directly from CCCP during the 4 year period. These are whose lives the programme aims to change and it’s on their lives the impact attribution will be determined. Target population/ beneficiaries are those people targeted by the programme by the virtue of their role as making it possible to reach the impact population. These are caregivers or duty bearers through whom the programme will reach the children 0-5 years[[2]](#footnote-2) old and include health activists, VSL groups, Primary Schools, Child Protection Committees, ECD facilitators, community leaders and government departments.

### CCCP Evaluation background

#### Objectives and scope of the evaluation

The terms of reference for this assignment tasked the evaluation team to achieve the following objectives:

* Determine the relevance of project objectives and Theory of Change for the countries where the programme was implemented[[3]](#footnote-3).
* Evaluate project effectiveness, assessing evidence of change, the degree to which planned outputs, results outcomes have been achieved at the time of the evaluation based on the theory of change, lessons learnt and knowledge gained along the project life in line with contextual changes.
* Evaluate project efficiency, assessing the implementation processes adopted during the project implementation at community (Micro), district (meso) and national and (macro) levels. Assessing level of investment (staff time, cash, etc.) by level against contributions to change processes contributing to the program’s goal and results.
* Identify any impacts or likely impacts (positive or negative) of the project.
* Assess the likelihood of sustainability of the project, i.e., what the enduring results are likely to be after the termination of the project.
* Identify key lessons learned in programming for ECD in the project life and
* Contribute to recommendations for any possible follow-up phase.
* In addition to the above areas, the evaluation asked about: Constraints during implementation, challenges/room for improvement and opportunities/unmet needs

The CCCP evaluation and endline survey was done by Creative Research and Evaluation Centre, Kampala with support from ChildFund Ireland, ChildFund Ethiopia, and ChildFund Uganda. Fieldwork was conducted in Ethiopia in September and in Uganda in November 2015.

#### Methods and process of the Evaluation

This evaluation was designed and conducted in a participatory way with ChildFund staff and CCCP staff. The evaluation team gathered primary and secondary data using a combination of methods for this evaluation, a qualitative approach, a quantitative survey and a documents review. The CRC team that led the evaluation were the same group who did the baseline study for the programme, and were thus able to use the same tools and sampling strategy as in the baseline, and to make comparisons to the baseline data.

**Documents review -** A desk review was conducted of a number of documents availed at the beginning and during the evaluation to help the evaluation team get an understanding of the CCCP approach, context, progress and to get a deeper view of the programme achievements. Additional documents were reviewed after the primary data collection exercise to deepen the understanding of the qualitative and quantitative findings. Supplementary quantitative data was requested, as available, from the National Offices in Uganda and Ethiopia on important indicators of ECD, immunisation and VSL groups.

**Qualitative sessions -** Individual interviews and focus group discussions were held with partners and stakeholders, including beneficiaries (impact and target populations), using a semi-structured topic guide to get information about programme settings, background, activities/processes, outcomes, and recommendations.

**Quantitative survey –** The quantitative component of the evaluation was designed and conducted in the same way as the baseline survey in 2012. Using the LQAS sampling strategy, the endline survey targeted households with children 0 to 5 years and also asked about children 6 to 8 years in the randomly sampled households.

Data from the above methods was complemented by a debriefing meeting held with the data collection teams in each country to document emerging issues that may not have been captured by the tools. In addition, the very preliminary findings from this evaluation were presented and discussed at the CCCP Year 3 Review and Reflection Meeting 30th Nov to 2nd Dec, 2015 in Ethiopia. This meeting helped to validate the field observations as well as enhancing explanations and interpretations of the emerging findings.

#### Data gathering tools

**Qualitative tools –** The qualitative topic guides used in the field study were based on CCCP objectives and tools from the baseline, with adjustments to address the evaluation TOR and issues emerging from the documents review.

**Quantitative tools –** The household tool from the CCCP baseline survey was adapted and used in the endline survey. The household survey was conducted in randomly selected households with children under six years of age.

#### Sources of information for evaluation

The data collection was rapid and fairly successful. The following data was collected for the evaluation and endline survey from Ethiopia and Uganda CCCP sites. [Bibliography of documents reviewed.]

Table 1: Inventory of data collected and analysed for the evaluation

|  |  |  |
| --- | --- | --- |
|  | **Ethiopia (Siraro)**  | **Uganda (Kiryandongo)** |
| **Focus groups**  |  |  |
| ECD Parents | 9 FGDs (34 females, 41 males)  | 6FGDs (16 females, 10 males)  |
| Primary School Children  | 4 FGDs (16 females, 24 males)  | 5FGDs (21 females, 15 males)  |
| VSL Groups | 9 FGDs (90 females, 20 males)  | 4FGDs (27 females, 22 males)  |
|  | **Total FGDs 22** | **Total FGDs 15** |
| **Key informants**  |  |  |
| ChildFund CCCP related | 3 KIs (0 females, 3 males)  | 3 KIs (0 females, 3 males) |
| CCCP Staff, Project offices  | 5 KIs (1 females, 7 males)  | 5 KIs (2 females, 3 males) |
| District Departments, Committees | 5 KIs (2 females, 4 males)  | 4 KIs (1 females, 3 males) |
| Community leaders, ECD Centres, Primary schools, Health Centre  | 8 KIs (7 females, 3 males)  | 20 KIs (9 females, 19 males) |
|  | **Total KIs 21** | **Total KIs 281** |
| **Household survey**  |  |  |
| Household interviews  | 147 (94 females, 53 males)  | 176 (167 females, 9 males) |
|  | **Total HHs 147** | **Total HHs 176** |

## Limitations of the study

**Limitations for the endline survey and evaluation**

The targets set for quantitative data tools were achieved within the planned time frame. Resources were mobilised in a timely way to make this possible. Support from all levels of CCCP towards this is acknowledged.

* Rapid training and hasty collection resulted in more time needed for data cleaning before and after entry.
* Some qualitative notes were thin (lacking in detail and quotable statements)

The limitations have caused delays but do not significantly affect data available for analysis for both the evaluation and endline.

# Evaluation findings

## Relevance

Summary on relevance
CCCP’s goal, theory of change, programme objectives and components are all in line with the priorities and needs of the programme countries, selected district and target communities. CCCP’s ECD approach is aligned to and has informed the development of national ECD policy for the Ethiopian and Uganda Governments and is also aligned with that of ChildFund.

Over the period of implementation, the programme has responded and adapted to the changing context in each country and programme site. The CCCP programme components are generally complementary to one another. The programme has worked to build and strengthen structures at district, institutional and community level that will be critical for enabling continuity of processes initiated by the programme.

Meanwhile, the extent to which ECD centres can be fully funded from VSLA contributions and parents’ payments has not been tested. While child abuse cases seem to have generally reduced, the follow up of individual abuse cases remains demanding in time and resources.

Findings on relevance
The CCCP baseline survey[[4]](#footnote-4) showed that the programme is located in remote mostly rural districts where local governments, communities and parents were struggling to provide basic child care, health and education for their young children. At baseline, most infants had a secure relationship to their caregivers, and pre-school age children were on track for attaining appropriate psychosocial development milestones.

However, children were exposed to a multidimensional range of risks including inappropriate feeding practices, malnutrition, frequent illnesses and physical violations. Most households in the programme area of each country suffered food shortages. Only a few households achieved the minimum food dietary diversity score for children, and children under 2 years showed signs of both acute and chronic malnutrition. Most households had inadequate sanitation and hygiene was poor. Children were exposed to violence in the home and for disciplinary measures. Birth registration and documentation was low and immunisation card retention was poor with low coverage.

At baseline, ECD educational institution development and collaborative management were at a developmental stage from community to district and even national level. The few existing ECD facilities did not meet national standards, were far apart and unaffordable for many parents. Readiness of primary schools for ECD children was low. Few grade one teachers had any specific ECD education training or qualification. Children in grade 1 were unready for the level, with very low number and letter recognition.

To further crosscheck on relevance of the CCCP, endline respondents were asked what the situation would have been like if CCCP had not come to their area. None of the respondents met during this endline evaluation dismissed the programme or its work as irrelevant. They said that, without CCCP, life would have been very difficult at multiple levels. At the community level, mothers and fathers painted a picture like that described at baseline. Without CCCP, there would be more child deaths due to hunger and disease that parents would not know how to handle, along with water shortages (Ethiopia). Children would be out of school, many households would be poor. CCCP was commended for taking many households (especially in Ethiopia) out of poverty and ignorance, for getting children to go to school and for protecting children, e.g., from child trafficking. Without CCCP, their children would be illiterate, there would be a high incidence of child abuse, poor saving culture, poor parenting skills, child deaths due to hunger, and no/low incomes in the households, and little or no development in the area.

“The SCFDA help our community to take us out from poverty and ignorance and to make a sustainable society. If this organization was not with us, our community would be broken down. Our children would not get any school, and our community would suffer.” Fathers; Siraro; Damen Leman”

In Kiryandongo, parents said that without CCCP, child labour in tobacco and maize farms would be common and would be keeping children out of school. Sexual exploitation of children, and resultant early pregnancy and prostitution would also be prevalent.

District level – CCCP started and still guides the ECD conversations at district level. CCCP has sensitized, had dialogue sessions with stakeholders on ECD. ECD was new, but ECD came to be known by everybody because of CCCP. District level leaders who were initially doubtful of the CCCP’s ECD intentions have become advocates for ECD Education in their areas.

In Siraro District, ECD was first seen in 2005 when UNICEF started one at Loke Kacha Primary School. The district had challenges to expand zero classes for the rest of the children that needed the service. Although the government in Siraro is not contributing financially to CCCP activities it provides technical support. At the same time CCCP has strengthened ECD in the district, e.g., establishing a strong and active ECD Board. In Ethiopia, CCCP is implemented by the local partner. CCCP has worked with Siraro district to initiate ECD in 5 Kebeles. Experiences from CCCP are being used by Siraro to expand ECD into other Kebeles.

In the beginning in Kiryandongo, Uganda, there were just a few ECD facilities commonly known as nurseries or kindergartens around urban centres. In rural areas the communities had not experienced ECD centres before until December 2012 when the CCCP began.

"CCCP started in Dec. 2012 and initiated the very first ECD centre in Diika.” [Yelekeni Model ECD Centre Caregivers (F-2); CMC (M-1)]

"There were no ECD centres around. (for sustainability) The local nurseries were charging high fees and parents were not taking children to school" [LC III Chairperson Kiryandongo sub county]

Kiryandongo’s district development plan (DDP) for children aims to advance education, improve child and maternal health and household livelihood securities. The CCCP fits this DDP and also the local partner MACADEF’s plans. CCCP’s activities and MACADEF activities continue to complement one another. MACADEF, the local partner for ChildFund extrapolated its activities from the DDP and CCCP’s objectives were developed according to the strategic plan needs of the federation (local partner).

On demand and value for ECD education, CCCP has demystified ECD education in poor communities, and shown that it is possible to implement ECDE in rural communities. In Siraro, demand for ECD centre positions exceeds the available vacancies, even with some centres operating two shifts (ET).

CCCP has worked to improve children’s health, education and protection; it has constructed ECD centres in different kebeles and furnished them. Children were just dormant and not attending any learning at such a young age; children are now benefiting and this is important for our communities. [Kebele leaders, Ropi 01, Siraro]

District level – CCCP is a pioneer of systematic and comprehensive ECD in both districts. CCCP is testing out quality standards for ECD centres set by government. CCCP has pioneered operationalization and implementation of the ECD policy and framework in Siraro and Kiryandongo districts and testing ECD standards and criteria that had been set by government but were not being implemented. CCCP’s centres have contributed to improvement in privately managed kindergartens/nursery schools (UG).

During implementation, CCCP has applied different strategies that are beneficial to existing community and district structures: through partnerships, multi-sectoral linkages; strengthening and working within recognised structures, using community based volunteers and involving communities in programme planning, implementation and monitoring. CCCP has also initiated structures comprised of community members, local leaders and technical people at district, kebele/sub-county and ECD centre levels to plan for, manage and monitor ECD education and care. CCCP took the concept of ECD centres previously seen as a privilege of the well to do and brought it out to the rural and poor communities.

At ChildFund level – ChildFund has long experience in the area of ECD as its core objective and supports children until they graduate under the sponsorship programme. The ECD programme complements the sponsorship programme by strengthening the early education foundation for children. CCCP built on what ChildFund had started in the communities of Kiryandongo and addressed an education gap for children 3 to 5 years enrolled on the sponsorship programme.

“In 2012 MACDF enrolled children for the sponsorship programme but they did not have any education foundation so when CCCP was launched the enrolled children were registered for the ECD programme.” (Diika ECD Centre Caregivers

At country level, experiences from CCCP have informed ChildFund’s ECD engagement in and contributions to national ECD and education fora. National ECD policies and Frameworks in Ethiopia and Uganda have matured during the lifetime of CCCP.

Relevance through flexibility - In implementation, CCCP’s relevance is upheld by remaining sensitive to and appropriately responding to the political and social economic contexts in the countries of implementation. CCCP regional management has allowed flexibility for National Offices to decide on approaches of engagement to suit the context. In this regard a decision was also made at the apex level, for each country to lead a different component in knowledge management, i.e., Uganda leads on Advocacy; Ethiopia leads on ECD; and Mozambique leads on VSL groups.

The relevance of CCCP, its goal, objectives and interventions have been reaffirmed from household to national level and with ChildFund. The focus of CCCP on ECD and Education, which has met a critical need in communities, was built on evidence from the baseline and is aligned with national and global interests toward improving the wellbeing and protection of children.

## Effectiveness – CCCP Achievements

### CCCP Key outputs Targets vs achieved

#### Key outputs: Targets and achievements (by June 2015)

The original plan for CCCP was to have children 0 to 5 years as the impact group and a range of other beneficiaries as target groups that would contribute to bringing about impact changes for young children. The target groups included parents of the children, ECD facilitators, Primary school teachers, VSL members, community volunteers, and district level staff through a number of interventions.

Reviewing outputs achieved against targets set in both Siraro and Kiryandongo; CCCP has been moderately effective. Out of the 7 key outputs – 2 have been exceeded (parents’ training and immunisation), 3 will be achieved (VSLA groups training, birth certificate registration and stakeholder reflection meetings) and 2 will not be achieved (ECD Centre construction and referrals for medical and legal support).

Table 2: CCCP Key outputs from beginning of the project to June 2015

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Output** | **Country** | **Target** | **cumulative****value** | **% achieved June 2015** | **Comment** |
| Parents & caregivers trained in good parenting & child care practices | Ethiopia | 1950 | 1773 | 91% | On track |
| Uganda | 2400 | 2859 | 119% | Achieved |
| Children supported to complete immunisation through the outreaches | Ethiopia | 3000 | 3679 | 123% | Achieved  |
| Uganda | 1500 | 1284 | 86% | On track |
| ECD centres constructed/ renovated & equipped | Ethiopia | 10 | 6 | 60% | Not done |
| Uganda | 3 | 3 | 100% | Achieved  |
| VSLA Groups Trained & supported to establish IGAs | Ethiopia | 66 | 51 | 77% | On track |
| Uganda | 24 | 29 | 121% | Achieved |
| Children supported to acquire birth registration certificates | Ethiopia | 3400 | 5000 | 147% | Achieved |
| Uganda | 2400 | 1747 | 73% | On track |
| Mothers & children referred for medical & legal support through the referral networks | Ethiopia | 100 | 63 | 63% | Not done |
| Uganda | 480 | 204 | 43% | Not done |
| Stakeholders reflections meetings held; guidelines adapted for ECD, Child Protection & VSL | Ethiopia | 4 | 4 | 100% | Achieved |
| Uganda | 16 | 9 | 56% | Not done |

Source: CCCP Results framework analysis as of June 2015, i.e., 30/36 months = 83% of the life of programme

## Key programme achievements by strategic area

###  CCCP Goal:

Progress toward the goal was tracked by two main indicators: i) exclusive breastfeeding for young ECD age groups; and ii) proportion of 6 to 8 year olds entering primary education.

#### Exclusive breastfeeding

CCCP promoted breastfeeding as one of the good child care practices for infants, with recommendations that children be exclusively breastfed up to 6 months of age and continue breastfeeding beyond one year of age. Mothers heard about breastfeeding during parent education sessions in the community and when they visited health units for antenatal care, childbirth, or post-natal care.

**Monitoring -** Using the programme monitoring data, progress in exclusive breastfeeding is mixed. In Uganda, it reportedly remained stagnant at 60🡪62%; while in Ethiopia there is an estimated increase from 52% in 2012 to 80% by the end of the programme.

**Surveys -** Findings from the endline survey show a mixed situation. While the majority of children one year or younger were still breastfeeding (86% Ethiopia and 96% Uganda), relatively fewer infants younger than 6 months were exclusively breastfeeding (47% in Ethiopia and 70% in Uganda). Mothers in Uganda (70%) are more likely to practice exclusive breastfeeding for infants 6 months or younger and breastfeed anytime (93%) compared to Ethiopia (47% and 65% respectively).

#### Proportion of 6 to 8 year olds entering primary education

**Monitoring -** CCCP monitoring records indicate that in both Ethiopia and Uganda, over the 3 programme years, the proportion of children between 6 and 8 years joining primary increased steadily from 60% to 80% for Ethiopia and 64% to 97% for Uganda.

**Surveys –** In contrast to the monitoring records, the survey findings show no change in this proportion over the 3 years. The baseline and endline surveys show that while the more children 6 to 8 years were attending school in 2015 than in 2012 (Ethiopia 70% to 88% and Uganda 87% to 95%), the proportion of 6 to 8 years olds in primary school has not changed in both countries over the 3 years (Ethiopia 60% baseline and 59% endline; Uganda 64% and 64%). About a quarter of 6 to 8 year olds were still in ECD facility (25% Ethiopia and 27% Uganda).

For 6 to 8 year olds in primary school – While the proportion of 6 to 8 years olds in school has remarkably increased between baseline and endline, the proportion of children in primary school has not changed over the 3 years. Suggesting that there are still constraints for children transitioning to or joining primary school.

For breastfeeding - The disparity between monitoring reports and survey data suggest that there may be issues with the quality assurance for routine monitoring data.

### Outcome 1: Improved quality of ECCD services in the target areas

#### Improved quality of ECCD services in the target areas *(2 areas ECD attendance and Immunisation)*

Progress towards outcome 1 on quality of ECCD services is assessed by two quantitative indicators on: i) ECD attendance for 3 to 6 year olds; and ii) immunisation coverage for 0 to 3 year olds.

#### ECD centre attendance

#### Improved quality of ECD services in the target areas

% attendance levels at ECD centres among age-eligible pre-school children (e.g., 3-5 years old); disaggregated by gender & vulnerability

**Monitoring -** Using the programme monitoring data, there has been steady progress in raising ECD centre attendance levels in both Ethiopia and Uganda over the three years. It is estimated that almost all children 3 to 6 years old (84% to 94% Ethiopia and 76% to 95% Uganda) are currently in some ECD centre arrangement.

**Surveys -** Findings from surveys show increases over the three programme years but with smaller proportions in ECD centres than the monitoring data. The most significant change was documented in Ethiopia, increasing from 20% at baseline to 57% at endline, almost three times more. In Uganda, the increase was less dramatic, rising from 49% to 53%.

**Qualitative on ECD enrolment and attendance -** Prior to the CCCP, ECD centres were barely existent or unknown in rural communities in Siraro and Kiryandongo. In order to increase and improve ECD centre attendance, CCCP constructed, renovated and equipped ECD centres in the programme areas. Overall, the ECD centres are now seen to provide a good learning environment for children. The environment is appreciated by both parents and leaders and has motivated ECD attendance. To mobilise for attendance to ECD centres, volunteers and ECD centre committee members have sensitised and mobilised parents on home-based ECD and centre-based ECD and many parents have responded.

“Many parents now see the need of caring for their children and sending them to attend ECD centre activities.” CCCP staff Uganda.

The quality of facilities and services in the CCCP supported ECD centres (in comparison to local nursery schools, zero class and primary schools) has motivated parents to send their children to the centres. Children that start attending are motivated to stay.

"Parents now know about the value of education, children start learning at an early age of three and parents’ worries (on child safety) are reduced because they are able to work free of children disturbances and worries.” Diika ECD Centre Caregiver

The demand for ECD facilities is now more than can be provided by the CCCP centres. In fact, all CCCP-supported ECD centres have reached their maximum number of children for the services. In Siraro district officials acknowledged that the number of children attending ECD has increased during the past 5 years due to an increase in the number of ECD centres available. At ECD centre level, caregivers and the centre management committees have strictly adhered to the numbers of children that should be accommodated at the centre by the policy. Some centres are now coping with this restriction by having two shifts – one in the morning and in the afternoon.

In Siraro, the increased demand for ECD centres is driving the district, primary schools and some communities to work together and increase the number of ECDs beyond the 5 areas covered by CCCP. Communities are providing land for construction of ECD centres. Siraro district has 60 primary schools and in 10 of the schools, 10 classrooms for ‘zero classes’ have already been constructed; there are also plans to construct an additional 15 ECD classrooms in 15 primary schools.

The presence of ECDs improved the grade 1/primary 1 class. Some children under 6 years (and parents) that were eager to start school would join grade1/primary 1 because of no appropriate ECD options, now such children are taken care of. (Woreda leader Siraro).

**Benefits of ECD attendance transition -** Grade 1 teachers report seeing positive differences in children that have attended ECD, in terms of behaviours, associations with others and performance in class.

Children from ECD centre are faster at grasping things and settling in school; it is easier to handle them; easily socialise and associate with others --- the work for centre caregivers is easier. (Teachers Siriba CoU Primary School.)

#### Immunisation levels

% of Children of age one year with complete immunisation in target households, disaggregated by gender & vulnerability

Immunisation services was among the services targeted by CCCP to improve quality of ECCD services in the programme area and protect children.

CCCP started by supporting an immunisation exercise for children at some ECD centres but this activity was later shifted over to the health centre facility. CCCP partnered with the district health offices and has supported the immunisation services in static health units as well as outreach services. This decision strengthened the health facilities and made the immunisation services sustainable within the units.

In Uganda four sub-county health centre III of Mutunda; Diima, Yabwengi and; Karuma were targeted and staff supported with transport to conduct monthly outreaches in catchment villages far away from the centre. The project recruited, trained and supported Community Health Activists (CHAs) to mobilise communities for immunisation. Later in the implementation, the project shifted and started working with existing VHTs, which are instituted by the government/district health office. VHTs in hard to reach and hard to convince communities in the district were specifically mobilised. Completing immunisation was a requirement for registration in the ECD centres; this also encouraged parents to immunize and register their children.

In Siraro, CCCP supported health units to improve health services generally including immunisation. CCCP provided equipment, supplies and protective materials for services directly benefitting children, to mothers’ delivery room, and for transportation of drugs and supplies including vaccines. The supported units were Mutunda Health III, Diima, Yabwengi Health Centre II, and Karuma Health Centre II.

CCCP found there were problems with Local Government funding being inadequate to support immunisation. Government releases 480,000 as Primary Health Care for the Centre, which is not enough. The project provides allowances to support immunisation (health workers lunch 20,000; mobilisers’ lunch 10,000). Immunisation was very low but now level has now increased; even as a District the coverage is now good. Immunisation status used to be at 50% but coverage is now over 100%. Parents now know the benefits of immunisation as a result of Health Education.

"Reduction in measles, kwashiorkor (malnutrition); reduction in diarrhoea; the change has been due to the service brought ChildFund, e.g., immunisation". [FGD-ECD mothers in Teyago]

Supporting the health units to carry out immunisation has been successful, resulting in high immunisation achievements for the health units individually as well as the two districts. CCCP’s support for immunisation has directly contributed to increased coverage in the two districts, to a level that that has been recognised nationally.

In Uganda, the set target of immunising 1500 children has been exceeded; 1800 (156%) had been immunised by the time of this evaluation. In Kiryandongo, all the four targeted centres and the district have been upgraded to category one in 2013/2014, for attaining 95% coverage levels. In Ethiopia, by June 2015, the set target of immunising 3000 children had been exceeded; 3679 children (123%) had been immunised. Siraro and Ropi 01 health centres have been recognised nationally for the high immunisation achievements.

Needs still not met: There are still some challenges with immunisation, e.g., road access to the far communities even with outreach services. In Ethiopia, partner support for technical staff transport to reach kebeles for routine mother and child immunisation; they have to travel long distances with drugs and there is generally no reliable transport. In Uganda, the district has not picked up the extra costs for what it take to provide immunisation in hard to reach and convince communities. This gap is putting an essential service at risk when the programme support stops. See graph below.

 Figure 3B: Targets and Achievements

The chart above shows the sudden increase in numbers of children immunised in 2012 and 2014. The drop at the end of the graph illustrates the point when CCCP stopped this support to health centres.

### Birth registration [for which outcome?]

CCCP has advocated birth documentation in the programme area and worked within the district systems and with communities to ensure that childbirths are registered and appropriate registration documents received.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Ethiopia** | **Uganda** |
| **Birth registration**  |  | **Baseline** | **Endline** | **Baseline** | **Endline**  |
| **Monitoring data**  |  |  |  |  |  |
| % of targeted children supported to acquire birth certificates  |  | ## | 147% | ## | 73% |
| **Surveys** |  |  |  |  |  |
| % of children 0 to 3 years with birth registration document  |  | 3% | 34% | 55% | 34% |

**Monitoring -** Using the programme monitoring data, CCCP target of issuing birth certificates is on track; in Ethiopia from 31% to 92% and Uganda from 13% to 70%.

**Surveys -** Findings from surveys show lower achievements. While many births certificates have been issued, and set output targets achieved, only one-third of children had a birth certificate available at the time of the endline survey. This may point to issues of coverage as well as handling of certificates. During the survey, some birth documentation was reported as lost (53% Ethiopia, 13% Uganda) or damaged.

**Qualitative on birth registration -** At the beginning of the programme, it was rare for children to have birth certificates in Siraro and Kiryandongo. While there were provisions and offices in the districts for registration, the process was not publicised and had a number of constraints for parents, thus discouraging the acquisition of a birth certificate. CCCP sensitised parents through community volunteers, ECD committees and health centres on the need for birth registration. CCCP worked with institutions at district level to remove barriers to registration, e.g., provided copies (Siraro), transferred point of registration from municipality to health centres (Siraro), cost shared (with parents) the official birth registration fee (Kiryandongo) for parents that could not afford.

CCCP has worked to ensure that those previously without acquire birth certificates and those born register for birth certificates as soon as possible so that every new born baby, all children have birth certificates. Now birth registration, can start as soon as the child is born and even start in the community. Children entering ECD must have an immunisation card and birth registration before being enrolled. This has encouraged parents to immunize and register the children. The next step for the CCCP and ECD committees is to find ways to ensure safe storage of the issued birth documents. In Siraro, 54% of the birth certificates were lost and Kiryandongo, 13% had been lost at the time of the survey.

## Parenting knowledge and practices of caregivers

### Primary caregivers knowing and practising good child care

CCCP planned to improve parents’ knowledge on and practice of good child care practices. The index practices selected for tracking were:

1) Good sanitation practices – hand washing with soap after critical moments, specifically after stooling and before eating

2) Safe disposal of children’s stool),

3) Child discipline - practicing only non-violent means, and

4) Proper management of childhood illnesses

#### Quantitative findings

|  |  |  |  |
| --- | --- | --- | --- |
| **Knowledge and Practices** |  | **Ethiopia** | **Uganda** |
| **Monitoring**  |  | **Baseline** | **Endline** | **Baseline** | **Endline**  |
| **Practising -** % of primary practising good child care |  | 31% | 92% | 13% | 70% |
| **Trained -** % of targeted parents, caregivers trained  |  | ## | 91% | ## | 119% |
| **Survey** |  |  |  |  |  |
| 1) Good sanitation - Hand washing with soap after stool, before eating  |  | 25% | 55% | 49% | 23% |
| 2) Safe disposal of children’s stool),  |  | 68% | 90% | 91% | 89% |
| 3) Child Discipline - practicing ONLY non-violent means used |  | 63% | 89% | 19% | 10% |
| 4) Parents/Caregivers trained – by survey, received at least 1 training on either hygiene, nutrition, child discipline or development |  | ## | 89% | ## | 70% |

**Monitoring -** Using the programme monitoring data, CCCP monitoring data shows that by June 2015, the targeted number of parents and care givers to be trained had been exceeded overall, achieved in both countries achieved, 91% in Ethiopia and 119% in Uganda. The proportion of parents practicing good child care reported in monitoring data has improved in both countries; in Ethiopia from 31% to 92% and Uganda from13% to 70%.

**Surveys –** According todata from the endline, 89% of parents/care givers in Ethiopia and 70% in Uganda had received at least one training on training on either hygiene, nutrition, child discipline or development. Findings from the endline survey show a less dramatic change in behaviour compared to the monitoring results. There is an increase in Ethiopia in the three practices, but in Uganda the situation remained fairly unchanged between baseline and endline.

To improve parents and primary caregiver knowledge and skills in good child care practices, CCCP organised training for parents in a range of community forums. In addition, local radio stations were used to disseminate and discuss information on good parenting and child care, health education, nutrition.

**Parenting skills training -** A five days training in parenting skills and ECD areas was provided for volunteers and ECD Officers at project level and volunteers are provided with parenting job aids to help facilitate them in training parents/caregivers at household level.

Community volunteers were used to sensitise and provide training for mothers, through home visits; they taught on early child care, nutrition, health and antenatal issues and awareness on child immunisation and education. Ethiopia started off with 15 volunteers, the number was later doubled to 30 to encourage the volunteers to visit more homes and engage households more deeply.

#### Conclusions

Achievements of programme outputs may not match programme coverage. The monitoring data shows better, higher achievements and positive changes than the data from surveys. This may indicate that while the set targets have been reached, programme interventions did not penetrate/reach the catchment uniformly. Some communities in the programme catchment area (e.g., hard to reach areas), types of parents and therefore children (hard to convince) have missed out on CCCP benefits. Furthermore this discrepancy may point to the inadequacy of monitoring methods and/or data quality assurance currently being used by or with volunteers.

## School readiness of 3 to 5 year old centre based children

To improve school readiness for children starting school, CCCP carried out interventions to: i) Improve children’s readiness by training parents to on nutrition; ii) improve parents’ readiness through training on parenting skills including a positive care giving at home; and iii) improve readiness of the ECD centres to receive children.

The Indicators to track school readiness were:

% of children transitioning from ECD centres to lower primary school

% of ECD centres meeting national and ChildFund standards of quality

### Readiness for transition to school

**Monitoring –**

Children transitioning – According to programme monitoring data, the proportion of children transitioning from ECD centres to lower primary has increased from 33% to 95% in Ethiopia, and 56% to 75% in Uganda.

**Surveys –** Findings from the surveys that could be used as proxy for children transitioning is the % of 6 to 8 year olds in primary school that have ECD experience. Parental positive care giving is used as a proxy for home readiness for children transitioning.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Ethiopia** | **Uganda** |
|  |  | **Baseline** | **Endline** | **Baseline** | **Endline**  |
| **Monitoring** |  |  |  |  |  |
| % of children transitioning from ECD centres to lower primary school |  | 33% | 95% | 56% | 75% |
| % of ECD centres meeting national and ChildFund standards of quality |  | 13% | 90% | 15% | 92% |
| **Surveys** (proxies for transitioning) |  |  |  |  |  |
| Proxy used - % of children in primary school with ECD experience  |  | 33% | 42% | 56% | 73% |
| Home readiness - Parental positive care giving  |  | 5% | 53% | 25% | 41% |

#### Qualitative on readiness

Parents with children in ECD contribute towards running the centre, both in cash and in kind. In some centres, community contributions are improving quality, e.g., contributing funds for additional caregivers, cooks when number of children is increased.

"Socialization among children increased. Where ECD project started and constructed a classroom block for children, there is a big difference between children graduating from ECD compared to those who are direct entrants not passing through ECD. The attitude of parents has changed; they bring them to school, pack food for them, pick them unlike in UPE schools where they don’t pack for them food and even don’t pick them from school" [Chairman LCIII Kiryandongo Sub County].

### ECD centres meeting national and ChildFund standards of quality

**Monitoring –**

Prior to the CCCP, ECD centres were barely existent or unknown in rural communities in Siraro and Kiryandongo. To increase and improve ECD centre attendance, CCCP constructed, renovated and equipped ECD centre in the programme areas. CCCP planned to construct and equip 10 ECD centres in Siraro and 3 in Kiryandongo. By the end of the third year of the project, 6 out of the 10 centres in Siraro and all 3 in Uganda have been built.

Quality of ECD centres - the proportion of ECD centres meeting national and ChildFund standards of quality has increased from 13% to 90% in Ethiopia, and 15% to 92% in Uganda.

#### Qualitative on quality of ECD centres

Apart from increase in number, the nature and quality of ECD centres has evolved over the time of the programme. For example in Siraro, at the beginning of the project, the few ECD centres were under tree shades. The project initially facilitated construction of grass-thatched huts as ECD centres. However, follow on review by CCCP and awareness of national minimum standards of ECD centres, the programme opted for more permanent structures. This meant additional budgets had to be mobilized to develop ECD centres that met the minimum national standards.

In Siraro, the efforts have been fairly successful; by the time of the evaluation, CCCP had completed construction of six permanent ECD centres, in five kebeles, out of the ten centres that were planned (four are yet to be completed). Typically an ECD centre in Siraro has two classrooms, a resting room, a kitchen, toilets and tap (safe) water. The centres have furniture for children, play materials and kitchen utensils. The centres are fenced (with different materials, including corrugated iron, bamboo). In addition, the programme has ensured the ECD centre compounds were planted with trees (often by community members) to provide shade and conserve the environment. Overall the ECD centres now provide a good learning environment for children. It is an environment that is appreciated by both parents and leaders.

The ECD used to be under a tree shade and the environment was not conducive for children to learn; however, CCCP has supported the centre to construct the necessary buildings: classes, kitchen, resting room, toilets and a fence. (ECD Centre Caregivers, Ropi Sinta)

CCCP initiated ECD centres and supported construction of centre from local materials and later on a more permanent structure was constructed last year (2014) --- that is not anywhere in Siraro district. Now our kebele is on the same footing with ECD centres in big urban centres. ECD centres are fully equipped with materials and have provided a lot of benefits for the children: water, resting place, the and kitchen where some food is prepared (EMC Chairperson, Ropi Sinta)

The project provided tree seedlings and this improved the environment; generally the community is happy about the project having got a lot of benefits. (Kebele leader, Ropi 01)

In Uganda, some form of ECD structures existed prior to 2012, and the CCCP capitalized on this by building fewer units and rehabilitating more centres in primary schools and in communities to rapidly increase the number of ECD centres. CCCP Uganda supports a total of 16 ECD centres with a mixture of arrangements. Of the 16, 3 are newly constructed, 12 were started by communities with support from CCF (now ChildFund) and 1 started by a FBO/ Catholic Sisters.

"ECD is very advanced in quality having all necessary facilities and providing breakfast for children” [Head teacher (M); ECD teachers (F-2), Siriba CoU Primary School]

"ChildFund has operationalized ECD Centre, legalized ECD in the district. In past people believed ECD Centres belonged to the communities that’s why they pay teachers. When funders take over, we are happy because they are scratching where we almost feel hurting like ECDs being licensed. [Inspector of Schools-Kiryandongo].

**Caregivers –** To run the ECD centres,ECD centre caregivers were recruited by community/ kebele leaders using criteria agreed with CCCP, with a preference being given to: females above 24 years, having completed grade 10 and with the ability to care for children. The selected candidates were then provided with training in different areas: ECD, parenting skills, child protection and care, sanitation, nutrition, lesson planning, using teaching aids and handling children. After training, CCCP supports caregivers with stationery and pays their salaries.

**Additional achievements of CCCP ECD centres-** In both countries, CCCP’s ECD centres have served multiple functions, providing space for children to attend, while testing district and national level criteria for minimum standards and helping provide model examples of quality ECD services. In Uganda, the local private ECDs (nursery schools) are improving their standards based on the quality of minimum standards they have seen being met in CCCP centres.

"CCCP supplemented efforts of some communities where ECD were. In places where private ECD existed, CCCP has created the need for quality and standards in ECD.” CCCP staff Uganda

Districts have supported in licensing the ECDs. Earlier, no ECD was licensed and they were operating illegally; even those with structures were not licensed. Now it is a policy. Those that meet the minimum standard are licensed. CCCP led the way and now there are 6 licensed under ChildFund. Other ECDs in other communities were also tasked to be licensed including those of private enterprise.

#### ECD Management structures

To increase awareness on value of ECD education, strengthen quality of ECD centres and ensure shared monitoring of the centres between the centre, local and district leaders, communities and parents, ECD management committees (EMCs) were established from the centre to district level.

At community level in Siraro, each ECD centre has an EMC that includes: kebele leader, centre caregiver, health worker, women and children affairs representative, primary school teacher. At district level, an overall ECD Advisory Board, chaired by the District Education Officer, was set up with 20 members (2 female).

To ensure relevance of the committees, CCCP organised and provided EMCs training roles and responsibilities of EMCs, specific training on importance of ECD and education, child care, protection and development. CCCP facilitated exchange learning visits to other ECD implementing organisations. In addition all members of EMCs have copies of the national policy guidelines on ECD and the ChildFund policy as guidance documents.

ECD management committee members carry out a number of responsibilities including: mobilising resources for the ECD centres both cash and in-kind at community level; sensitising and mobilising parents to participate in ECD activities --- this was according to the design and project proposal.

ECD Management Committees received training in governance of ECD, roles and responsibilities; gender equality; monitoring child growth/development; child rights and protection --- not to violate children’s rights; management (Chairperson EMC, Ropi Sinta,)

Training was conducted by CCCP for government partners in Women and Children Affairs for about 80 people, to sensitise and advocate for ECD/importance of education, child right issues, managing child abuse cases and parenting skills.

**ECD management in Uganda -** Although reports indicate that there were ECD facilities before, however, they had no proper management until CCCP established and trained the Centre Management Committees (CMCs); usually with nine committee members with both gender. The CMCs received training facilitated by CCCP in various areas including: financial, child protection, management roles, resource mobilisation, records management, developing play materials VSL groups and the committees were able to draw up annual plans, budgets and identify sources of required resources and requirements like feeding for children, cash and labour --- the budget is approved by parents in the general meeting (by minutes) usually at the end of the year. ECD centres had their own constitutions and were duly licensed.

An advisory board for ECD was established at district level; and members of the board had been provided with training manuals for the Policy although they did not have copies of the ECD National policy. ECD Advisory Board function and roles in brief included: drawing up annual plans following National ECD policy guidelines; conduct quarterly review meetings, at project office; draw plan of action to address ECD issues; train committees at grass root/community level about ECD issues; conduct quarterly monitoring and follow-up EDC activities.

As a result supported by the project the Board has contributed towards reducing child abuse in the district; increased community awareness on importance of ECD and child protection. (Chairperson, Women Association Officer (F) & Child protection Officer (M), Siraro).

The ECD board monitors the ECD programme on a quarterly basis. For the three ECD centre structures that were constructed by CCCP in Uganda, the District Inspector of schools, Health Inspector and District Engineer supervised the construction works. The District Inspector of Schools makes visits to provide support supervision to check on the learning framework and sometimes supports parents in selection of caregivers, advises on how to manage ECD centres, handling children and encourages CMCs on licensing the ECD centres; in addition sensitises parents on the importance of education. Primary school (head teacher, ECD teachers) have assisted in developing learning aids with caregivers; assisting children to make transition to primary school; regularly visit ECD centres to monitor and advise on handling children and other centre issues.

CCCP has also engaged other stakeholders in ECD centres. For example, in Uganda the DEO supports the training caregivers and setting criteria to assess learners.

#### Funding of ECD centres

CCCP has been the main source of support for the development of ECD centres. CCCP has facilitated many activities and trainings: it has provided copies of ECD policy for centre caregivers and management committees; contributed teacher guides; supplied resting material (mats and mattresses), provided scholastic materials; supported the establishment of kitchen gardens with watering cans, spraying cans and seeds; and made a salary payment for one caregiver per ECD. The project has also funded learning visits that were focused and reflective for ECD centre caregivers and management committees.

Meanwhile, ECD centres have also received other (non-financial) support from sources, e.g., parent labour, etc.

In Kiryandongo, various community structures that have also provided different kinds of support to ECD centres. For example, Bweyale Town Council provided some plastic chairs for Siriba ECD centre. MACADEF (the local partner in Uganda) provides supervisory supports and in some instances has paid caregivers. Various VSL groups committed to contributing cash, maize flour and sugar for the support of ECD centres; although not all ECD centres received contributions from VSL groups, for instance Yelekeni one of the centres visited during the evaluation exercise.

"Members feel it is an obligation to assist the children of the community and the rule of Diika ECD contribution was established by group (Amani VSL Group F-5; M-4)

"VSL group members contribute 2kg of maize per member and 10,000/- per group per term; six VSL groups support the ECD centre Siriba ECD Centre CMC (F-2)

Parents of ECD children have agreed to contribute cash (20,000 – 35,000 UG shs.) towards their children’s learning at ECD centres. They also make in-kind contributions, e.g., maize flour and sugar towards the feeding of the children and meet other needs as they come. The CMCs whose members are volunteers work with other parents in general cleaning of the ECD centres and mobilising different resources and activities.

"Parents agreed to meet 20,500/- per term for each child, contribute 10kg of maize and 2kg of sugar and 15,000/- for children’s uniforms (Diika ECD Centre Caregiver)

Parents contributed 5000/- toward the construction of an additional class (Yelekeni ECD Centre Caregivers)

## Increase household incomes so as to support ECCD interventions

###  % of ECD centre income/funding coming from community support

Qualitatively assessed and also assessed by proxy from household surveys

### % of parents/primary caregivers support the programme

Overlap with others – unclear at both baseline and endline

CCCP introduced and developed community Voluntary Saving and Loan (VSL) and Business Development Services (BDS) for targeted households to increase their household incomes and consequently increase the households’ support of ECD services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| VSLA Groups Trained & supported to establish IGAs | **Country**  |  |  |  |  |
| Ethiopia | 66 | 51 | 77% | On track |
| Uganda | 24 | 29 | 121% | Achieved |

* CCCP strategy to increase household income through VSLA is a runaway. VSLA is probably the most popular of all CCCP interventions from community to district level and beyond including within ChildFund

The extent to which this increased income directly benefits the ECD centres is variable between the two countries and among VSLA groups in Uganda.

**VSLA Groups**

The CCCP approach worked with existing groups to train them in VSL methodology and strengthen them. However, where there were no existing groups the project endeavoured to sensitise communities and encouraged them to form a VSL group.

In some instances, the facilitators or community volunteers used water user committees to mobilise further other community members and integrate the VSL methodology. (CCCP Manager -MACADEF (M-1).

The groups then went through a series of trainings following the VSL methodology with the aim of saving cash and accessing loans for members. All groups selected their own committees and established a constitution. The groups have a membership of between 23 and 30; while the committees usually had five members and had to include both genders. Members of the groups usually saved between 1,000 to 5,000 UG shs. In addition members contributed welfare to support those in time of trouble (i.e., in sickness, bereft).

Groups provide members with loans, using group lending guidelines, with a service fee of 10%. Some groups performed other activities like selling labour for cultivation to further improve the group fund. CCCP provided groups with cash boxes, record books, VSL training and record keeping.

"People have learned the saving culture, one group reported that at the beginning, in the first cycle, the members’ savings were very low but improved in the second cycle and in 2014 group funds accumulated up to 6,000,000 UG shs". (Amani VSL Group F-5; M-4)

VSL groups are generally reported as very beneficial for many households in the community. Members are able to borrow money to meet their immediate needs. VSL groups encourage their members to start IGAs to be able to earn an income and save --- members report realising an increase in their incomes and being able to meet their household basic needs and more.

"VSL group members are able to pay for their children’s school requirements, they borrow money to pay fees for them; they are able to meet their health/medical care needs "... (Amani VSL Group F-5; M-4)

"Group members are able to support their children through improved nutrition; some have acquired assets like iron sheets for roofing their main house; VSL has a multiplier effect on the surrounding communities (Kiryandongo District Probation Officer (M-1)

"VSL groups encouraged parents to save for their children; helps parents to be focussed to plan and save; two other groups started on their own learning from CCCP supported groups (Yelekeni ECD Centre Caregivers (F-2); CMC (M-1)

The IGAs for VSL group members were mostly growing and selling agricultural produce; a few included selling pancakes, selling bricks and a caregiver who was paying money to get ECD formal training. All informants and group discussions affirmed that there was a visible change in households of VSL group members.

"VSL approach by CCCP has changed all other saving groups. There is a notable significant change for poor households to be able to save and be able to do some meaningful/profitable activity. Previously the federation was giving handouts but now VSL groups support their members especially women in accessing loans – women had difficulty in accessing loans due to lack of collateral (CCCP Manager-MACADEF, M-1)

CCCP’s VSL approach managed to cause changes among other CBOs.

Other communities are also requesting for VSL training and it has been rolled out in all MACADEF operational areas. MACDEF family groups (25-30 hhs) have now received training in VSL methodology. (CCCP Manager-MACADEF, M-1)

VSLA has taught communities a saving culture, encouraging people to save cash and produce regularly. After six months of saving group members are able to access loans and participate in different IGAs/trade, purchase assets such as ox, cows, they are now self- reliant. The group members share out proceeds at the end of the year and this encourages others in the community to join such groups.

Usually Siraro is affected by serious droughts. Before CCCP members were not able to go through drought periods they used to sell all the food in the households or they would borrow money from other associations then; but now with the presence of VSL groups have enabled group members to borrow from their own group (VSL) and they cope better through the drought especially this year.

VSLA has proved successful beyond income. VSLA are used as a forum to sensitise and educate parents on health, education and care for children. VSLA have encouraged community participation for both females and males.

### Outcome 2: Strengthened community structures for child care, protection and case management

**Child protection**

At evaluation, CCCP has invested in structures and processes for child protection from community to district level

CCCP has follow up on some abuse cases to ensure justice is done

Changes and results from the child protection and support for legal intervention are less visible

Relative to other CCCP interventions, changes in child protection are fewer relative to the level of effort and funds invested

**Sensitization on child protection**

Child protection messages were shared through various structures: radio programmes, discussed at district level in workshops for a representation of categories of stakeholders; and caregivers had a separate session. With primary schools a workshop was held, at Siriba CoU Primary school, for peer education that involved children on their rights and responsibilities. CCCP provided training for parents to create awareness on child protection and abuse. Some sessions were also conducted with DPC/Police. The CHAs sensitise communities, especially parents, on the importance of children’s education and how a child should grow up well. The project also had a policy whereby all persons working in association with related interventions had to sign a child protection form.

CCCP provided training on child protection to about 30 VSL groups; the project also extended training to faith based organisations; there are child protection committees at village level; referral networks have been discussed and operationalised at district level and people know where to go and report.

The challenge is that, at village level, justice is difficult to realise. ---CCCP Manager (MACADEF) (M-1)

CCCP held four days training for district leadership had consultation with relevant players aiming to come up with a district strategy for child protection. The strategy was discussed with relevant persons in the district who provided input in developing the strategy.

Referral for case management - Although child protection was integrated in the different interventions it was not easy to link Child Protection Committees with referral structures; fortunately a manual of child protection was developed at ChildFund as a guiding resource.

CCCP helped catalyse child protection committees, catalysed them to be more functional and linked to them to government sectors both at district and Kebele levels.

Currently, harmful traditional practices are dying out due to the project having facilitated the establishment of a reporting structure and strengthened local child protection committees. All persons responsible (child protection committee or child rights committee members) were provided with training; quarterly review meetings are held where every committee reviews child rights issues twice a month (every 15 days) and provides detailed report at project level. The project has sensitised communities on child abuse issues, protection and reporting structure; there has been considerably increased reporting, although some cases may still not be reported.

Generally, child abuse has reduced as a result of perpetrators being reported to police by CCCP volunteers and committee members. FGM cases are reported to police and Women & Children Affairs follow up with CCCP specific focal point staff, to the end. With regard to defilement, after reporting to police and the committee the child is taken to the health centre for a check-up and a report made by the health staff.

There are some existing aspects in primary schools that complement child protection efforts, for example, “child parliament” that is composed of teachers and children representatives; other systems include child rights clubs and girls clubs that create awareness on children rights, peer mentoring on child rights and reducing school absenteeism, improving academic performance and reporting on child abuses. The clubs are managed by teachers who are trained by the District. Although CCCP did not directly support these clubs, ADDA (another organisation) provided awareness on child labour and abuses; and SIFDA supported the district Basic Education Department that also focuses on abuse issues.

**Case management/reporting structure**

CCCP has supported child abuse referrals following up cases to court, with the Police family protection unit that has been involved in different cases. School management committees usually have child protection members that link up with police and probation officers who provide a referral note for the case. At community level, village activists report cases at sub-county and police and if needed, they take the child to a health centre for medical examination.

A programme called "Safe School Environment” has a committee of teachers and children themselves. The committee deals with bullying of young children, children escaping from school, and maintain good sanitation.

It is not easy to tell the child that is being abused unless you see a direct impact of the abuse on the child and liaise with the local leaders about the case, e.g., a boy in P.7, was being harassed at home by his parents and the case was reported at school having disappeared. The boy reported to police and the father was summoned to the school for counselling. The boy disclosed that the father was abusing him and that’s why he’d run away. Now after counselling the child settled in school and well established. [???]

The project endeavoured to create awareness on child protection and it is reported that some minor protection issues can be handled at community level. Guidelines for reporting are there but they are not followed. Community structures faced challenges on how to link up with required service providers, constrained by distance and transport and inefficiency in police. Some district partners stated that the structures were not strong enough; there was no coordination at district level; while sub-county structures are not functional and the persons there are also not motivated.

The project is known for strongly responding to difficult health conditions in children, but the response to and management of abuse cases has been a challenge (budgetary constraints limited coverage, not all sub-counties reached ---needed more funding for facilitation of transport).

ECD Management Committee and Child Rights Committees are actively involved in project activities following the annual work plan such as community awareness creation on ECD issues. Composition of the child rights committee includes sector representatives from health, education, justice, children and women affairs.

Members of the district committees related to the CCCP are highly respected individuals in government although the committees face challenges of some members being busy with other government tasks and divide roles based on their priorities. The committees are useful as they relate to government structures and support implementation of government policy and plans. (CCCP Project Coordinator/M&E, Siraro, Ethiopia)

## Outcome 3: Improved culture of learning & knowledge management on ECD

#### Improved culture of learning and knowledge management in the target areas *(2 areas* ECD systemic changes at programmatic level (as shown by documented changes in guidelines, approaches, tools & processes) ii) % of local authorities or that are using good ECD practices*)*

#### To develop & implement knowledge mgt strategy that facilitates frequent reflection & programme improvement

#### To improve intra & cross country learning & KM for better ECD & Child Protection services

**Skills, process** --- KM&L training was provided for two persons who were responsible for CCCP at CF; who later cascaded it in a workshop with project staff and stakeholders from government sectors including health, Women and Children Affairs and Police); and developed a structure for KML process. Reflection meetings are held with key stakeholders in which they share issues on success, challenges and best practices. One of the issues that was discussed in such review was when the M&E Officer left members agreed on the CCCP Coordinator in Siraro to serves the function of M&E.

The KML intervention also has quarterly virtual meetings between the three countries and Regional Office are attended by: NO CCCP Coordinator, M&E Coordinator, Grants Programme Manager in Ireland as the meeting facilitator; and an annual physical meeting of these member is held to share on the same issues.

**Area level reflections with other ChildFund local partners and govt** --- ChildFund Ethiopia organises Regional Coordination (RC) Meetings for learning between partners; these meetings are facilitated by the Area Office and attended by staff of four partner organisations from different geographical areas including Siraro Association, Dugda Children and Family Development Association and Boset Child, Family Organisation and Fantale Children and Family Development as well as mandated relevant Woreda/Government Sectors. The meetings usually discuss achievement, how government is/can support each partner in their area (district).

**Beyond CCCP** (KML framework rolled out, Link VSLA to ECD centres, ECD centre mgt committee) --- Before CCCP, ChildFund Ethiopia NO had not yet developed a KML framework, but after training for CCCP staff, they shared the knowledge and facilitated the development of a NO-KML framework and rolled it out to all other local partners. Another KML product that was most significant was linking VSL groups to ECD centres; this knowledge was adopted from Mozambique CCCP.

KML at community level was noted with strong ECD management committees that provided good experience for other local partners to learn from and strengthened ownership

There have been a few opportunities of KML between like-minded organisations where by three times CCCP had exchange visits with (i) two times with CARE International, involving Siraro staff and VSL representatives; (ii) RATSON visit involved representatives from ECD management

**Project levels reflections and adjustments** --- KML at project level CCCP staff usually have reflection meetings with volunteers to review and discuss what works, what does not work and why and then come up with practical solutions for example ECD centre construction in earlier implementation was a simple hut, during the earlier discussions with stakeholders the need changed to more permanent concrete buildings. Also earlier the project used promoters, volunteers and staff and encountered some challenges when promoters’ and volunteers’ responsibilities overlapped --- the issue was carefully reviewed and a decision was made to keep the volunteers and phase out promoters. In addition the number of volunteers was increased from 15 and at the moment the project has a total of 30 volunteers. This was to encourage more home visits to engage parents at household level in home based ECD and provide more training for parents in health, care and parenting skills. Another change that resulted from reflection meetings in the composition of ECD centre management committees, before members were mostly leaders of Kebele but now after restructuring the committee includes the primary school director, Women and Children Affairs representative from the kebele, Representative from VSL and one ECD centre caregiver.

## Efficiency

Overall, resources were used efficiently to produce program outputs. Five out of seven of the set outputs are on track and will be achieved by the end of the program period, operating within the defined budgets. Meantime, the achievement of output targets has not yet been translated into corresponding increases in the knowledge, practices and behaviours of the impact populations.

A number of factors have constrained or reduced program efficiency. Many of the factors affecting efficiency of the program are also discussed under challenges and facilitating factors.

#### Challenges to efficiency

**ECD centre construction –** The phased construction of the planned ECD centres, at one ECD centre per year, has limited the numbers of children who could benefit from these facilities during the lifetime of the program. Construction of all ECD centres at the beginning of the program would have given more time for the development of other processes. Construction of ECD centres was planned without adequate analysis of each of the programme country’s minimum standards for ECD units, resulting in the need for supplementary budgets to meet government requirements that were beyond CCCP’s initial plans.

**Staff turnover –** unanticipated rates of staff turnover were high, and programme locations were remote, making recruitment difficult. In consequence, positions were sometimes not occupied at critical times in the programme, and some staff had to take up double roles as a coping strategy. Even when they were recruited, new staff had to be oriented and it took time for them to up to speed.

**Procurement –** therewere sometimes delays in the release of funds, resulting in schedules not being met, and activities that are dependent on seasons being put at risk.

**Child protection case management –** Follow-up of individual abuse cases through the police and legal systems requires more time, effort and resources than planned in the programme budget. Even with a clear referral structure, it has proved expensive in staff time as often it need a support person to ‘walk through’ the structures with each case.

#### Facilitating program efficiency

**Reducing functional overlaps -** During implementation, it was noticed that there were overlaps of functions between community promoters and existing community volunteers. This situation was rectified and promoters are being phased out. In another move to improve efficiency, CCCP is now making use of pre-existing community structures, like the VHT.

**Completing immunisation -** By end of the program, more than 4500 children initially targeted will have completed immunisation. At the present rate the program could achieve at least 50% more immunisations within the same time and resources. This could also translate into substantial numbers of children’s lives saved.

## Impacts

CCCP is completing its third year of implementation. During the evaluation some changes in the communities, education system and at district level were attributed to CCCP interventions. This is too early in the program’s span, however, to expect to see much in the way of impact level changes from the program’s interventions.

### Positive effects

**Access to loans increased and household income improved**

Before VSLA, many of the parents, especially mothers, would not be eligible for loans from financial institutions. Those that were brave enough to go and lucky enough to get loans had to deal with high interest rates. VSLA has simplified loan acquisition and repayment; group members are able to get loans from their saving at only a small service fee. VSLA have especially improved women’s access to loans, opportunities for IGAs and skills in handling money.

VSLA members have increased their household assets, are affording fees at health units and in schools, are meeting more of their household needs and have improved their livelihoods. A majority of VSL group members have also engaged in IGAs. With the added incomes, people have built houses, renovated old ones, and replaced ‘temporary’ grass roofs with ‘permanent’ iron sheets.

**Occurrence of immunisable diseases –** With the high immunisation coverage, the targeted health units are reporting almost no cases of measles.

"Children do not fall sick like in those other days, i.e., the immunisation outreaches help to reach services to children. Children are healthy; children now love studies; children are now friendly to parents due to the sensitization of parents through CHAs. The change has been brought about the CHAs who move home to home to sensitize the community about the above mentioned thing". [CHA- Lunyanya and Nyabiso]

"Reduction in measles, kwashiorkor (malnutrition); reduction in diarrhoea; the change has been due to the service brought Child Fund, e.g., immunisation". [FGD-ECD Mothers in Teyago]

**Improved lives of children** (school readiness, breastfeeding, immunisation, birth registration)--- because of the project, the primary schools that enrol children from ECD centres find these children are better prepared to make the transition to school, including having immunisations completed and birth certificates. Children’s lives have been changed because of increased breastfeeding. On immunisation, there is a general improvement in respective Kebeles according to government reports. At home, the parents’ feeding styles for their children are based on new knowledge; even during drought/food shortage periods, the children are not affected as severely as before. There is a notable change in parenting skills and child care received through volunteers providing training during home visits.

**ECD valued at home, centre, community and district** (in homes, ECD has improved child status; at centres, the ECD demand is exceeding available facilities) --- The quality of ECD has improved in different ways over the life of the programme. There is an increased awareness among target groups on how to care for and protect children, safe handling of children and educating children at an early age. Before the project, there was less care and even the government had less attention, but now things have changed for the good. Previously ECD was seen as a thing for urban areas, i.e., day-care systems and kindergartens. Learning for children 3-6 years was completely unknown before the project and people were not interested in ECD in rural areas. They were unwilling to pay for such facilities as they were inaccessible for the children and expensive. CCCP made such a good start that the demand is now too high in the project area and *only 20%* is addressed by the present ECD centres.

**School readiness** (improved transition, retention) --- Children’s readiness to join primary school has improved; in the Siraro context, children usually started primary school without any prior learning or school culture. Children now join primary school with some knowledge of numbers, letters, and socialising in a school environment. There used to be high dropout rates when children joined grade I due to lack of experience of a school environment, but this is now being provided in ECD centres or zero classes.

Children who make transition from ECD centres to primary school are appreciated by the ECD teachers in the primary schools--- they stated that they easily adjust to being in a classroom, their social behaviours are better, and they are said to be interested in learning compared to children who had not attended any ECD or other form of pre-school learning. Meanwhile, a number of teachers in the primary schools said that the quality of learning environment in the ECD centres was better than the situation in the primary schools. As such, some of the ECD children may find school life a bit harsh with so many children in a classroom, limited sanitation and no food.

**ECD centres available** (readiness improved, home ECD improved, ECD pioneer in Siraro) --- ECD centres have supported the preparation of children to join primary school and children under 5 years have gained in self-confidence. Six ECD centres have been completed and four are still under construction. Before CCCP there were no ECD centres structures in Ropi, the nearest was in Araba which is about 21 kilometres away; the community is very grateful for the intervention. CCCP also provided training for mothers on nutrition, child care, health and antenatal care, as well as sensitising the community on education and child care.

**Child protection structures** ---Child protection structures and Child Rights Committees were not functional before, but due to the CCCP interventions, they are now active and respected.

**Community ECD structure linked to district** (ECD access home and centre, VSL linked to ECD, ECD pioneer in Siraro) --- CCCP pioneered ECD in Siraro and created access to ECD services at household and centre levels. The project established different community structures, e.g., ECD Management Committees at community and district levels; Community Volunteers; and VSL groups that were linked to provide support to ECD centres. Communities have acquired the additional assets of ECD centres that meet the minimum standards; ECD centre structures have created awareness and attracted parents to send their children to attend ECD learning.

**Standardising ECD education and facilities in the district**

After CCCP introduced the ECD component and advocated for it, there has subsequently been significant uptake on ECD issues by other departments in district and by the political leadership. As a result, the district increased the budget to support inspectorate as a contribution and the quality of ECD in the district has improved as inspectors advise and check on minimum standards. The district also now has clear knowledge of the number of ECDs in the district.

### Negative effects

Respondents at all levels were asked about negative effects as a result of CCCP interventions. No negative effects of CCCP were listed from the evaluation respondents, community level to district.

 “Bad things which this organization has (done have) not been observed by me. If there is anybody who believes that the organization is doing bad things, I think that person is not normal and unable to understand.” Mothers Boye Awarkasa

The closest was the limited number of places available at ECD centres causing potential conflict between parents and members of ECD centre management committees in Siraro. The committees coped with this potential conflicts by starting a waiting list for children at all centres. Some centres are doing a two shift arrangement to cope with the demand for ECD centre vacancies.

“These is no bad trend we see on what SCFDA did before, but the SCFDA take one child from one family, so the SCFDA should increase the number of kindergarten and Primary schools to take more children from families.” Father Ropi 01

There were disgruntled voices from communities within the catchment especially in Uganda that felt left out. These have no volunteers selected or trained, no VSLA groups started, no ECD centres. For example, …………. .

## Facilitating factors

Factors that contributed to ECD success included using different strategies: linkages, strengthening and working with existing structures; involving communities in programme planning and implementation and using community based volunteers.

VSLA and ECD centre committee --- Having a VSL group leader as a member of the ECD management committee strengthens effectiveness, influences and enforces implementation of policy.

Sensitization working with local government

Mobilizing communities to accept project. - Offer land for construction of ECD centres support by providing scholastic materials also expedite the registration of ECDs to get certificates. Make the process easy and quick for them. Expedite land acquisition and getting land titles

“ChildFund has tried to follow procedure. Work with local government and committee. All the activities there must be a stakeholder. Where possible we want them to continue to work in the district for more 5years. Gaps are still existing in ECDs and other areas. Done well in VSLA, Immunisation and training of teachers in primary school’[Inspector of schools]

Capacity building of community base structures - A number of sensitization activities have been done with local government and the community members (parents) to increase awareness and break some of the barriers against the project like paying fees and other non-cash contributions like sugar, maize flour, toilet papers etc. Once the parents appreciated the concept, then they got involved in project activities. Training of caregivers and parents in Uganda was facilitated by technical staff from Kyambogo University.

(iv) Infrastructural development. To have a model centre of ECD in each sub county

(v) Advocacy through local leadership and District Development Plan was focusing on primary and post primary but as a result the plans have now been changed to involve ECD component financially.

"Earlier the local government associated ECD to ChildFund and not as part of their programmes"[ChidFund, Programme Manager]

Monitoring support - A strong and dedicated M&E staff both at project local level and national office has contributed to the programme’s success. At the beginning, it was weak but improved later. Data collection tools were designed for each component and analysed and shared on quarterly basis during reflection meetings. Annual meetings were conducted and involved key stakeholders at district level. The project was supervised by the National M&E Manager. At the regional level, the regional M&E manager also supervised and provided technical support to track performance of the project. An activity monitoring table and output monitoring table fed into the results framework. Manual tools were used to capture data, and analysis of the data provided cumulative outputs within the year and over the project life.

## Challenges and Constraining factors

**District level**

**Poor district road infrastructure –** The districts of choice for CCCP remain poor and remote. Over the life of the project, the poor road infrastructure was a challenge to many programme activities. Delivering resources to sites was a challenge; even service providers for outreach activities like immunisation were challenged by the poor roads. The poor infrastructure also delayed or complicated delivery of services and access to communities. Impassable roads caused delays in the delivery of construction materials to sites and also of the required vaccines for use during immunisation.

**District funding for ECD education is low.** In both Siraro and Kiryandongo, the district is very supportive and appreciative of the CCCP interventions and its role in leading the district ECD committee. However, there is no specific district financing for ECD education. CCCP has covered 100% of the ECD projects finances, even for technical support the district provided the program. For example, in Kiryandongo even the budget for inspection of ECD centres is provided by CCCP. The story from district is that funds are limited relative to the needs, so even the districts is looking for extra support.

“…..even the budget for inspection is small, were are not able to reach the over 100 schools using shs 3.4 million (about $1000) and at times even this does not come on time. The 2nd quarter starts 1st October but by now mid November 2015 the money for inspection has not come for the quarter. [???]

Meanwhile in Siraro, the district is not budgeting for ECD in the areas covered by CCCP.

'When planning for ECD education we don’t plan for areas where CCCP is, since the project is doing good work (District Education Office, Siraro)

**Birth registration: district revenue vs free services**

In Uganda, the district charges Ug shs 5,000/= (US$ 1.5) for birth registration and certificate. This is a revenue recovery strategy for the district. In the beginning this fee was a deterrent for parents so CCCP contributed 60% of the cost to motivate parents. After one year CCCP dropped this cost share as it was not sustainable. Meanwhile, the district is not willing to abolish the fee as it is one means of generating local revenue to run the district.

**ECD centre/Primary school**

**Transition –** CCCP supported ECD centres have been set up within the minimum standards set by government for structures, facilities, and supplies. At the present level many of the ECD centres have better structures, learning and play materials and even provide a meal compared to the primary schools. This variation cases difficulty for some children to settle in when they start primary school. This is especially a problem for primary schools located in the same compound as an ECD centre. Lower primary schools are often overcrowded spaces, lack play materials, have no meals provided, and it makes it hard for some children.

There is a gap when ECD children join primary school. They have no play materials and no food for the children. Children find it difficult when they join P1 and parents are not willing to provide midday meals for their children and further still they do not turn up for meetings (Teacher, Siriba CoU Primary School).

**Contracted services**

**Some contractors had low competence -** Contractors hired for the construction sometimes did not meet the required standards of performance. On inspection, some works had to be redone to ensure quality, thereby causing delays.

* Lack of adequate logistics to support follow up of cases for referral to relevant departments like court, hospital and Police.

#### Community level

**Persistence of harmful traditional practices -** Although reportedly on the decline, there are harmful traditional practices inflicted on children, for example, FGM, removal of false teeth, cutting eyes and burning of skins to supposedly protect or treat illnesses.

FGM is still an issue affecting children although now done in secrecy. Whenever it happens and is known cases are reported to police, then Women & Children Affairs with CCCP staff, will follow up the case to the end. Kebele leader, Ropi 01

**Within CCCP, ChildFund**

Delayed disbursement of funds delayed project implementation, including for critical components like construction. CCCP sometimes had to borrow from within ChildFund to keep activities going.

Inadequate funding to meet set standards - In order to construct ECD centres that meet the minimum national standards, ChildFund had to mobilise additional funds from other sources. This was necessary so that the centres would have essentials like resting room, fencing and a kitchen.

**Limited travel means for staff ---** The project has one car and one motorcycle and these are inadequate logistics for the project, which also affects the speed of implementation and coverage.

Procurement policies - only allow approved vendors to submit bids and to be contracted for required services; in Siraro district, there are no approved vendors. Most approved vendors are based in Addis Ababa and a few in Sheshamene. These vendors are not interested in working in very remote areas like Siraro.

**High staff turnover –** At least partly a consequence of the remote programme locations, staff turnover is another factor that has affected CCCP implementation. For example, in Siraro three officers, one M&E and two Finance staff resigned in the previous year. It takes time to replace these positions, meaning that the functions have to be shifted to other staff, which risks overloading them with work. In the remote areas, it is difficult to get and retain qualified staff and the remuneration perhaps not attractive.

There is limited staff at national level to provide timely technical support to different programmes; for instance, in Uganda there is only one Child Protection Officer at the national office.

**Cross country context -** Implementing cross-country interventions across the three national offices has been a challenge as each country presents different contexts to implement the one programme. The programme has had to constantly review and adapt, while leaving to each country to apply and use approaches that suit their specific context. This causes challenges to ensure that the same programme strategy will deliver comparable results in each country. For example, in Uganda there is an ECD policy, community structures are present, the community pays for the ECD service, but engaging higher levels to advocate for ECD has been difficult. Meanwhile, in Ethiopia there is a strong government presence and some services exist, although where certain services not provided for by the government, an NGO may partner with government and once the latter is convinced the advocacy will work and may lead to success. However, the risk of the reverse, choices could be overridden by government decisions.

Child care and protection was a big undertaking for the programme relative to the small budget set aside for this component. At the same time, following up a single case of child abuse needed significant time and resources (e.g., relative number of children, adults or sensitized on care, protections and channels for use)

## Lessons learned

Involving relevant government structures from the early stages of the programme and tracking program’s progress was important for ‘buy in’ and strengthened the district as an advocate for ECD interventions promoted by CCCP. Involving technical personnel from district, e.g., the district engineer, district inspector of schools supported the programme to recognize and meet the standards set by government, there by standardizing the products.

Building the principles of knowledge management and opportunities for learning right from the community/implementation level to cross country sharing helped to identify and generate local solutions /adjustments to emerging challenging situations.

Mobilisation of supportive structures that were multi-sectoral, comprising technical people, and local leaders provided the programme with an accessible locally appropriate advisory teams at the different levels, from community, ECD and district.

## Unmet needs

At the end of CCCP’s three years, the largest unmet need is related to ECD education.

**Children not reached -** Within the program’s catchment area, while set targets have been achieved, the demand for ECD places for children 3 to 5 years is greater than what the current centres can accommodate. Parents and ECD management committees are requesting for more ECD centres. In Kiryandongo, caregivers/parents and EMCs have initiated two satellite ECD centres to cope but even these are not able to take up all the children that need a place.

**Children not reached -** While the proportion of children joining primary school that have had an ECD experience has increased over the 3 years, teachers report that only about 10% of children starting primary school have had an ECD experience. A key factor is distance - Almost all children attending ECD centres and primary schools in CCCP’s catchment areas walked to school. But very young children are less able to walk, so if the ECD centres are located long distances apart, the parents keep the children at home until they are old enough to walk.

How does CCCP respond to increased demand? How to respond to children 3 to 6 years eager and ready to start school, but too young to walk to ECD centre. What alternative ECD education arrangements are possible? Are neighbourhood ECD a possibility?

Note also that the present CCCP ECD model is being tried but has not been tested yet.

## Sustainability

Elements of sustainability were inherent in a number of strategies used by CCCP. This has included developing and working with local structures for the core areas ECD at home, at the centre and for child protection. Having specific targets for outcomes, activities and outputs dedicated to knowledge management and learning has pushed the program to reflect, learn and adapt right from the community level.

CCCP’s sustainability is promising based on the systems and structures established during implementation. Starting the program with a local partner has helped with embedding the programme within the areas. If CCCP funding stops, many respondents felt that the program will suffer, but not everything will end; some aspects will continue. Meanwhile, from a sustainability perspective, the CCCP design is weak in that it does not have a phase down and exit plan. The one year extension for the project is an opportunity to develop and implement a transition, phase down and handover plan.

**Some elements of the program are more sustainable than others.**

**VSLA** was considered the most sustainable approach within the programme. VSL activities will continue smoothly as they are already established and do not require much project input. VSLA is self-driven from formation to management with direct benefits to the participating individuals. The Trainers of Trainers (ToTs) for the VSLA structure are locally available. CCCP inputs to VSLA groups at start-up are later recoverable from groups’ savings so even unsupported groups can borrow and start. Communities outside the catchment area are already asking for and paying for VSLA training from the TOTs. Refresher training before exit will strengthen viability.

**ECD Centre costs –** CCCP continues to cover a significant proportion of ECD centre running costs including paying caregiver salary. More parents are now paying and making in-kind contributions to the centre. Parents are contributing to the services of the ECD indicating a degree of ownership. Whereas the project facilitates the paying of salaries for a caregiver, the parents are meeting the salary of one caregiver and a cook in centres where there is more than one caregiver. The VSLAs have also acknowledged the ECD centres as one of their obligations. Centre management committee members and VSLA members were confident that they could mobilise parents to pay and keep the centres going. Meanwhile, one threat to continued parental payments for ECD centres is the ‘free’ universal primary education (UPE) provided by government. The sustainability of the centres will be enhanced if CCCP helps to ensure that all the ECD centres meet the minimum government standards for infrastructure, supplies and materials before handover.

**ECD Centre management committees –** ECD centres are managed by community structureslinked to the School Management Committee and supervised by the Inspector of schools *(still charged to CCCP).* These committees should remain functional even after CCCP.

**District ECD working group -** The ECD working group at the district is multi-sectoral and comprised of district heads of departments. While CCCP still covers costs when the group meets, there are indications that the group will remain functional given the increasing profile of ECD education at district level. In Kiryandongo, ECD has now been included in the Five Year District Development Plan, which could increase local resource allocations for ECD. Local government now has come out with ECD performance indicator for centres visited.

**Activities that are less likely to be sustainable:**

**Support for children with disabilities** - it is costly and so far there do not seem to be any groups who have shown interest to continue supporting such children.

**Community Health Activists** - are supported by CCCP with transport facilitation as a form of motivation; when the project ends, this motivator will end for the majority and this is likely not to be as sustainable as using the existing VHTs.

**Immunisation outreaches** – those that have been funded by CCCP will stop. Health units will likely go back to centre-based, static immunisation.

**District monitoring** – the district monitoring team has required facilitation from CCCP to reach the remote communities. If CCCP stops these visits to far places may stop.

## Recommendations

### ECD Centres

**Present ECD centres – Carefully arrange for transition/hand-over in ownership and management to ensure continuity.** The present implementation period does not include time or processes for the CCCP to exit from the ECD centres it currently supports. CCCP is soon expiring. As part of transition, there is a need for CCCP to work with stakeholders on the status for each of these ECD centres, what remains to be done and how it will continue after the extension year. CCCP and stakeholders to start working on an arrangements to re-negotiate balance of efforts, responsibility and investments between CCCP (or other ChildFund arrangement), centre management committees, VSLAs, parents/caregiver contributions, other sources (district) so the centres keep operational and investments so far are not lost at the end of the year.

**Present ECD centres – promote closer ECD-VSLA link.** Local ownership and engagement in child protection issues would be enhanced by having a representative from each local VSL group on the ECD management committee instead of just one VSL member representing all the groups in an ECD catchment area (e.g., a kebele).

**Present ECD centres – Complete construction, renovation of ECD centres.** Complete all planned constructions and renovations of ECD centres, so that all units have attained the minimum government standards by the end of the extension year. Replace current temporary structures, e.g., grass thatched roofs that leak during rainy season, with permanent ones. Renovate resting rooms, kitchens, and support fencing.

**Present ECD centres – Ensure adequate learning materials, equipment.** Add a broad spectrum of practical learning materials for children.

**Present ECD centres – Provide caregiver refresher training.** Assess current knowledge and skills gaps for ECD centre caregivers. Refresh and increase caregiver skills, provide additional training for ECD facilitators especially during school breaks.

**ECD availability - Increase opportunities for ECD centre attendance within present centres.** Mobilization on the needs for and benefits of ECD education is working. However, the present quantities of ECD vacancies supported by CCCP or the government (in Ethiopia) are not sufficient to meet demands for ECD spaces from parents who want their children to attend.

The government alternative of ‘zero classes’ in Ethiopia has not addressed the problem. In Uganda, this part of the ECD policy has not started. Additional and alternative strategies are needed to respond to the enthusiasm that has been generated for ECD education.

An option to explore and cost is adding one or two classrooms to current ECD centres. Such an arrangement would provide more space in the centres, increase intake, as well as facilitate segregation of the children by age group (while still abiding by government ECD guidelines). This would, of course, imply the need for more caregivers, furniture, etc., but it would be less costly than doing whole new constructions in different locations. This could be implemented in the very short term, i.e., by the end of the cost extension year.

Some ECD centres in Siraro have adopted a two shift per day system. The evaluation team does not have sufficient evidence to fully comment on the risks versus benefits of extending this 2 shifts approach to more centres. After the system has been in place for longer, the CCCP and stakeholders could carry out a rapid assessment to assess benefits and challenges of the shift system, and in this way help to inform any future decisions about the dual shift approach.

**More ECD centres - Jointly develop a strategy for more ECD centres with local governments and stakeholders.** While there is need for more ECD centres in the rest of the districts where CCCP is operational, it is not realistic to expect CCCP to be able expand to ECD centres to all kebeles in Siraro (going from the current 5 kebeles to the total of 32 kebeles in this district) or to all the sub-counties in Kiryandongo.

CCCP should instead use its position as ECD pioneer in both districts to advocate with districts to design a plan/strategy for how to attract other organisations (e.g., CSOs, INGOs/development partners, or private entities) or even the district to invest in setting up ECD centres that could be managed and supervised in much the same way as the present CCCP established centres. One can even ask, Could some of the more successful VSLA groups consider investing in an ECD centre? Model ECD centres should be developed with IGAs/social enterprises that will support parents’ contribution to manage the centres and facilitate sustainability of ECD activities.

### Home based ECD

**Strengthen home based ECD, child stimulation and positive caregiving –** Increase parental involvement in positive caregiving at home; include efforts to engage men and boys in caregiving roles and responsibilities. Consider expanding learning materials creation that is currently happening in ECD centres to communities to increase availability of learning toys for children at home. CCCP should use the opportunity through VSL groups to advocate for better care and parenting, increase information sharing and skills building with group members. The present VSLA groups will be an important starting point to disseminate positive caregiving by parents over the next 3 to 6 months.

**Strengthen content and communication strategy of parent education -** Strategies of training parents may have reached the desired numbers, but overall knowledge remains modest. In the remaining time, CCCP should identify and rectify weaknesses in present the present communication & education strategy. This may mean changes in relevance of content, means of communication, etc., and be done within the next 3 to 6 months.

**Find and promote locally appropriate alternatives to corporal punishment -**  Corporal punishment persists as a common form of discipline at home, especially in Kiryandongo. This is a child care and protection issue that urgently needs to be addressed. Children will always misbehave, but appropriate local non-violent alternatives need to be identified and actively promoted for use at home and at school. An organization to explore collaborating with is the Raising Voices NGO in Uganda; they have developed a “Good School Kit” which promotes violence free schools in Uganda. The “Good School Kit” could be adapted and used to promote violence free communities and schools in the CCCP area.

### Child care and protection

**Strategic choices on leveraging investment in child care and protection.** CCCP has used a number of interventions to address child care and protection: identifying and strengthening community and local structures and institutions to protect and care for children; strengthening referral networks for case management and child care service provision; and educating parents and community leaders on sensitivity to child abuse, violations and channels to follow in case of abuse. Sensitivity to child protection has been raised, and leaders report that that some abuses seem to be reducing. Case management remains slow, however, and very costly in terms of resources and staff time relative to the number of children reached. In any follow on phases, the CCCP should reassess and make choices on what aspects of child care and protection to invest in directly, so that scarce resources can be leveraged and larger numbers of children reached.

### VSLA strengthening

**Existing VSLA groups -** In the immediate coming 3 to 6 months, CCCP should work with stakeholders to organize and support training on enterprise planning, diversification, and business skills for all VSLA groups (this would include refresher training for those that had already received such training). This will strengthen VSLA groups to expand their IGAs and further improve their incomes. For any new VSLA groups formed, their training should automatically include entrepreneurship and business skills.

**Include VSLA approach among core community intervention strategies –** theVSL group methodology should be rolled out as an entry approach to all Child Fund partners.

### Complete coverage in current CCCP catchment

**Reach complete coverage of core CCCP elements in the present catchment areas –** It emerged during the endline survey that some communities within the present catchments have not yet been reached and therefore not benefitted from core programme activities. They have no ECD centre, no ECD centre committee member, no community volunteer, and no VSLA groups mobilized. As a mop up, such communities should be immediately identified and a core package of interventions implemented before the end of the extension year, preferably within the next six months, so there is time to monitor and support improvements before the end of the year. Core components should include: community volunteer identification training, VSLA groups’ mobilization, parent and care giver training on home ECD elements including breastfeeding, immunisation, hygiene practices, and positive care giving.

### Documentation of practices that have worked

Some of the interventions that have worked well may need a “how to” documentation so that they can be marketed to others. This might include knowledge sharing about the establishment of functional ECD structures from community to centre to district level, e.g., ECD Advisory committees, and ECD centre management committees.

The link between VSLA and ECD centres is working very well in some centres and not at all in others (e.g., in Kiryandongo). Considering that one of the key assumptions in the programme theory of change was that increased incomes (e.g., from VSLA) would translate into increased contributions to the ECD centre, it will be important to learn from both extremes of VSLA achievement and engagement.

### Improve staff retention

Increase and maintain adequate and appropriate human resource for the program. Identify and address factors contributing to high staff turnover and improve staff retention. At the time of this evaluation ChildFund was undertaking measures to respond to this situation including a salary review.

## CCCP achievements 2012 to 2015

### Key results table – CCCP Results framework analysis year 3, June 2015

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hierarchy** |  | **Indicator** |  | **BLV** | **MTR-TV** | **MTR - RV** | **2014 - TV** | **2014 - RV** | **EOP - TV** |
| Goal/ impact  | ALL children 0-5 years old in the programme area are protected & supported to have equal opportunities to realise their rights & develop to their full potential  | 0.1 % of children (6-8) who are entering primary education,  | Mozambique | 73% | 85% | 85% | 90% | 100% | 100% |
| Ethiopia | 60% | 65% | 71% | 76% | 78% | 80% |
| Uganda | 64% | 85% | 83% | 90% | 95% | 97% |
| 0.2 Prevalence of stunting  | Mozambique | 45% | 40% | 16% | 14% |   | 12% |
| Ethiopia | 56% | 54% |   | 54% |   | 52% |
| Uganda | 38% | 30% | 33% | 28% | 33% | 28% |
| exclusive breastfeeding  | Mozambique | 41% |   | 55% | 60% | 67% | 70% |
| Ethiopia | 52% | 30% | 70% | 75% | 76% | 80% |
| Uganda |   | 62% | 42% | 50% | 62% | 60% |
| Outcome  | 1. Improved quality of ECD services in the target areas | 1.0.1 % attendance levels at ECD  | Mozambique | 0% | 30% | 20.40% | 35% | 57% | 100% |
| Ethiopia | 84% | 90% | 89% | 92% | 93% | 94% |
| Uganda | 76% | 85% | 91% | 94% | 81% | 95% |
| 1.0.2 % of Children of age one to two years with complete immunisation in  | Mozambique | 82% | 85% | 47% | 85% | 100% | 100% |
| Ethiopia | 57% | 60% | 85% | 87% | 89% | 90% |
| Uganda | 65% | 72% | 56% | 94% | 86% | 92% |
| Objective | 1.1. To improve parenting knowledge & practice of caregivers of 0-5 years | 1.1.1 % of primary practising good child care | Mozambique | 46% | 50% | 82.10% | 85% | 85% | 95% |
| Ethiopia | 31% | 45% | 74.20% | 87% | 89% | 92% |
| Uganda | 13% | 30% | 48% | 60% | 65% | 70% |
| 1.2. To improve school readiness of 3-5 centre based children | 1.2.1 % of children transitioning from ECD centres to lower primary school  | Mozambique | 26% | 30% | 59% | 100% | 100% | 100% |
| Ethiopia | 33% | 65% | 54.00% | 74% | 91% | 95% |
| Uganda | 56% | 62% | 86% | 70% | 88% | 75% |
| 1.2.2 % of ECD centres meeting national and ChildFund standards of quality  | Mozambique | 25% | 75% | 60% | 80% | 80% | 100% |
| Ethiopia | 13% | 50% | 40% | 60% | 60% | 90% |
| Uganda | 15% | 38% | 62% | 77% | 85% | 92% |
| 1.3. To increase target household income to support ECD interventions (to increase household income and participation to support ECD interventions) | 1.3.1 % of ECD centre income/funding coming from community support | Mozambique | 0% | 10% | 32% | 50% | 44% | 55% |
| Ethiopia | 0% | 10% | 9% | 15% | 11% | 14% |
| Uganda | 0% | 43% | 57% | 60% | 89% | 92% |
| 1.3.2 % of parents/primary caregivers support the programme. | Mozambique | 83% | 85% | 70% | 80% | 85% | 95% |
| Ethiopia | 64% | 74% | 80.50% | 84% | 82% | 90% |
| Uganda | 44% | 54% | 73% | 80% | 96% | 98% |
| Outcome  | 2. Strengthened community structures for child care, protection & case management  | 2.0.1 Ratio of number of community to children | Mozambique | 0.00 | 0.00 | 0.01 | 0.01 | 0.01 | 0.01 |
| Ethiopia | 0.01 | 0.05 | 0.01 | 0.03 | 0.03 | 0.03 |
| Uganda | 0.00 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 |
| 2.0.2 Number of reported Child protection cases | Mozambique | 2.00 |   | 7.00 |   | 4.00 |   |
| Ethiopia | 16.00 |   | 4.00 |   | 9.00 |   |
| Uganda | 47.00 |   | 72.00 |   | 31.00 |   |
| 2.0.2 % of reported child protection cases, | Mozambique | 2% | 10% | 0% | 5% | 100% | 100% |
| Ethiopia | 9% | 15% | 43% | 55% | 100% | 100% |
| Uganda | 25% | 30% | 31% | 50% | 59% | 75% |
| Objective | 2.1. To influence local authorities and improve the capacities of identified community structures to care & protect children  | 2.1.1 % of ECD centres with functioning Centre Management Committees  | Mozambique | 0% | 40% | 60% | 80% | 80% | 100% |
| Ethiopia | 38% | 50% | 40% | 60% | 60% | 100% |
| Uganda | 91% | 94% | 100% | 100% | 100% | 100% |
| 2.1.2 % of structures with defined advocacy agenda  | Mozambique | 25% | 30% | 100% | 50% | 100% | 100% |
| Ethiopia | 0% | 33% | 46% | 62% | 92% | 94% |
| Uganda | 18% | 45% | 82% | 90% | 117% | 96% |
| 2.2. To develop/strengthen referral networks of child care & protection service providers, (including health, education, legal & protection | 2.2.1 Proportion of child care & protection service providers applying guidelines | Mozambique | 20% | 40% | 80% | 80% | 100% | 100% |
| Ethiopia | 0% | 50% | 52% | 59% | 66% | 80% |
| Uganda | 45% | 53% | 73% | 80% | 110% | 100% |
| 2.2.2 proportion # of child care & protection service providers with functioning referral networks  | Mozambique | 67% | 83% | 83% | 100% | 100% | 100% |
| Ethiopia | 0% | 50% | 48% | 65% | 65% | 87% |
| Uganda | 38% | 48% | 77% | 81% | 95% | 97% |
| Outcome  | 3. Improved culture of learning & knowledge management on ECD approaches & practices | 3.0.1 ECD systemic changes at programmatic level (as shown by documented changes in guidelines, approaches, tools & processes)  | Mozambique | 0 |   |   |   |   |   |
| Ethiopia | 0 |   |   |   |   |   |
| Uganda | 0 |   |   |   |   |   |
| 3.0.2 % of local authorities or that **are using good ECD practices** | Mozambique | 20% | 40% | 60% | 80% | 100% | 100% |
| Ethiopia | 0% | 20% | 60% | 80% | 100% | 100% |
| Uganda | 0% | 25% | 25% | 50% | 75% | 75% |
| Objective  | 3.1. To develop & implement knowledge mgt strategy that facilitates frequent reflection & programme improvement  | 3.1.1 Stakeholders (including children) feel their ideas & suggestions on ECD are valued (using qualitative data) | Mozambique | 12.50% |   | 25% | 38% | 100% | 100% |
| Ethiopia | 5% | 15% |   |   |   | 40% |
| Uganda |   | 25% | 81% | 95% | 97% | 98% |
| 3.1.2 Quality of reflection events  | Mozambique |   |   |   |   |   |   |
| Ethiopia | 5% | 50% | 70% | 80% |   | 100% |
| Uganda | 0 | 50% | 45% | 75% |   | 90% |
| 3.2. To improve intra & cross country learning & KM for better ECD & Child Protection services | 3.2.1 New & improved practices in ECD applied at country/ community level following Experiential Learning Opportunity (ELO).  | Mozambique |   |   |   |   |   |   |
| Ethiopia |   |   |   |   |   |   |
| Uganda |   |   |   |   |   |   |
| 3.2.2 Proportion of stakeholders able to demonstrate solid knowledge and competence on basic | Mozambique | 25% | 45% | 50% | 80% | 100% | 100% |
| Ethiopia | 5% | 14% | 66% | 80% | 78% | 88% |
| Uganda | 30% | 56% | 63% | 75% | 97% | 98% |

### 4.1.1 CCCP Key outputs: targets and cumulative by June 2015

CCCP Outputs from beginning of the project to June 2015

|  |  |  |  |
| --- | --- | --- | --- |
| **Output**  |  |  |  |
|  |  | **Target** | **Cumulative value** | **% achieved June 2015** |
| Parents and caregivers trained in good parenting and child care practices  | Mozambique | 1000 | 1589 | 159% |
| Ethiopia | 1950 | 1773 | 91% |
| Uganda | 2400 | 2859 | 119% |
| **Total** | **5350** | **6221** | **116%** |
| Children supported to complete immunisation through the outreaches  | Mozambique | 1500 | 536 | 36% |
| Ethiopia | 3000 | 3679 | 123% |
| Uganda | 1500 | 1284 | 86% |
| **Total** | **6000** | **5499** | **92%** |
| ECD centres constructed/ renovated and equipped  | Mozambique | 5 | 4 | 80% |
| Ethiopia | 10 | 6 | 60% |
| Uganda | 3 | 3 | 100% |
| **Total** | **18** | **13** | **72%** |
| VSLA Groups Trained and supported to establish IGAs | Mozambique | 40 | 51 | 128% |
| Ethiopia | 66 | 51 | 77% |
| Uganda | 24 | 29 | 121% |
| **Total** | **130** | **131** | **101%** |
| Children supported to acquire birth registration certificates | Mozambique | 10000 | 8882 | 89% |
| Ethiopia | 3400 | 5000 | 147% |
| Uganda | 2400 | 1747 | 73% |
| **Total** | **15800** | **15629** | **99%** |
| Mothers and children referred for medical and legal support through the referral networks | Mozambique | 6 | 7 | 117% |
| Ethiopia | 100 | 63 | 63% |
| Uganda | 480 | 204 | 43% |
| 8 stakeholders reflections meetings held and guide lines Adapted for ECD, Child Protection and VSL | Mozambique | 8 | 8 | 100% |
| Ethiopia | 4 | 4 | 100% |
| Uganda | 16 | 9 | 56% |
|  Total |   |   |   |   |

## Case study – VSLA Okwece, Kiryandongo

**CASE STUDY FOR VSLA IN OKWECE VILLAGE**

* Membership by gender
* Women 18
* Men 17
* Total 35.

Joining criteria.

* For the beginning self-interest.
* A fee of 2000sh was paid but it has been increased to 5000 this year.
* The TOT- Daniel mobilized and members agree to adhere to the group dynamic and regulations.
* Behaviour in the community whom members are taking themselves.
* Yes, members were trained on the child protection.

Management structure.

* Chairperson
* Secretary
* Box keeper
* 2 money counter

Each member play a particular role. And 3key holders picked from different direction.

2013- Share value increased from 1000-2000 projections for this year is 12m and above.

In 2012 a total of 25 members started the group and today 71 members divided into two groups A and B.

What went well?

* The leadership skills has been achieved every year we elect new member its revolving every member.
* Saving culture has been coped.
* Developed discipline in spending the money.
* Building relationship among members as one family.

What did not go well?

* External support from government has failed us.
* Some group members have had problem in recovering the loan.
* To some people there is forced recovery and some members have left the group.
* Due to forced recovery some members have left the group

 Significant change of members in the groups,

* In case of any emergency there is a free revolving fund which is readily available. You can borrow and refund.
* We are able to pay fees
* Some have bought animals.
* I’m able to make bricks and I have already bought iron sheets and started building said Rose Ayoo.
* Lucy since 2012 I have been able to pay school fees and bought some live stock.
* Opio Denis, I have bought ox plough and making money.

CHANGE FROM THE GROUP TO THE COMMUNITY

* The group has been able to contribute to the C.O.U the mosque PAG and the Catholic Church and support to ECD in terms of money.
* The group has improved peoples livelihood and they have been able to buy all household utensils for every member.
* We also support members in the community during funerals.

WHOSE LIVES

* Children at ECD
* Parents of children

CHILDREN CARE AND RIGHTS PROTECTION

* Contributions are being made in terms of 5 cups of maize, beans for the children.
* Caregivers are also being paid.
* Cleaning of the compound at the ECD.

IMPROVEMENTS IN CHILDREN

* Smartness
* Good environment for the children
* Children are being fed since parents have been ……..

ACTIVITIES TO STENGTHEN LOCAL CAPACITIES

* Sensitization of community members on how to handle their children.
* Some community members are copying and admiring the group members.

IMPACT VSL STRENGTH

* We are building
* Plan to buy land
* Rearing animals like pigs, cattle and goats.
* Have bought oxen and some members are planning to buy.

ECD

* Planning to plant trees around the ECD centre to prevent wind.
* Planning to dig one acre of maize for the children.

ALL

* Group members.

SUSTAINABILITY (what will continue)

* The country will increase contribution to the ECD.
* Start up the farming project for the ECD.

WHAT MAY NOT CONTINUE

* Expansion may not continue.

PLANS

* Lobby from
	+ NGOs
	+ Well-wishers
	+ From government
	+ Write project proposals

SIGNS TO SHOW COMMUNITIES WILL CONTINUE

* Continued parents’ contribution and support to the caregivers.
* Maintaining the compound.

CHALLENGES AND NEGATIVE EFFECTS

* No support from government.
* Decline in savings especially from April to July.
* Due to change in season there has been low market for the agricultural products their savings.
* Savings go down.
* Negative attitude towards members of the group.
* Jealousy.

RECOMMENDATION

* Still under learning process – sleeping materials were left out.
* Some children with chronic diseases need support from CFU.
* Continue sensitization.
* HIV affected communities should be supported as a priority.
* In future should be separation of class according to structure
	+ Should separate them to baby, middle and top class.
* Parents’ contributions should be increased.
* Other partners can also join and continue supporting the facility.
* We need increment of other classes from P1 – P7.
* The government should take over and maintain the same standards.

## Sources of information

### 4.1.1 Persons met – Qualitative – Ethiopia

**Participants –Ethiopia**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tool used** | **#Female** | **#Male** | **Total**  | **Title and location** |
| FGD | 0 | 12 | 12 | ECD Parents-Alemtena, Sirabo |
| FGD | 6 | 0 | 6 | ECD Parents-Alemtena, Sirabo |
| FGD | 0 | 6 | 6 | ECD Parents-Boye Awarakasa, Siraro |
| FGD | 12 | 0 | 12 | ECD Parents-Boye Awarakasa, Siraro |
| FGD | 0 | 6 | 6 | ECD Parents-Damine Leman, Siraro |
| FGD | 8 | 0 | 8 | ECD Parents-Damine Leman, Siraro |
| FGD | 0 | 11 | 11 | ECD Parents-Ropi 01, Siraro |
| FGD | 10 | 0 | 10 | ECD Parents-Ropi 01, Siraro |
| FGD | 0 | 6 | 6 | ECD Parents-Ropi Sinta, Siraro |
| FGD | 6 | 6 | 12 | Primary School Children -Alemtena, Sirabo |
| FGD | 4 | 4 | 8 | Primary School Children -Boye Awarakasa, Siraro |
| FGD | 4 | 6 | 10 | Primary School Children -Ropi Sinta, Siraro |
| FGD | 2 | 8 | 10 | Primary School Children-Damine Leman, Siraro |
| FGD | 12 | 4 | 16 | VSL Group Biftu Keromina-Ropi Sinta |
| FGD | 5 | 2 | 7 | VSL Group Burka Gudina- Almentena |
| FGD | 6 | 2 | 8 | VSL Group -Damine Leman, Siraro |
| FGD | 8 | 2 | 10 | VSL Group-Alemtena, Siraro |
| FGD |  9 | 1 | 10 | VSL Group-Alemtena, Siraro |
| FGD | 6 | 2 | 8 | VSL Group-Boye Awarakasa, Siraro |
| FGD | 14 | 4 | 18 | VSL Group-Meda Gemechu (Alemtena Sirbo) |
| FGD | 20 | 0 | 20 | VSL Group-Ropi 01, Siraro |
| FGD | 10 | 3 | 13 | VSL Group-Ropi Sinta, Siraro |
| **Totals (22 FGDs)** | **103** | **75** | **178** |  |
| KI | 0 | 1 | 1 | Area Manager, ChildFund- Addis Ababa |
| KI | 0 | 1 | 1 | CCCP Coordinator ChildFund - Addis Ababa |
| KI | 0 | 1 | 1 | CCCP Finance and Administration Coordinator Siraro Office |
| KI | 0 | 1 | 1 | CCCP Project Coordinator/M&E, Siraro Office |
| KI | 1 | 3 | 4 | CCCP Staff Siraro Office |
| KI | 0 | 1 | 1 | CCCP VSL Officer, Siraro Office |
| KI | 1 | 1 | 2 | Chairperson, Women Association Officer (F) & Child protection Officer (M) |
| KI | 0 | 1 | 1 | CMC Chairperson/Kebele Leader Ropi Sinta |
| KI | 1 | 0 | 1 | Deputy Women & Child Affairs (ECD Board Member), Siraro |
| KI | 0 | 1 | 1 | District Education Head, Siraro |
| KI | 1 | 0 | 1 | ECD Centre Caregiver- Alemtena  |
| KI | 2 | 0 | 2 | ECD Centre Caregivers- ECD Centre- Ropi Sinta |
| KI | 2 | 0 | 2 | ECD Centre Caregivers- ECD Centre- Ropi Town |
| KI | 1 | 0 | 1 | ECD Primary School Teacher- Ropi Town  |
| KI | 0 | 1 | 1 | Family Health Coordinator (ECD Advisory Board), Siraaro District |
| KI | 0 | 1 | 1 | In-Charge Health Centre, Ropi Town |
| KI | 0 | 1 | 1 | Inspector of Schools- Siraro District |
| KI | 0 | 1 | 1 | Kebele Leader, Ropi 01 |
| KI | 1 | 0 | 1 | Primary School Teacher- Awarakasa  |
| KI | 0 | 1 | 1 | Regional M&E Advisor ChildFund - Addis Ababa |
| KI | 0 | 1 | 1 | Youth Coordinator (former CCCP Coordinator) ChildFund-Addis Ababa |
| **Total (21 KIs)** | **10** | **17** | **27** |  |

### 4.1.2 Persons met – Qualitative – Uganda

**Participants - Uganda**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tool type** | **#Female** | **#Male** | **Total**  | **Title**  |
| FGD | 3 | 2 | 5 | Children in Primary School-Bweyale |
| FGD | 9 | 0 | 9 | Children in Primary School-Kikuube |
| FGD | 0 | 8 | 8 | Children in Primary School-Nyabukoni |
| FGD | 4 | 3 | 7 | Children in Primary School-Panyadoli |
| FGD | 5 | 2 | 7 | Children in Primary School-Siriba |
| FGD | 5 | 0 | 5 | ECD Parents-Bweyale |
| FGD | ??? | ??? | ??? | ECD Parents- Kikuube |
| FGD | 0 | 5 | 5 | ECD Parents -Nyabiso LC I |
| FGD | 5 | 0 | 5 | ECD Parents-Teyago LC I |
| FGD | 6 | 0 | 6 | ECD Parents -Kalangala LC I,  |
| FGD | 0 | 5 | M | Non-ECD Parents, Ogengo |
| FGD | 5 | 4 | 9 | VSL Group Amani-Diika |
| FGD | 2 | 6 | 8 | VSL Group- Siriba |
| FGD | 10 | 5 | 15 | VSL Group-Baradugu |
| FGD | 10 | 7 | 17 | VSL Group-Okwece LC I |
| **Totals (15 FGDs)** | **64** | **47** | **111** |  |
| KI | 0 | 1 | 1 | CCCP Manager (MACADEF) |
| KI | 0 | 1 | 1 | Chairperson LC III, Kiryandongo Sub-county |
| KI | 0 | 1 | 1 | CHA-Lunyanya LC I |
| KI | 0 | 1 | 1 | CHA-Ogengo LC I |
| KI | 0 | 1 | 1 | ChildFund ECD Officer-Kiryandongo |
| KI | 0 | 1 | 1 | ChildFund M&E Manager-Kampala |
| KI | 0 | 2 | 2 | CMC Chairperson & Members-Diika |
| KI | 2 | 0 | 2 | CMC Chairperson & Member-Siriba |
| KI | 0 | 3 | 3 | CMC Members- Okweche LC I |
| KI | 0 | 1 | 1 | District Education Officer Kiryandongo |
| KI | 1 | 0 | 1 | District Health Officer-Kiryandongo |
| KI | 0 | 1 | 1 | District Inspector of Schools, Kiryandongo District (ECD) |
| KI | 0 | 1 | 1 | District Probation Officer- Kiryandongo |
| KI | 2 | 1 | 3 | ECD Centre Caregivers & CMC Chairperson |
| KI | 1 | 1 | 2 | ECD Centre Caregivers-Diika |
| KI | 1 | 1 | 2 | ECD Centre Caregivers-Siriba |
| KI | 0 | 1 | 1 | Health Worker-Diima Parish |
| KI | 0 | 1 | 1 | In-charge Health Centre III-Diima |
| KI | 0 | 1 | 1 | In-charge Health Centre III-Yabwengi, Mutunda |
| KI | 0 | 1 | 1 | LC I Leader- Alengo |
| KI | 0 | 1 | 1 | LC I Leader-Abindu A |
| KI | 0 | 1 | 1 | LC I Leaders- Kikuube  |
| KI | 2 | 1 | 3 | Primary School ECD Teacher & Head-Siriba |
| KI | 1 | 0 | 1 | Primary School Head Teacher-Diika CoU |
| KI | 0 | 1 | 1 | Sub-county Leader- Kisunga |
| KI | 0 | 1 | 1 | Sub-county Leader- Ogengo |
| KI | 0 | 1 | 1 | Village Health Team-Runyanya, Kikuube |
| KI | 0 | 1 | 1 | Youth Leader-Diima LC I |
| KI | 0 | 1 | 1 | MACDEF Chairperson, Child Development |
| **Total (28 KIs)** | **10** | **26** | **36** |  |

### 4.1.3 Secondary data sources

#### Uganda

|  |  |  |
| --- | --- | --- |
| **Source** | **Year** | **Person providing data** |
| Diika HC III | 2010-2015 | JANGOR SMITH TEL 0782713876 |
| Yabwegi Health Centre 11 | 2010-2015 |  |
| DHO-Kiryandongo | 2011-2015 | GORRETI KYOMUHENDO |
| Diika Primary School | 2010-2015 | ARACH RIRA HEADTEACHER |
| Siriba Primary school | 2010-2015 | LON'ISYEPE W GODFREY HEADTEACHER |
| Okwece Primary School | 2010-2015 | BAGONZA CHARLES. |
| Siriba ECD | 2010-2015 | NYEKO JOSEPH INCHARGE |
| DIIKA ECD | 2014-2015 |  MULYE ALEX |
| Okwece ECD | 2012-2015 | OMAR DANIEL |

**Summary for Uganda Secondary Data sources**

ECDs-----------3

HCs...............2

DHO..............1

PRIMARY SCHOOLS......3

**ETHIOPIA SECONDARY DATA SOURCES**

|  |  |  |
| --- | --- | --- |
| Source | Year | Person providing data |
| Rophi-Siraro Health Centre | 2010-2015 | Abdo Kedir |
| Biftu Siraro Health Centre | 2012-2015 | Negewo Ushi |
| DHO OFFICE-HEALTH INFORMATION SYSTEM | 2010-2015 | Abdurselam Muhamed |
| Awrkassa Primary School | 2010-2015 | Musa Edeoo |
| Sinta Primary School | 2010-2015 | Husen Hedeto |
| Hunde Gudina Primary School | 2010-2015 | Ahimed Gisan |
| Rophi -Siraro Primary School | 2010-2015 | Geremew Chikile |
| Boye Primary School | 2010-2015 | Getachew Edaoo |
| A/Sirbo Primary School  | 2010-2015 | Zeyituna |
| Biftu-Siraro primary school | 2010-2015 |  |
| Shirko Kubi Primary School | 2010-2015 | Edasso Hinika |
| Damine Dihiha primary school | 2010-2015 | Shuferi Desta |
| ROPHI-01 Toen ECD | 2010-2015 | Abdurahiman Weyessa  |
| ROPH-SINTA ECD | 2014-2015 | Abdurahiman Weyessa  |
| BOYE-AWRKASA ECD | 2014-2015 | Abdurahiman Weyessa  |
| ALEMTENA-SIRBO ECD | 2014-2015 | Abdurahiman Weyessa  |
| BIFTU SIRARO ECD | 2010-2015 | Abdurahiman Weyessa  |
| DAMINE –BEHA ECD |  | Abdurahiman Weyessa  |
| District Education Officer | 2010-2015 | Kedir Tebo. |

Summary of data sources for Ethiopia Evaluation

Health Units...........................................2

Primary Schools......................................9

ECD Centres............................................6

District Health office.................................1

District Education Office............................1

1. In Mozambique, the programme area covers 8 villages in Gondola district where it reaches 1,700 children below five years. [↑](#footnote-ref-1)
2. Note that children in age range 6-8 do fall as part of some direct impact beneficiary groups as they graduate out of the 0-5 age group in the project life but opportunities created for them are only realized as they enter primary education [↑](#footnote-ref-2)
3. As noted above, this evaluation was limited to Ethiopia and Uganda; Mozambique was not included for logistical and budgetary reasons. [↑](#footnote-ref-3)
4. CCCP Baseline 2012. [↑](#footnote-ref-4)