Final World Vision EAPRO CSSP Evaluation: Reflections on a Theory of Change for Child Protection Programs in Rwanda, Tanzania and Ethiopia

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Photo:
CPC focus group supporting vulnerable child
Executive Summary

Background
The following report describes a final evaluation of World Vision (WV) Regional East African Child Safe Spaces Project (CSSP). The research responds to a global need to better understand non-formal (child, family, community) stakeholder engagement in community based formal (government, INGO) child protection systems strengthening. The evaluation specifically focuses on World Vision’s Child Protection and Advocacy (CPA) Project Model and related Design, Monitoring and Evaluation (DME) interventions. The research also addresses a growing global realization within the child protection sector, that stand-alone government protection efforts often have limited success. In comparison, “Bottom up” initiatives in which communities, including children, are actively and meaningfully involved in reducing protection risk factors while strengthening local protective mechanisms are more beneficial to children’s long term positive outcomes.

The Child Safe Spaces Project (CSSP) project, lead by World Vision, a leading international child protection agency, sought to understand and strengthen local African child protection capacity in responding to the unmet protection needs of vulnerable children. The initiative was implemented in 3 East African Countries from April 2012 – November 2015. From April 2013 until the conclusion of the project, a research team from the International Institute for Child Rights and Development (IICRD) and Columbia University, in partnership with colleagues from World Vision (WV) East African Regional Office (EARO) and the WV National Offices of Rwanda, Tanzania and Ethiopia, conducted ongoing monitoring and evaluation of the initiative to explore what was working and what was not working.

The Child Safe Spaces Project applied WV’s Child Protection and Advocacy (CPA) approach. The Child Protection and Advocacy (CP&A) model has been applied in various contexts across CSSP with a specific set of recommended interventions. The action research evidence was gathered to evaluate the interventions in the respective countries and measure the impact on the protection of children, especially the Most Vulnerable Children (MVC). In particular the research will focus on looking at following key components to strengthen groups of local actors (CPA groups/committees/coalitions) for joint action for child protection:

- Mobilize and raise awareness on local child protection threats and protective factors (with application of methodologies such as Community Change)
- Strengthen reporting and referral mechanisms for vulnerable children
- Support vulnerable households in receiving knowledge skills and economic opportunity (with application of methodologies such as Home Visiting, Celebrating Families)
- Enhance children’s life skills and resilience for self protection (with application of methodologies such as Peace Road)
- Address other root causes of protection issues such as harmful traditional practices and systemic poverty

Results from the research will be applied to enhance WV’s child protection Theory of Change and inform regional and global strategies to more meaningfully involve community members, especially most vulnerable children and their families, in initiatives to reduce violence, abuse and exploitation against children, while building positive community social capital promoting human thriving.
Primary and Secondary Evaluation Research Questions for the CSSP Project

The primary evaluation question is: How did the CSSP Program impact child protection outcomes? *What’s working and not working with World Vision’s Child Protection and Advocacy approach?*

A number of sub-questions also guided the research, including:

1. **What key changes have occurred comparing baseline and endline data across the DME cycle and what are the implications for WV’s CP indicators?**
2. **Which parts of the formal/non-formal mechanisms does the CPA intervention change?**
3. **Are there unanticipated changes and how have children and adults contributed to this change?**
4. **What are the implications for World Visions Child Protection Theory of Change and Systems Approach to Child Protection model?**
5. **What is WVI’s unique strategic value added in the context of global child protection systems strengthening efforts based on regional East African learning?**

Research Methods

The research methods used in the evaluation process sought to understand children's lived experiences of child protection risks and protective factors. They also attempted to capture the narratives and categories of children and key adult child protection actors. Finally they focused on engaging community participants in a reflective process that would enable local knowledge to inform child protection program design at the local, national and regional East African level. The particulars of each method are spelled out below, with country specific implementations to follow.

A mixed methods approach was used combining quantitative and qualitative research tools. Quantitative data was gathered during T1 baseline and T2 endline project monitoring conducted by WV national monitoring and evaluation (M&E) teams. Qualitative data was gathered by the IICRD/Columbia research team during visits to the region 2 times yearly in 2014 – 2015. During these visits a team of national child protection and M&E staff from the 3 countries was trained by the IICRD/Columbia researchers and helped in gathered data in between field visits. Qualitative tools used ethnographic and participatory action approaches, were narrative in nature, engaging for children and sought to draw on community expertise in validating and informing data analysis and application of findings.

Results, Conclusion and Recommendations

The CSSP Evaluation and Theory of Change research attempted to answer a series of key questions. The primary question guiding the ToC is: *How did the CSSP program impact child protection outcomes? What’s working and not working with World Vision’s Child Protection and Advocacy Approach?* The following discussion attempts to answer this question in relation to the 5 sub-questions.

1. **What key changes have occurred comparing baseline and endline data across the DME cycle?**
   1.1 **Key Changes across the CSSP lifecycle**

   All communities participating in CSSP experienced an improvement in child protection outcomes for children. This was captured in baseline and endline quantitative results of parents or caregivers perceptions of safety from data where improvements rose from 53% to 84% in Ethiopia, to 92% - 94% in Rwanda, to 88% - 94% in Tanzania. The quantitative results from Ethiopia and Rwanda are too close to
assess significance and it is necessary to triangulate these findings with the qualitative results to understand what’s working and not working.

Examples of what’s working drawn from quantitative and qualitative across data from the three countries include:

- **Government and civil society working together** for child protection from the family to community to district level
- **Creative adaptation of CPA approaches to the local context of government** – INGO – community interaction
- **Communities taking strong ownership and leadership of protection committees** as a result of CPA and Community Change interventions
- **Children acting as powerful advocates for self and peer protection**
- **Faith leaders (Christian and Muslim) playing a significant role** as shapers of local social norms in support of child protection and most vulnerable children
- **Community members engaging in community awareness initiatives** for child protection
- **Local interventions supporting mediation of domestic violence** through home visitors programs
- **Citizen Voice and Action (CVA) interacting with other CP interventions** (e.g. ADAPT, Community Change) to mobilize communities in advocating for the rights of vulnerable children in education
- **The creation of by-laws**, such as those enforcing school attendance and protecting girls from harassment, as a local policy and advocacy structure protecting the rights of children

Areas where programs are either not working or need further strengthening include:

- **Need to improve baseline and endline measures and DME systems for child protection**
- **Need for increased integration of CP programs in ongoing WV ADP programing.**
- **Need for greater inclusion of MVF and MVC on child protection committees.**
- **Stronger attention should be given to long term systemic interventions to address harmful social norms.**

1.2 Challenges in Child Protection DM&E: Baseline and Endline Difficulties

DME (in particular ADAPT, baseline and endline data gathering) is working in some contexts and provided useful qualitative comparisons, however significant limitations were encountered in the study and the application of DM&E to child protection requires further strengthening. Quality of data across the three countries varied considerably and some data appeared contradictory and implausible. Unfortunately, some indicators only had endline data and no baseline was available. In other cases, the quality of data was questioned and there appeared to be confounding factors of social desirability with a number of indicators (e.g. % of parents who know reporting mechanisms, and % parents who know existing child protection law).

2. Which parts of the formal/non-formal mechanisms does the CPA intervention change?

2.1 Overarching areas of formal non-formal systems strengthening

Overarching areas of success in strengthening formal and non/formal mechanisms include the following:

- **Strengthen government-community collaboration** as was the case in Rwanda and Ethiopia tailor child protection strategies to build on government child protection priorities in building community lead “bottom up” solutions to government identified CP challenges
- **Empowering and equipping local government actors** to identify community strengths and natural child protection advocates (e.g. faith leaders, women’s groups, child and youth leaders) to assist in mobilizing and raising awareness
• Supporting community processes that emphasize the encouragement of local non-formal child protection actors—children, religious leaders, women's groups, etc.—to get involved in child protection and also to collaborate with formal actors

• Enhancing the capacity of existing CP duty bearers such as social welfare officers to report and refer cases and develop innovative new mechanisms such as women's groups assisting in local psychosocial support and community police officers intervening in protection, mediation and case management and referral

• Opening “social space” for child and youth advocates to help inform local understanding of vulnerability, protection and agency and assist as equal partners developing strategies and solutions to addressing local protection risks

• Using district level bi-laws especially when linked to local advocacy strategies such as Citizen Voice And Action, as an innovative local child protection advocacy and policy mechanism

2.2 Areas of change specific to CPA programming interventions

One of the key areas of investigation in the research was the capacity of specific CPA interventions to create positive change to improve outcomes for children. Results from the 5 CPA areas emerging from the results are summarized below.

Mobilizing and Raising Awareness

All countries involved in the study, were successful in raising awareness and mobilizing communities in support for child protection. Many significant changes were identified in the results and often these were a direct result of interventions from Community Change, Home Visitors, Child Rights Training and Channels of Hope. The following practice highlights stand out as particularly noteworthy.

• Recognizing the Personhood of Vulnerable Children.

• Local Contextualization Enhancing Resilience and Sustainability.

• Begin with Self, Build Trust and Reinforce the Child Rights Laws.

Strengthening Reporting and Referral

Reporting and referral is frequently described as the core of child protection practice. Success was achieved in all three countries in identifying and reporting children who had been abused, exploited and neglected, including many very vulnerable children. Home Visitors program and Citizen Voice and Action interventions were frequently cited as influencing these positive results.

• Adapting to Local Government-Community Partnership Context.

• Key Attributes of Sustainable Child Protection Committees: Gender, Personal Qualities, Influence, Continuity and Capacity.

• Taking a Restorative Approach to Child Protection: The Importance of Dispute Resolution.

Supporting Vulnerable Households

Many vulnerable households were positively supported through WV's livelihood and social protection programs. The following key themes stand out as especially noteworthy across the three countries.

• Growing Chickens and Social Protection: Women’s Savings Groups, Food security and Support for Most Vulnerable Families and Children.

• Taking an Intergenerational Approach.

Strengthening Children’s Life Skills and Resilience

WV’s support in establishing children’s clubs and implementing PeaceRoad curriculum were key drivers to engage children, including MVC, in meaningful community participation.
• Gendered Approach, Girls Empowerment.
• Nurturing Children’s Inherent Agency and Innovation.

Addressing Root Causes of Protection Issues
One of the key areas of success in the three WV EARO was the identification of root causes by community members during ADAPT and the subsequent targeting of root causes through interventions such as Community Change, Home Visitors, Child Rights training and Channels of Hope. In a number of cases, especially in Rwanda, Citizen Voice and Action interventions helped expand and scale this focus on root causes by engaging different levels of child protection systems such as District and National government agencies.

• Build on Helpful Old and New Social Norms in Addressing Harmful Social Norms.
• Building on Positive Solutions: Leveraging Positive Deviance.

3. Are there unanticipated changes and how have children and adults contributed to this change?

3.1 Positive unanticipated changes
• Children expressing agency in the midst of great vulnerability
• Faith leaders from different religions finding common ground in support for vulnerable children and families
• Unusually high levels of collaboration between communities and formal stakeholders in contexts such as Rwanda and Ethiopia where government is trusted and has a deep presence at local levels.
• CPC’s and families implementation of family “agreements” (e.g. in Rwanda and Ethiopia) as a measure of local accountability in the context of domestic violence
• Deeply rooted cultural norms, values and practices changing relatively quickly when strategically addressed

3.2 Negative unanticipated changes include
• Harmful traditional practices changing in an unanticipated and socially hidden manner (e.g. FGM being carried out secretly with infants upon birth instead of with teenage girls)
• Unanticipated scale of problems such as single mothers and abandoned children overwhelming existing resources and community capacity for an adequate response
• Once psychosocial needs are identified by community, not enough trained staff are prepared to support reintegration and psychosocial support
• Citizen advocacy for increased enrolment of vulnerable children resulting in a sudden increase in the numbers of children in school leading to overcrowded classes and a drop in the quality of teaching and learning
• A number of core communities achieve success and advocacy and capacity development strategies have not kept pace with this success to scale up to higher levels of government and out to other (often more remote) communities
• Sometimes the experience of interacting with the most vulnerable children, such as street children, or children who have experienced extreme levels of violence and degradation requires specialized skills that WV staff may not be equipped to manage.

4. What are the implications for World Visions’ Child Protection Theory of Change and Systems Approach to Child Protection?

In general, the research findings show that World Vision is on the right track with its focus on strengthening formal and non-formal child protection systems. This is further reinforced by the findings emphasizing how the each of the five components of the CPA programs plays a unique and interactive

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role in this process. For example reporting and referral is most successful when it follows from an awareness raising process that builds local trust and understanding. Similarly, when root causes are addressed prevention and early interventions are enhanced. This in turn reduces the burden of reporting and referral mechanisms such as community protection committees.

There are implications from the EARO CSSP research on World Vision’s emphasizes the Theory of Change, and specifically the role of the WV’s Systems Approach to Child Protection.

- **Challenge: Applying CPA in Urban Contexts.**
- **Challenge: Balancing CPA Outcome Indicators with Process Indicators.**
- **Challenge: Emphasizing Local Concepts of Well Being and Key Root Protective Mechanisms in Mitigating VAC.**

5. What is WV’s unique strategic value added in the context of global child protection systems strengthening efforts based on regional East African learning?

The ToC research in the four East African countries highlights the rich experience and learning potential of World Vision’s community level interventions in strengthening formal and non-formal child protection mechanisms. The practice based experience of deep engagement with responsible government protection agencies, as well as key adults and children in a variety of community contexts, positions WV as a significant global actor in shaping the discourse on child protection systems strengthening.

In regards to sustained value added, as already stated, part of WV’s value added in strengthening community child protection systems is the way in which root causes affecting child and family vulnerability can be addressed through a wide variety of ADP poverty alleviation and empowerment activities. The 15-year timeframe of ADP interventions helps in this regard to sustain these efforts, though it would be important to see how these interventions are continued by community members and government beyond the 15 year ADP horizon (which this ToC research does not have the capacity to do).

Specific recommendations to further enhance this strategic value include:

- **Engage communities**, in particular child protection committees, more deeply in the Theory of Change and in particular the DME process as partners in community learning
- **Link and enrich the connections between child protection processes and poverty alleviation work**
- **Work with MVF and MVC more closely** to better address issues or program inclusion and impact. Emphasize the importance of reaching out regularly and monitoring over time the situation of MVC. Also, develop a strategic plan for addressing MVCs, taking care not to try to do everything, rather focusing on particular issues that seem ripe or are most pressing
- **Build on the experience of supporting vulnerable single mothers and their children as a unique area of WV experience**
- **Implement ethical interviewing approaches** to building trust and relationship without increasing expectations too much; doing deliberate outreach and monitoring; capacity to develop useful case studies.
- **Consider equipping child protection and DME staff with tools** more specifically tailored to the needs of MVF and MVC (e.g. population health purposive sampling strategies, contextualized child protection psychosocial support tools for MVC)
- **Leverage the results of this research to strengthen advocacy at all levels** (e.g. working with CPC’s and MCV to leverage district level bi-laws to higher level policy interventions)
- **Enhance meaningful child participation by working more closely with most vulnerable children as key stakeholders** in the Theory of Change and program DME cycle
- **Further document advocacy work**, identifying factors that contributed to impact.
Acknowledgements

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Finally, we are especially grateful for the time, energy, compassion and wise participation of the key adults, families, community leaders, faith leaders, child protection practitioners, and children and youth in the Rwandan, Tanzanian and Ethiopian communities. The generosity in sharing their experience and insights, and patience in discussing and exploring their complexities of formal and non-formal child protection systems challenges and opportunities provided a “feast” of ideas that will continue to nurture both this ongoing research process, and we believe the sector in general.

Philip Cook, Michele Cook and Mike Wessells, March 2016
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Background

Evaluation of WV Child Safe Spaces Project (CSSP) and Piloting a “Bottom Up” Child Protection Theory of Change

Children in many parts of Africa face diverse child protection threats including domestic abuse, community conflict, hazardous labour and sexual violence (African Child Policy Forum, 20014). These risks are often further compounded by poverty and lack of access to basic protection services such as social welfare, education and health care. As many African communities already have their own local traditional protection systems located in family kinship systems, healing traditions and community care mechanisms, it is important that contextualized, “bottom up” approaches to child protection systems strengthening efforts be implemented and tested for their effectiveness in reinforcing “top down” government lead child protection efforts in various African contexts.

The Child Safe Spaces Project (CSSP) project, lead by World Vision, a leading international child protection agency, sought to understand and strengthen local African child protection capacity in responding to the unmet protection needs of vulnerable children. The initiative was funded by World Vision Australia, was implemented in 3 East African Countries from April 2012 – November 2015. From April 2013 until the conclusion of the project, a research team from the International Institute for Child Rights and Development (IICRD) and Columbia University, in partnership with colleagues from World Vision (WV) East African Regional Office (EARO) and the WV National Offices of Rwanda, Tanzania and Ethiopia, conducted ongoing monitoring and evaluation of the initiative to explore what was working and what was not working.

The Child Safe Spaces Project applied WV’s Child Protection and Advocacy (CP&A) approach. The Child Protection and Advocacy (CP&A) model has been applied in various contexts across CSSP with a specific set of recommended interventions. Through the action research targeting Ethiopia, Rwanda, and Tanzania, the evidence was gathered to evaluate the interventions in the respective countries and measure the impact on the protection of children, especially the Most Vulnerable Children (MVC). This will also serve as an opportunity to make recommendations for enhancement of the CP&A model and the broader CP ToC. In particular the research will focus on looking at following key components to strengthen groups of local actors (CPA groups/committees/coalitions) for joint action for child protection:

- Mobilize and raise awareness on local child protection threats and protective factors (with application of methodologies such as Community Change)
- Strengthen reporting and referral mechanisms for vulnerable children
- Support vulnerable households in receiving knowledge skills and economic opportunity (with application of methodologies such as Home Visiting, Celebrating Families)
- Enhance children’s life skills and resilience for self protection (with application of methodologies such as Peace Road)
- Address other root causes of protection issues such as harmful traditional practices and systemic poverty

The research process also sought to explore WV’s global Child Protection Theory of Change (ToC). The ToC research specifically focused on community based “bottom up” approaches to implementing World Vision’s Child Protection and Advocacy (CPA) programming and related Design, Monitoring and Evaluation (DME) interventions. Ultimately, the CSSP evaluation and broader ToC research seek to assess World Vision’s CPA impact in strengthening child protection systems, in particular active collaboration and constructive linkages between formal (government) and non-formal (kinship, child to child – peer relationships, community children’s “natural advocates”, supportive cultural practices) systems. Results from the research will be applied to enhance WV’s child protection strategy and inform regional and global efforts to more meaningfully involve community members, especially most vulnerable children and
their families, in initiatives to reduce violence, abuse and exploitation against children, while building positive community social capital promoting human thriving.

**Primary and Secondary Evaluation Research Questions for the CSSP Project**

The primary evaluation question:

How did the CSSP Program impact child protection outcomes? *What’s working and not working with World Vision’s Child Protection and Advocacy approach?*

A number of sub-questions also guided the research, including:

1. What key changes have occurred comparing baseline and endline data across the DME cycle and what are the implications for WV’s CP indicators?
2. Which parts of the formal/non-formal mechanisms does the CPA intervention change?
3. Are there unanticipated changes and how have children and adults contributed to this change?
4. What are the implications for World Visions Child Protection Theory of Change and Systems Approach to Child Protection model?
5. What is WVI’s unique strategic value added in the context of global child protection systems strengthening efforts based on regional East African learning?

**Theory of Change**

**Strengthening Formal - Non-formal Child Protection Mechanisms**

The Theory of Change research addresses a growing global realization within the child protection sector, that stand-alone government child protection efforts often have limited success. In comparison, “Bottom up” initiatives in which communities, including children and families, take ownership and are actively and meaningfully involved in reducing risk factors while strengthening local protective mechanisms are more beneficial to children’s long-term positive outcomes.

Formal Child Protection (CP) actors, or mechanisms such as community based protection committees, include government statutory protection interventions, often based on assessing and ameliorating childhood risk. Non-formal actors or mechanisms include: family and kinship networks, children’s peer networks, women’s groups, local traditional governance structures, children’s “natural advocates” (e.g. a supportive neighbor, sports coach, employer), faith and religious communities, and other community, social and cultural capital supporting child well-being. The focus of WV’s work with these actors is described in WV’s CPA guidelines as:

*Working at the local level in collaborative efforts between formal and non-formal actors to strengthen the protection of children, especially the most vulnerable.*

The following diagram represents the seven dimensions of World Vision’s systems approach for child protection. The dimensions emphasize positive interaction between government and community, within which children, their families, and community members all play a key role as the first line of protection for
children. Special emphasis is placed in addressing the needs of most vulnerable children (MVC), including these children in CPA programs as well as broader ADP interventions that impact some of the root causes of vulnerability such as poverty and social exclusion.

The combination of a significant strategic emphasis on strengthening formal/non-formal child protection mechanisms, combined with a broader ADP, whole community development approach that addresses root causes of family vulnerability, provide a rich learning opportunity to better locate World Vision’s unique value added in the global child protection sector.

Given the importance of harmful and helpful cultural practices in shaping interaction of formal/non-formal protection mechanisms, a central focus of the research is to better understand the influence of social norms on child protection risk and protection factors. This should enhance strategies designed to change harmful traditional practices such as early marriage, female genital mutilation and cutting (FGMC), and exploitive labour practices; while identifying practices that promote child well-being like naming ceremonies and the role of local support networks, and allowing for the creation of new options and alternatives to harmful practices.

The two and a half year partnership between the International Institute for Child Rights and Development (IICRD), Royal Roads University, Columbia University and WV International (WVI) and WV East African Regional Office (WVEARO) focused on applying a participatory, collaborative approach of mutual learning and respectful dialogue coupled with a long-term approach of social change guided by community members and WV staff. To respect appropriate ethical standards, the research followed a format compliant with the UN Convention on the Rights of the Child (CRC) and WV’s Child Protection Ethics in Child Participation Activities. The process aimed to lead with respected informants such as key young people, elders, women and men, and WV staff in keeping with WV research standards.

**World Vision’s ToC and its “Bottom Up” Application**

The WV Child Protection Theory of Change (ToC) aims to create an intentional pathway to strengthening WVI’s child protection and advocacy (CPA) approach. The ToC is the result of a readiness for significant intra-agency learning in child protection and advocacy programming (including Monitoring and
Evaluation) which was brought together in a meeting with WVI CPA global staff in June 2013 and completed early in 2014. It builds from WVI’s Overall Theory of Change (WVI 2011) in particular the WVI Ministry Goal and the Child Well-Being Aspiration:

“Sustained well-being of children, especially within families and communities, & the most vulnerable”
“Children are cared for, participating and protected”

World Vision’s Systems Approach to Child Protection Model
Within the broad range of entry points and interventions for child protection systems strengthening World Vision identified a framework for practice, that guide the CP ToC and the focus of global investment in capacity-building and project model development. They guide the operationalization of the ToC influencing wider practice and learning in the child protection, humanitarian and development community.

Key Features of the World Vision Child Protection Theory of Change
The CP ToC shares key features that guide WVI’s approach which include:

- A particular emphasis on linking formal (government) and non-formal (community based organizations, families, youth peer groups)
- “Bottom up”, community based approaches to child protection systems strengthening
- Understanding the role of social norms and changing harmful traditional customary practices and enhancing positive socio-cultural capital supporting child safety and well-being
- Focus on children’s resilience and participation (disaggregated by gender etc.)
- Harmonizing statutory government and non-statutory community based CP mechanisms
- Linking economic development and social protection and to well being of MVC
- Leveraging WVI’s ADP, sponsorship and faith based strengths in development and humanitarian contexts

The full Theory of Change is shown below.

A critical component of this research on the ToC involved refining WVI’s understanding of the relation between root causes of risk and root protective mechanisms. These included:

Key Root Causes of Risk

- Extreme economic deprivation of children and their caregivers
- Discrimination
- Social Exclusion
- Harmful social norms and traditional practices
- Catastrophic disasters
In the context of testing the Child Protection ToC within the CSSP initiative in Rwanda, Tanzania and Ethiopia, a community oriented, “bottom up” approach was used. This enabled researchers to learn with community in understanding the strengths and limitations of the ToC.

**Summary of Child Protection Activities Undertaken within the CSSP Initiative**

The following table describes the key child protection activities undertaken during the CSSP project across the three countries and respective ADP’s.
Each activity represents a different approach to strengthening formal and non-formal CP mechanisms.

The CSSP initiative used the Child Protection and Advocacy (CPA) project model, a set of specific interventions that focus on strengthening the child protection system (both formal and informal elements) at the community level, thus empowering local communities to strengthen the protection of children from abuse, neglect, exploitation and other forms of violence. The model strengthens both the protective environment for children, as well as children themselves, in order to improve their well-being and fulfill their rights to protection.

The key elements of the CSSP initiative include:

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<tr>
<th>System Elements; weaknesses or gaps to be addressed with interventions</th>
<th>Core CPA Components</th>
<th>Recommended Tool/Intervention</th>
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<tbody>
<tr>
<td>• Circles of care</td>
<td>Building community awareness</td>
<td>Community Change Manual</td>
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<td>• Laws, policies, standards and regulations (specifically application on the ground)</td>
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<td>• Accountability mechanisms (which ensure the system responds effectively to key child protection concerns)</td>
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<td>• Children’s resilience, life skills and participation</td>
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<tr>
<td>• Services and service delivery mechanisms which provide protection for children</td>
<td>Establishing and strengthening reporting and referral mechanisms</td>
<td>Reporting and referral Mechanisms Support and Training</td>
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<tr>
<td>• Cooperation, coordination and collaboration mechanisms</td>
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<td>• Capacities to provide and perform child protection services</td>
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<td>• Accountability mechanisms</td>
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<td>• Services and service delivery mechanisms which provide protection for children</td>
<td>Providing quality support to vulnerable families</td>
<td>Home Visitors Manual</td>
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<tr>
<td>• Children’s resilience, life skills and participation</td>
<td>Building life skills and resilience to protect children</td>
<td>Peace Road Manual</td>
</tr>
<tr>
<td>• Circle of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cooperation, coordination and collaboration mechanisms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accountability mechanisms to ensure the system responds effectively to key child protection concerns</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Research Methods**

The research methods used in the evaluation process sought to understand children’s lived experiences of child protection risks and protective factors. They also attempted to capture the narratives and categories of children and key adult child protection actors. Finally they focused on engaging community...
participants in a reflective process that would enable local knowledge to inform child protection program design at the local, national and regional East African level.

The particulars of each method are spelled out below, with country specific implementations to follow.

**Research Methods Used for Assessing the Impact of World Visions CPA Interventions**

A mixed methods approach was used combining quantitative and qualitative research tools. Data was collected over a 3 year period from November 2012 – September 2015. Quantitative data was gathered during T1 baseline and T2 endline project monitoring conducted by WV national monitoring and evaluation (M&E) teams. Qualitative data was gathered by the IICRD/Columbia research team during visits to the region 2 times yearly in 2014 – 2015. During these visits a team of national child protection and M&E staff from the 3 countries was trained by the IICRD/Columbia researchers and helped in gathered data in between field visits.

Data from CP ADAPT and the baseline (T1) household survey data was collected prior to the start of the CSSP initiative and the ToC. The ToC research team was therefore not present for the actual baseline data gathering so comments on the baseline are based on a post hoc desk review of the final summary reports. The final evaluation endline data was gathered during qualitative research site visits in May and September of 2015, and in a quantitative (T2) household survey data collection process conducted by WV M&E staff and local enumerators between August - December 2015.

**Quantitative and qualitative samples**

A random household sample was used in the T1 and T2 quantitative surveys. Sample sizes per country were approximately 15-200 respondents/households per ADP. Aggregate sample sizes are shown in the table below. Samples for qualitative research were either targeted based on specific characteristics of (community populations of interest to the research (e.g. community child protection committee members, faith and traditional leaders, and most vulnerable children and their families). Aggregate samples included in the research for each of the CSSP programmatic years are also shown in the table below.

**MVC sample for quantitative endline household survey**

It should also be noted that a strategy to gather quantitative household survey data from MVC, to compare against the general household population as part of the endline data was unsuccessfully implemented. A discussion on why this was the case is included in the final discussion on research limitations (See appendix 1 for MVC sampling strategy).
<table>
<thead>
<tr>
<th>RESEARCH TOOL/SAMPLES</th>
<th>2013 Initial baseline</th>
<th>2014 # sessions/# participants</th>
<th>2015 # sessions/# participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Black – led by consultants</td>
<td>Red – led by local WV staff</td>
</tr>
<tr>
<td>ADAPT (6 groups plus focus groups in each ADP)</td>
<td>Ethiopia 150 – 3 ADPS</td>
<td>Rwanda 150 - 3 ADPS Tanzania 200 – 4 ADPS</td>
<td></td>
</tr>
<tr>
<td>Household Survey - Baseline</td>
<td>Ethiopia 600</td>
<td>Rwanda 600</td>
<td>Tanzania 1200 (400 children)</td>
</tr>
<tr>
<td>Household Survey - Endline</td>
<td></td>
<td></td>
<td>Ethiopia 600</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rwanda 630</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tanzania 1200</td>
</tr>
<tr>
<td>Validation Circles with Children and CPC</td>
<td>Ethiopia 2/42</td>
<td>Rwanda 2/46</td>
<td>Tanzania 2/27</td>
</tr>
<tr>
<td>#sessions/# of participants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>River of Life: Most Significant Change (children and adults)</td>
<td>Ethiopia 2/45</td>
<td>Rwanda 2/46</td>
<td>Tanzania 2/109</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 4/166 + 2/35</td>
<td>Rwanda 1/37 + 1/28</td>
<td>Tanzania 2/109 + 1/15</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 2/33 + 6/56</td>
<td>Rwanda 1/30</td>
<td>Tanzania 2/26</td>
</tr>
<tr>
<td>Focus Groups with CPC’s</td>
<td>Ethiopia 4/41</td>
<td>Rwanda 2/12</td>
<td>Tanzania 2/8</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 4/116 + 2/35</td>
<td>Rwanda 1/37 + 1/28</td>
<td>Tanzania 2/109 + 1/15</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 1/15 + 3/42</td>
<td>Rwanda 2/65</td>
<td>Tanzania 2/25</td>
</tr>
<tr>
<td>Focus Groups with Children and Key Stakeholders</td>
<td>Ethiopia 4/28</td>
<td>Rwanda 6/93</td>
<td>Tanzania 5/35</td>
</tr>
<tr>
<td>Transect Walks</td>
<td>Ethiopia 2/80</td>
<td>Rwanda 0</td>
<td>Tanzania 2/109</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 0</td>
<td>Rwanda 1/31</td>
<td>Tanzania 2/109</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>Ethiopia 4</td>
<td>Rwanda 4</td>
<td>Tanzania 2</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 4 + 8</td>
<td>Rwanda 8</td>
<td>Tanzania 7</td>
</tr>
<tr>
<td>Case Studies with vulnerable children in and out of WV Programs</td>
<td>Ethiopia 2</td>
<td>Rwanda 3</td>
<td>Tanzania 2</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 3 + 7</td>
<td>Rwanda 4</td>
<td>Tanzania 4</td>
</tr>
<tr>
<td>Validation/Exit Interviews</td>
<td>Ethiopia 1</td>
<td>Rwanda 2</td>
<td>Tanzania 2</td>
</tr>
<tr>
<td>TOTAL Qualitative /Country</td>
<td>Ethiopia 18/150</td>
<td>Rwanda 18/150</td>
<td>Tanzania 18/200</td>
</tr>
<tr>
<td></td>
<td>Ethiopia 18/150</td>
<td>Rwanda 18/150</td>
<td>Tanzania 18/200</td>
</tr>
<tr>
<td></td>
<td>Ethiopia -22 sessions/415 participants</td>
<td>Rwanda -16 sessions/207 participants</td>
<td>Tanzania -14 sessions/381 participants</td>
</tr>
<tr>
<td></td>
<td>Ethiopia -40 sessions/197 participants</td>
<td>Rwanda -23 sessions/202 participants</td>
<td>Tanzania -22 sessions/99 participants</td>
</tr>
<tr>
<td>TOTAL Quantitative/Country</td>
<td>Ethiopia 600</td>
<td>Rwanda 600</td>
<td>Tanzania 1200</td>
</tr>
</tbody>
</table>

Quantitative Data Collection Tools: Baseline and Endline Data on CPA Indicators

ADAPT

CSSP activities were selected based on the initial findings uncovered through the ADAPT process. The ADAPT (Analyze, Design and Planning Tool) process was carried out in each ADP as part of the baseline process and helped with the identification, prioritization and root cause analysis of child protection issues, as well as with the identification and mapping of the systems that are in place to protect children. The tool is divided into two major parts: the first guides the WV team through a national level child...
Empathetic, Evidence based, Engaged Action

protection analysis, and the second guides WV program staff, local partners and other key stakeholders through a local level child protection analysis.

**CPA Indicators**

In each of the countries, ADP level baseline and end line survey data was gathered on child protection either as individual ADP’s or as aggregates.

The World Vision CPA indicators correspond to the five primary outcomes for assessing child protection formal/non-formal mechanisms:

1. Mobilize and raise awareness
2. Strengthen reporting and referral mechanisms
3. Support vulnerable households
4. Strengthen children’s life skills and resilience
5. Addressing other root causes

**Qualitative Data Collection: Ethnographic, Participatory Action Research Methodology**

Due to the need for a highly contextual, participant centred learning approach to operationalize the ToC, ethnographic and participatory action research (PAR) methods were chosen to guide this process. Ethnographic methods such as participant observation and narrative analysis were used to take a “contextualist” approach emphasizing the role of local community and cultural influences affecting non-formal/formal systems, in contrast to a “universalist” orientation to protection that applies international norms and standards to laws, policies and community programs, with child and community engagement frequently coming last and in some instances not at all (Wessells, 2009; Myers & Bourdillon, 2012). PAR acknowledges the importance of children as social actors, and supports the centrality of children’s agency in CP systems strengthening in keeping with Article 12 of the CRC (Cook and duToit, 2005; O’Kane, 2008; IICRD, 2012). Finally, PAR applies a social constructionist epistemology that recognizes the importance of children’s lived experiences and of young people’s social positioning as a determinant of knowledge.

Ethnographic tools such as participant observation, narrative, and group sessions with children and adults were conducted using: observational coding, individual interviews and workshop format. The latter approach used experiential activities that are fun and engaging, generate qualitative data and encourage participants to reflect more deeply on protection issues.

Throughout the research process an ecological framework was used to better understand the complex interrelation between children’s development and childhood risk and protection factors. The following framework represents the various systems in children’s lives upon which risk and protection factors can be mapped and re-assessed throughout the ToC.
Data collection was verified and enriched using a layered, triangulated approach to activities, in which themes resurface and were approached from different perspectives in different sessions. Single person interviews were conducted to compile case studies on specific issues of vulnerability and resilience and to explore MVC from different “ecological” adult and child perspectives (e.g. child, caregiver, committee member, community leader, government service provider, World Vision staff etc.).

**Qualitative Research Tools**

A variety of ethnographic and PAR research tools were used to build on the analysis of ADAPT and baseline and final quantitative evaluation survey data. Specifically these tools were applied in each of the countries to enable learning about the distinctive situation and needs of girls as well as boys and to gather information on the formal/non-formal systems strengthening and the impact of WV’s child protection programs and ADP interventions on the most vulnerable children and families. These tools included:

1. **The River of Life: Most Significant Change activity** (conducted with CPC members and children, N = 15-30 participants per activity)
2. **Focus Groups with Child Protection Committee members** (adult participant, N = 15-30 participants per activity)
3. **Community Key Informant Interviews (KII)** with select adults involved in formal and non-formal mechanisms (e.g. community and faith leaders, government social welfare officers) (N = 3-4 local experts on child protection per activity)
4. **World Vision Key Informant Interviews (KII)** with WV staff at the community, ADP and national level (N = 4-8 WV staff at each level)

5. **Case Studies with Most Vulnerable Children and Family Members** involved and not involved in World Vision programming (N = 3-4 per activity)

6. **Community Validation: Summary Circles of Risk and Protection Factors** (conducted with CPC members and children, N = 20-30 participants per activity)

**Community Validation: Summary Circles of Risk and Protective Factors**

This tool synthesizes and integrates a wide array of protection information using IICRD’s Data Summary Circle technique that supports summarization of various data sets in a way that is appropriate for verification and further analysis amongst key professionals and community members, including children.

**Goal:** To work with WV CP staff to summarize multiple sources of quantitative and qualitative baseline data and bring this data back to adults and children in the community for verification and further reflection and analysis

**Process:** The summary circles take approximately 1.5 hours and apply a child rights ecology to identify the strengths and protective factors within various formal and non-formal support systems for children.

The circles are a way of summarizing and quickly reflecting back to community data on key protection challenges and strengths. Two diagrams are used, one to summarize risk factors and the other for protection factors and other community strengths. They are also a foundation for effective community action. For example, the protective factors identify important strengths at different levels to build upon, and addressing both risks and PFs helps to prevent harms to children

Data for the risk and protection summary circles was compiled in two stages:

A. Interviewing WV CP Staff, summarizing the following baseline information:
   - Initial baseline data gathered via household surveys
   - Qualitative data collected with children and adults using focus groups, social mapping, transect walks and spidergram activities

B. Compiling this data in a child and adult friendly format to bring back to community and then verifying and validating this data with members of the Child Protection Committees (CPC’s) and local children’s groups.
Facilitation involves 5 key steps:

1) Summarizing the charts
2) Comparing risk with protective factors and validating this with previous data gathering activities
3) Discussing the relationship between the risk and protective factors
4) Comparing and discussing the responses of children, families, leaders and any other groups involved in the research.
5) Including/eliciting the views of different participants, enabling dialogue, and discussing interactions across levels of the human ecology
6) Suggesting alternate and additional information

Outputs: Two circle diagrams with verified summary data of risk and protective factors from different stakeholders perspectives.

**River of Life and Most Significant Change (MSC) Action Research Activity**

River of Life combined with Most Significant Change (MSC) process involves the collection of significant change (SC) narrative “stories” emanating from the field level across a specific programmatic timeline. The process involves the systematic selection of the most significant of these stories by separate groups of adults and children.

![River of Life Activity Information](image)

An Example of an Electronic River of Life: Most Significant Change with Disaggregated Data for Children and Adults
Eight steps are followed:

1) Defining the reporting period for a program or specific intervention
2) Using the “River of Life” art work as a means of representing these key activities
3) Starting and raising interest in quality components of programming activities involving children, key adults and other community stakeholders
4) Defining the domains of change focusing on behaviour, attitude, and cultural norms and values (B, A, CNV) change
5) Collecting significant change examples (B, A, CNV) and associated stories
6) Selecting the most significant of the stories
7) Discuss why the story was most significant, key drivers of change, unexpected change, role of children and other community members in change process, lessons learned about vulnerability and resilience
8) Feeding back the results of the selection process (young people can do this as a role play, followed by reflective discussion to deepen learning and planning for next research steps)

**Goal:** To explore the most significant changes strengthening or hindering child protection occurring over the lifespan of specific child protection interventions

**Process:** This session takes 2-3 hours. Groups are based on neighborhoods or other useful demographic differences to deepen comparative learning.

**Outputs:** Detailed “map” of river with qualitative notes on session. Specific stories capturing behaviour, attitude, and cultural norms and values (B, A, CNV) change as well as a hierarchy of stories, with one ultimate story capturing the most significant change.

**Focus Groups for Learning About the Strengths and Challenges of Child Protection Committees**

Focus groups provided a flexible tool that outlines a process for engaging with members of CPCs and learning about the work of the CPCs. Although the process outlines some of the kinds of questions that one might ask, it was not presented as a questionnaire to be administered in a fixed manner. The questions were useful as probes that could be asked on a contextual basis, and they illustrate the kinds of things central to understanding what is working or not working with the CP Committees, realizing that the best discussion is one that follows the respondents. Questions focused on:

1) How CPC’s are comprised and structured
2) Examples of typical activities,
3) Process for reporting, referral, rehabilitation for different harms to children
4) Ways in which community members and government representatives partner
5) Role of World Vision technical assistance
6) Successes and challenges
7) Degree of local ownership and engagement with local leadership
8) Gender disparities and power dynamics
9) Meaningful child participation and participation of most vulnerable children and their families

**Goal:** To learn in a respectful, nonjudgmental manner about the strengths and challenges of CPCs.

**Process:** Group discussions take 45-60 minutes duration, preferably with people seated in a circle. It is critical that the facilitator’s works to enable inclusivity, exploration of diverse harms and what happens, and that there is designated note taker to take verbatim notes, quotes etc.

**Output:** A clear in depth understanding of the strengths and challenges facing the CPC.
Key Informant Interviews (KII) With Adults and Case Studies with Most Vulnerable Children and Family Members

**KII Goals:** To gather more detailed narrative information from select adults with particular expertise on either the formal, government child protection system (e.g. social welfare officers, police), or the non-formal stakeholders (e.g. faith leaders, women’s group members, community leaders).

**Case Study (CS) Goals:** To gather more in-depth information with children identified as most vulnerable by WV staff and local community members from boys and girls involved in WV programming such as children’s clubs, child parliaments, sports and drama clubs, as well as children who were not participating in a program.

**Process:** The CS method enables one to explore in depth particular cases and the what, what when, where, why, and what happened next.

KIIIs often explored issues as well as cases and enabled well positioned child protection workers to identify the possible causes of particular harms, the impact on diverse children, what the family, community, or government does to prevent or mitigate the harm, and how policies or practices need to change.

Both the KII and Case Study interview sessions typically lasted 1-2 hours and involved probing questions that explored a range of issues in regards to:

1) Sources of risk and protection  
2) Benefits of involvement in a WV program  
3) Barriers to participation in the program  
4) Opportunities for self protection  
5) Key adult and child allies in protection  
6) Decision making process for self protection

**Outputs:** A deeper analysis and understanding of the situation of key adults and MVC
Results from the CSSP and Theory of Change Process for Rwanda, Tanzania and Ethiopia

Rwanda

Summary of Data: Ubumwe, Mubuga and Byiringiro ADP’s

ADAPT. In Rwanda, ADAPT was planned for one month and took two, due to the use of an in depth triangulation process of surveys and focus groups discussions with adults and children. Rwanda was unique in that children with a disability were included as part of the ADAPT process.

Baseline. A baseline sample was drawn by mixed cluster sampling approach and systematic random sampling approach with two steps. First, a random sample of 20 clusters (or villages) was selected from KAs of each of the three ADPs and then a total of 600 households (200 households from each ADP) were selected using systematic random sampling. Primary data was also collected from children and youth aged 10-18. The table below shows the results of the Rwanda baseline for the 3 ADP’s.

Additional data was gathered in focus groups with adults and children. This information resulted in useful contextual information on the risks to children not attending school (e.g. child labor in the coffee plantations). This is interesting as a relatively large percentage of children (37%) felt harmful labor practices were a risk to children, whereas in the survey 99% of adults reported that children were free from harmful traditional practices. Additionally, the Rwanda ADP FGD gathered helpful information on adults’ perceptions of children’s participation in development activities, in both planning and design where 28% of adult respondents felt children had participated and in the implementation of activities where 47% of respondents reported that children participated. Unfortunately, children were not included in this FGD discussion and their perceptions could not be compared with the adult community counterparts.

Final Evaluation.

The table below shows the baseline and endline quantitative results for Rwanda’s 3 ADP’s participating in the CSSP initiative.
<table>
<thead>
<tr>
<th>Log Frame</th>
<th>CPA Core Components</th>
<th>Indicators</th>
<th>Baseline Value</th>
<th>Endline Value</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1</strong></td>
<td>Awareness Raising and Mobilization</td>
<td>% of parents or caregivers with children aged 0-18 years who feel that their children are safe from danger or violence in the community</td>
<td>92%</td>
<td>94.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who know existing major national child protection policy, law and guidelines document Family Code</td>
<td>62.5%</td>
<td>76.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who hear about National Family Code and able to cite at least three component of the law</td>
<td>37%/600h</td>
<td>463/603h</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% agree FBO have been positive influence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2</strong></td>
<td>Reporting and Referral Mechanisms</td>
<td>% of parents or caregivers who know reporting mechanisms of child abuse incidences</td>
<td>96%</td>
<td>90.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% would report</td>
<td>96%</td>
<td>97.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% would report to CPC</td>
<td>96%</td>
<td>90.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of caretakers who know minimum age for employment at 14 and the minimum age for hazardous work at 18.</td>
<td>56.7%</td>
<td>74%</td>
<td>MVC accessed support and services in non-discriminatory manner from the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% reported timely response from service providers</td>
<td>17.8%</td>
<td>65.6%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 3</strong></td>
<td>Supporting Vulnerable Households</td>
<td>% of children aged 0-59 months with a birth certificate, reported by caregiver and verified by observation</td>
<td>40%</td>
<td>83.1%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 4</strong></td>
<td>Children’s Life Skills and Resiliency</td>
<td>Proportion of households where children’s ideas are listened to and acted on where appropriate</td>
<td>72.2%</td>
<td>68.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of youth aged 12-18 who report that they know the legal minimum age of marriage.</td>
<td>47%</td>
<td>40.3%</td>
<td>38% of problem identification and planning, 53% in implementation, and 7.8% in monitoring &amp; evaluation, and 1.2% in reflection meeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Youth age 12-18 years who know to where to report child protection issues</td>
<td>41%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of children participating in community development program</td>
<td>47%</td>
<td>40.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Participating in clubs</td>
<td>41%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% MVC in decision making</td>
<td>41%</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of children empowered with formal life skills training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 5</strong></td>
<td>Address Root Causes of Protection Issues</td>
<td>% Care givers report that harmful traditional or customary practices exist in the community</td>
<td>8%</td>
<td>42.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Child Labour</td>
<td>8%</td>
<td>42.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Early Marriage</td>
<td></td>
<td>54.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Care givers report that harmful traditional or customary practices have been reduced</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who report that they know the legal minimum age of marriage.</td>
<td></td>
<td>90% state over 21</td>
<td></td>
</tr>
</tbody>
</table>
### Rwandan Most Significant Change Chart

<table>
<thead>
<tr>
<th>Rwanda (4 ADPS's) ACTIVITIES</th>
<th>Impact/Change</th>
<th>Most Significant Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015</strong></td>
<td></td>
<td><strong>Community Change</strong></td>
</tr>
<tr>
<td>CPC 2011 - 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. C – Change training and CCCD</td>
<td>Able to listen to someone who is abused</td>
<td></td>
</tr>
<tr>
<td>2. Training to establish Child Protection group</td>
<td>Able to lead a meeting</td>
<td></td>
</tr>
<tr>
<td>3. Celebrating families and stage 2 C Change training</td>
<td>Mother and Child reunified</td>
<td></td>
</tr>
<tr>
<td>4. Identifying Families with Conflict</td>
<td>Protection Committee Established and working with WV and local Gov't and community to support MVC</td>
<td></td>
</tr>
<tr>
<td>5. Identifying and supporting Single Mothers</td>
<td>Conflict resolved in families by analyzing causes and supporting them to resolve</td>
<td></td>
</tr>
<tr>
<td>6. Reporting and Referral training</td>
<td>Single mothers identified and supported to reengage fathers to register children – more children being registered</td>
<td></td>
</tr>
<tr>
<td>7. Home Visitor Training - Use of Family Contracts</td>
<td>Trafficking of children for domestic work STOPPED and persons responsible jailed</td>
<td></td>
</tr>
<tr>
<td>8. PAR TOC Research</td>
<td>Less malnutrition and mothers following up on vaccines for infants</td>
<td></td>
</tr>
<tr>
<td>9. Nutrition and Vaccination Awareness – 1000 day campaign</td>
<td>Fewer young girls getting pregnant</td>
<td></td>
</tr>
<tr>
<td>10. Child Rights Training</td>
<td>Parents using words instead of sticks to discipline</td>
<td></td>
</tr>
<tr>
<td>11. Peace Road Training</td>
<td>Children now named after positive quality – i.e. Peace or blessing rather than “Why do you hit me”</td>
<td></td>
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<tr>
<td><strong>KEY TO SUCCESS</strong></td>
<td></td>
<td><strong>Identifying Single Mothers</strong></td>
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<tr>
<td>Working in Partnership</td>
<td>Families are now not stopping children from going to school, are taking to health center, are not hiding children with disabilities and are not hurting children and wives as much</td>
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<tr>
<td>Training and Advocacy</td>
<td>More communication with children and more positive environment – taking the time</td>
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<tr>
<th>Children's Clubs 2011-2014</th>
<th>2011-2014</th>
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<tbody>
<tr>
<td>1. World Vision Staff visit homes</td>
<td>MVF have new homes with iron sheets</td>
<td><strong>Community Change</strong></td>
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<tr>
<td>2. Provisions of school fees books and uniforms</td>
<td>Children going to school that could not before</td>
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<tr>
<td>3. Health insurance for vulnerable families</td>
<td>Children better able to protect themselves from violence</td>
<td></td>
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<td>4. Nutrition training</td>
<td>Kitchen gardens established</td>
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<td>5. Bore holes</td>
<td>Water closer to community – better sanitation and more time for other things, also less violence</td>
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<td>6. Water tanks</td>
<td>Children advocate for other children to protect their rights – bring to WV and local leader (reporting and referral)</td>
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<tr>
<td>7. Iron Sheets for homes</td>
<td>Children brought out of isolation</td>
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<tr>
<td>8. Soccer balls distributed to isolated children</td>
<td>Child abuse cases reported</td>
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<td>9. International Day of the Child celebrations</td>
<td>Children supported to go to the hospital and school</td>
<td></td>
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<tr>
<td>10. Live stock rabbits – cows – goats for MVF</td>
<td>MVF have food for family</td>
<td></td>
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<tr>
<td><strong>2015</strong></td>
<td></td>
<td><strong>Children’s role as community change agents</strong></td>
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<tr>
<td>PEACE ROAD</td>
<td></td>
<td><strong>The critical links between food security and child protection</strong></td>
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<td></td>
<td><strong>The way in which child protection, education and poverty alleviation interconnect</strong></td>
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**Empathetic, Evidence based, Engaged Action**
CPA Outcomes
Results for the five CPA outcomes are presented below:

**Mobilizing and Raising Awareness**
There was one key qualitative indicator of community awareness.
- Percentage of parents who perceived that children 0 - 18 are safe from danger or violence in the community increased between baseline to endline Percentage of perception increased between baseline to endline, 92-94% of respondents across the 3 ADP’s.

It is impossible to tell if this small increase is statistically significant, though both figures indicate a high level of perceived safety for children. The information gathered from the various qualitative research activities shows that significant progress is being made in addressing various child protection risk factors. Qualitative results indicated that respondents did feel that there were clear threats to children’s safety in communities at the outset of the project and that child protection interventions had made a difference.

**Child abandonment, single mothers and reduction in community conflict**
Significant awareness was raised in the Rwanda CSSP ADP’s. This was especially in regards to child abandonment, the needs of single mothers, and domestic violence and community conflict. Very positive relations have been developed between the community and government protection duty bearers and a number of “natural child advocates” (community nurse, faith leaders, women’s group leader) have been active in leading community protection awareness raising on violence against children, intervening in domestic violence, and creating family protection “contracts”.

A key aspect of awareness raising emerging from the qualitative data in Rwanda was the fundamental recognition of some groups of vulnerable children as human beings. This became a powerful entry point to fostering greater understanding of root causes of child protection risk as well as the local and government protective mechanisms that can mitigate these risks.

**Recognizing Children’s Personhood: Bringing Awareness of Especially Vulnerable Children to the Centre of Community - Government Collaboration**
One of the greatest challenges in strengthening child protection systems is to bring the complexity of children’s lived experience to the centre of local decision-making. This is especially true for most vulnerable children (MVC) and their families, whose reality is often complex, hidden, socially stigmatized or not considered a priority due to discrimination. In some instances vulnerable children, and often their families by association, are considered to belong to a different social category and may be ostracized or in extreme cases, not event be considered “human”.

Children with a disability often experience some of the most extreme forms of social isolation. The following quote from a Rwandan parent reveals how this stigma was experienced and later overcome in Ubumwe ADP.

“As a parent, I have a child living with a disability. Before the CPC was formed, disabled children were the most vulnerable person in a family, they were not recognized as a person, they were isolated and often hidden in shame, now they are included. An example, before such a child might be seen as an animal, no better than a goat, to do with as one liked, to sell in the market. Now such a child is valued and included in discussions, they are encouraged to go to school. We now even open
savings accounts for children with a disability so they can be protected when they are older and we are not here.” (Key Informant Interview Parent of a child with a disability, Ubume ADP, Rwanda)

This aspect of strengthening children’s personhood is expressed in the following quote from one of the CSSP Rwandan ADP’s describing the situation of street children, who following the support from the Community Protection Committee, were recognized as vulnerable persons and treated with dignity.

“Street children especially suffer here. Most are boys, although girls are involved in housework. The government didn’t see them as a person, saw them as vagabonds, but the CPC said that it’s an issue of the parents not performing their appropriate role. Most of these children were reunited with their families and were not seen as vagabonds. The community partners work with the CPC to monitor the reunited children, and they are not stigmatized. The CPC asked churches to do special counseling and support for these children, and they have done that.” (Key Informant Interview, CPC Member, Giringa ADP, Rwanda)

Recognizing children’s personhood and dignity also plays a role in the importance of names given to children. As this Health Care Worker in Rwanda expressed.

“Before children were not loved, some were given hurtful names such as “Banyangantush” – “I live with them, but I know they’re not good to me”, children felt their parents hated them. Now children are given loving names such as “Blessings” or “Peace”. “ (Key Informant Interview, Health Care Worker, Ubume, Rwanda)

This was also highlighted by the ADP manager.

“Even us at WV have changed, we have learned how to listen and co create solutions”. (Key Informant Interview ADP Manager, Ubume, Rwanda)

Understanding Risk and Protective Factors
A critical aspect of awareness raising that assists in responsive mobilization is understanding local stakeholders perceptions of risk and protective factors.

Summary of Risk Factors – Poverty, unemployment, insufficient government infrastructure (including schools) and abandonment
In general, adults, children and MVC agreed that high levels of unemployment and insufficient public infrastructure were some of the most significant root causes of protection risk factors. Children tended to focus mostly on poor quality education, low levels of community security and conflicts within the family as primary challenges threatening protection, while MVC tended to emphasize the theme of abandonment across the lifespan including unwanted pregnancies, absent fathers, and children not recognized by their families. MVC frequently linked these primary issues to a greater likelihood of secondary risks such as involvement in harmful child labour and youth involvement in crime and community conflict. Since the sample for the MVC was quite small (4-5 children in the qualitative baseline activities) this information requires validation with a broader sample of MVC.

Community Validation Process Rwanda
Summary Protective Factors – Key role of CPC, children’s clubs, community Elders and Faith leaders

Practitioners, adults, and children participating in WV programs, all mentioned a variety of formal and non-formal mechanisms that seemed to be working well in Ubumwe. These included government interaction with the CPC, as well as school-based children’s clubs relation with the CPC, and vulnerable families being supported by local health care centres. In particular, children mentioned that, “ideas we share in the children’s forums, are brought by our representatives to Elders in the community for advice, and to adults working on the CPC.”

An important finding was that adults also mentioned the key role that faith leaders play in the community. In particular, they mobilized families to support their children, reducing conflict and addressing harmful social norms and beliefs associated with witchcraft - “Churches fight evil spirits so children are protected from evil”. MVC mentioned very few protective mechanisms but did echo the role of the faith. As one child stated, “He who truly knows the word of God cannot abuse children”.

Community Validation. During the community validation session, adult CPC members reinforced the correlation between increased child survival, a rapidly growing population, lack of infrastructure, weak public services, reduced food security and the resulting increase in abandoned and neglected children in the community.

Challenges: Drivers of Risk - Population Growth, Food Security, and Neglected Children

During the community validation session, adult CPC members reinforced the correlation between drivers of risk. These included: increased child survival, a rapidly growing population, lack of infrastructure, weak public services, reduced food security and the resulting increase in abandoned and neglected children in the community.

More attention is required to focus on raising awareness on some of the most vulnerable children such as very poor or abandoned girls and boys forced to relocate and work in domestic labour. Also children fleeing to urban centres, were identified as being especially vulnerable as they were isolated and disconnected from community non-formal care providers. This focus should be integrated into ongoing WV ADP efforts to support most vulnerable children and families, and also be incorporated into ongoing capacity building with government duty bearers.

Strengthening Reporting and Referral

A variety of quantitative indicators were used to assess the CSSP impact on strengthening the reporting and referral systems, in particular building the capacity of the Child Protection Committees and other local actors in helping prevent violence, abuse and exploitation.

- Across the 3 ADP’s there was an increase from 62% - 76% of parents or caregivers who know of existing national child protection policy, laws and guidelines.
- The percentage of parents that would report a case of child abuse to the CPC stayed mostly the same, 96% - 97%
- While no baseline data existed, 58% percent of households reported that child protection actors work in a coordinated manner

These findings present a mixed picture of increased levels of awareness of laws, high but unchanged levels of willingness to report, but relatively low levels of faith in the ability of child protection works to work together.

Facilitating a Unique Government – Community Partnership From Reporting and Referral to Advocacy

The Rwandan context is unique due to the genocide and the high levels of perceived legitimacy and trust of the government. The respect for the government, combined with its reach into the grassroots level (even within the family), makes for a high level of formal - non-formal collaboration. The CPC was
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comprised of diverse government and community stakeholders, including: the Deputy Chief of Social Affairs, Secretary from the Health Sector, Women’s Council member, Youth Council member, 2 children nominated by their village headman, a Church leader, and a parent. Overall, there was strong community engagement in this process with key actors such as children, faith leaders and others playing a key role in protecting children.

The CPC members also described the use and effectiveness of referral mechanisms in regard to criminal or serious child protection cases.

“The sector has the duty to work with and coordinate all child protection work in the sector. Some problems are solved at the cell level, but we refer other problems to the district. If a child is raped, we refer to the district level. We refer the girl to the hospital and the police since we cannot solve the problem at our level. We deal with family conflict but at a lower level. Usually the village CPC intervenes. If it cannot solve the problem, it refers the case to the cell level. If the cell level CPC cannot solve the problem, the case is referred to the sector level and the police. The government promotes the handling of cases at lower level, with referrals made when needed.” (Key Informant Interview with CPC member, Ubumwe ADP)

An example of this collaboration, emerging during the CSSP project, was WV’s role in helping governments and communities use 6 steps in implementing child protection interventions.

“The government supported CPC conducted separate village meetings and gave time to themselves. After concerns were expressed, they didn’t give solutions but worked through the 6 steps suggested by WV. The concerns were sex abuse, school drop out and family conflict. Then they taught how to take the 6 steps in addressing these problems. The government had granted communities time in the form of participatory days for talking. WV added the ‘how,’ enabled them to address child protection issues. On Thursday nights, there were meetings with parents that brought up child protection. Also, community councils meet once per month. Today the community goes through the 6 steps and identifies concerns, deep identification, identifying action, planning, reflection, etc. As an example, families in conflict were identified as a concern, and the process helped them to unite and find a solution so they didn’t have to go to courts. The sector leader didn’t have full capacity, so we decided to ‘knock on the door’ to gain support. Local people realized they have resources to use in addressing child protection issues. They also ‘dug for the pipes.’ A pipeline was needed to collect water, and the pipeline needed appropriation. The people decided to grant it freely in order to get water, and WV engaged the ADP to provide materials. Now the community people can fetch water more easily.” (Key Informant Interview, Government Social Affairs representative on local CPC, Ubumwe ADP)

During the lifetime of the CSSP program, this collaboration was also extended to include specialized NGO’s, to help broaden the advocacy for MVC’s such as Handicap International being invited to support children with a disability.

“Most MVCs are now linked with the CPCs who do advocacy. For example, we link children with disabilities with Handicap International, or take them to a hospital when they need care. Also, CPC members may belong to the PTA and talk with Head Masters about child protection and the importance of children going to school. We also requested wheel chairs for children with disabilities.” (Focus Group Discussion, CPC Members from the Three Rwandan ADP’s)

While the collaboration helped fulfill the Government of Rwanda’s obligations as duty bearer to children, the community was clear that it was they, not the government or WV who actually owned the responsibility for child protection.

“This committee belongs to the community! WV gave us technical expertise and WV helped us to solve problems. Our role is not to shout but to solve problems. We refer problems that are beyond our competency, but we mostly solve lower level problems ourselves. After WV phases
out, we shall continue doing this work on a volunteer basis.” (Focus Group Discussion, CPC Members from the Three Rwandan ADP’s)

These narratives indicated the effectiveness of the training and capacity building that World Vision provided. This is unusual, since a 2009 global review of community based child protection mechanisms had indicated that the lack of adequate training and preparation was usually the most important gap identified by CPC members in different countries. The World Vision CP trainings seem to have worked well, and participants appreciated the iterative nature of the training.

Managing Complex Cases Across the Lifespan, Applying Dispute Resolution
There has clearly been success in referring serious cases of rape and child exploitation to the appropriate authorities. Also, the CPC has examined cases of children working in coffee plantations and assisted children and plantations managers to limit this practice. The Rwandan ADP’s stand out amongst the three countries implementing the CSSP project for taking a lifespan approach and identifying vulnerable pregnant mothers, infants and young children, all the way through to young adults as equally important child protection cases.

Dispute resolution tools learned through the Celebrating Families curriculum were effectively used in a variety of family conflicts, including child and spousal abuse. They were also applied in a number of complex cases, sometimes with mixed results as the following case study shows.

“Through our local advocacy process we meet many vulnerable children. For example we were given an infant abandoned by a teenage mother of 13 who had been sexually abused by her father. The Child Protection Committee members met with the girl and her neighbours. They brought the girl to the clinic for testing. They took the case to the leadership and decided to remove the infant for its safety and her baby was adopted by distant relatives. The father tested for HIV and was positive; the daughter was also tested and was negative. We can’t remove the daughter as there is nowhere for her to go. The girl is traumatized and has since slept with different men. We can’t stop this, but we have supported her to go to school and we hope this will help.” (Focus Group Discussion, Child Protection Committee, Ubumwe ADP)

Challenges: Victim Reintegration and Rehabilitation
As the previous interview shows, one area for further strengthening in reporting and referral is navigating the challenging aspect of parents or respected community members being investigated for child protection abuses and better supporting victims in reintegration and rehabilitation. This was highlighted during a Key Informant Interview with the women’s group in which a rape case was discussed involving a schoolteacher who had raped his niece. While the child resulting from the rape was eventually supported by the teacher, the niece was “convinced” to drop out of school and marry the rapist as his second wife, resulting in serious concerns about her future protection and well being. This is a gap that WV could explore in the context of broader advocacy, for example in relation to Citizen Voice and Action programs, in order to bring together community and government to find solutions to these systemic problems.

WV Child Protection Systems Oriented Advocacy Rooted in a Model of Deep Listening to Community
Interviews with WV ADP Leadership in Rwanda, revealed the development of a new form of systems thinking related to advocating for child protection systems strengthening. This is rooted in listening deeply to most vulnerable children and their families and then strategically leveraging these needs and innovative ideas from community in the appropriate inter-sectoral decision making forum with local and district government.

“We must be as flexible as possible to learn from community and pick up and promote good ideas. We consult with community about child protection, for example girls dropping out of school due to poverty was an issue in one of our ADP’s. We worked to address this in the school. We also brought together other basic needs such as food security for these children and their families; the community came up with their own creative solutions on how to care for MVC. Next we used our CEDD
(Community Education and Development, an advocacy initiative referred to as Citizen Voice and Action in other WV contexts), and approached the District level Join Action Development Forum (JADF), this was important as all the key Rwandan Government ministries are represented here such as Education, Health, and Social Affairs. The JADF has a mandate to be a responsive mechanism to Rwandan civil society. We have brought these MVC systemic issues to the JADF and successfully lobbied for relief such as food subsidies, improvements in educational quality and a focus on greater support for vulnerable girls in schools”. (Key Informant Interview, WV Area Manager, Ubumbwe ADP)

Supporting Vulnerable Households
The quantitative indicator reflecting support for vulnerable households is the number of children 0-59 months with a birth certificate.
- Across the 3 ADP’s the number of children registered rose from 40% - 83%

Overcoming the Legacy of the Genocide: Community Innovation via School Gardens and Support for Single Mothers
Support for vulnerable households has been one of the primary areas of impact assessed during the CSSP qualitative research with home visitation and support for vulnerable families making a significant difference in the lives of single mothers and families living in extreme poverty and families experiencing domestic conflict. Faith leaders, women’s groups and school children’s clubs, have all been active agents of change in leveraging non-formal social and cultural capital in reducing the social isolation of single mothers and abandoned children and resolving local disputes within families and between community members.

Though the research didn’t particularly focus on the legacy of the Rwandan genocide on child protection, case studies with mothers and interviews with CPC members indicates some WV interventions such Community Change and Home Visiting as well as ADP poverty alleviation and food security programs have likely contributed to ameliorating intergenerational violence originating from the genocide and now resurfacing in situations of community and domestic violence.

One of the significant innovations in supporting vulnerable children came from the community themselves in the form of school based, community gardens set aside for the most vulnerable families and their children.

“In our community the CPC identified lack of nutrition as a significant cause for children dropping out of school and suffering abuse. The CPC brought this issue to the WV ADP and the nutrition programs were started, in which care providers of MVC were given sweet potatoes to grow and rabbits to breed. Then community members identified that the most vulnerable families had no land and the feeding program was missing them. The community members met with the government education school leaders and negotiated a parcel of land at the school that was given to the most vulnerable families to grow sweet potatoes and other foods for their children, this has helped fill an important gap that we wouldn’t have realized without the community’s input.” (Focus Group Discussion, Child Protection Committee Members, Ubumbwe ADP)

Challenge: Supporting remote families and other districts
One of the challenges to supporting vulnerable children and families identified by both the CPC and community support workers was the availability of transport and funds to cover meals when visiting remote areas. They reported having to travel all day to have a conversation with a family.

Similarly, one teacher and CPC member highlighted the need to expand the programming to other areas as he noted a marked contrast in the well being and protection of children in neighbouring districts. He suggested one solution could be that WV could invite neighbouring districts to join in on trainings.
Strengthening Children’s Life Skills and Resilience

The quantitative indicators for children’s participation in life skills and resilience building are as follows.

- Proportion of households where children’s ideas are listened to and acted on, 72% to 68%
- Percentage of children participating in community development programs, 47% - 40%

This would indicate that fewer children are participating in the WV life skills programs at the end of the project than at the beginning. This contradicts the qualitative findings below and is either inaccurate or reveals a broader trend that was not captured in the targeted qualitative data gathering process.

Instilling Peace in the Family to Support Children’s Participation

WV has directly improved children’s life skills and resilience through interventions such as the Peace Road curriculum. Most Significant Change stories indicated this has enhanced children’s own engagement in child protection interventions, especially by identifying vulnerable children. Impacts were identified through community outreach activities from school based youth clubs and informal children’s interventions in supporting their more vulnerable peers, as indicated by data gathered in the River Of Life: Most Significant Change activity, key informant interviews, and case studies.

Most Significant Changes identified by the children following PeaceRoad implementation included:

- Safer living conditions
- Increased food security
- MVC attending school
- Children advocating successfully for other children

The following quote from a community health worker trained in PeaceRoad and Celebrating Families reveals a compelling outcome that “instills a mindset of peace” beginning with families and extending to the recognition of children’s roles in the family.

“I was a community health worker and did outreach to the community. I thought about nutrition and hygiene. Eventually I saw child protection as an extension of this work. I took the training on ‘Peace Road’ and also the ‘Celebrating Family’ training. The trainings gave me passion for protecting children. I wanted to be a role model and to revisit my way of doing things. I wanted to make peace in the family and deeply instilled the mindset of change for peace. At the time, a child of 13 years (not my own child) worked in my home. I did not treat her in the way I treated my own children, who were sent to school. After the training, I realized I should treat this girl the same as other children, and I changed my way. I also became friends with the family of the girl.”  
(Key Informant Interview with Community Health Worker and CPC Member, Ubumwe ADP)

A powerful example of a child’s personal agency leading to collective advocacy is Raphael’s story.

Raphael: A Case Study of a Children’s Advocate

Raphael, a boy of 15 years, was an advocate for vulnerable children. His dream is to engage local leaders to help sustain support for vulnerable children. His dream is perhaps related to his own lived experience of vulnerability, since his father had been imprisoned for twelve years.

Raphael said that he came to this work because he saw that some of his friends were orphans, children who lacked adequate food or shelter, children who did not go to school, children whose fathers were not known, or children affected by family conflict. When he was 8 years of age, he had compiled on his own initiative a list of fifty children who were vulnerable. He took the list to World Vision (Dennis, the manager at Ubumwe ADP) and asked World Vision to help them. According to Raphael, ‘they were my friends, but I saw they had no one to advocate for them. I wanted them to smile like me.’ World Vision responded by visiting each of the children and providing support in case appropriate ways.

Raphael said that World Vision had helped many vulnerable families. Asked what was the most significant change that had occurred due to the work of World Vision, he said ‘Before World Vision came here, there was no cows and no milk, and many people did not own a home. World Vision facilitated many activities—
they brought cows for the poor and provided access to clean water. Many people had milk to drink and had fewer problems.' He added that possibly the most significant change was the reduction in child malnutrition.

Over time, Rafael worked to form a group of child advocates who were regularly advised by a local elder. The group visits the homes and talks with vulnerable children and presses their case with local leaders. In one case, a child whose father had died and whose mother had remarried was rejected by his stepfather. In fact, the stepfather kicked the child out of the home, which had been built by the child's biological father. Raphael and his group told the cell leader about the child's plight. The cell leader visited the boy's mother and stepfather, encouraging them to take responsibility for caring for the child. As a result, the stepfather invited the child to come back home, where the boy now lives in harmony with his family.

Raphael and his group also provide direct support for vulnerable children and families. In some cases, they ask parents to have a meeting to discuss problems that affect vulnerable children such as having no school uniform or being unable to buy scholastic materials. Following the elder's advice that 'World Vision will not be here forever,' Raphael and his team worked to provide sustainable, community driven economic support to vulnerable children and families. In particular, they raised rabbits, the offspring of which they gave to vulnerable children and families, who in turn raised and sold the rabbits as a means of earning income. Because malnutrition is a significant problem, they also encourage vulnerable families to create and cultivate 'kitchen gardens' in which they use a small, family plot of land to grow the vegetables that are essential for achieving a balanced diet.

Four broad lessons come from the remarkable work of Rafael and his team. First, children are not simply beneficiaries who benefit from the child protection work of adults. Children are active agents and leaders who themselves contribute actively to children's protection and well-being. Second, child advocates need support, advice, and encouragement. World Vision's receptiveness to look into the situation of the vulnerable children who had been on Raphael's initial list validated his efforts and likely encouraged him to continue his advocacy for children. Third, his case attests to the importance of linking child protection with broader supports through the ADP. Indeed, children's protection can only be achieved when people from different sectors work together to support vulnerable children. Most important, child protection should not be a 'NGO project' but a community priority in which local children, families and communities take a leadership role. In this sense, World Vision's support for such locally driven action is a strong investment in the children and families of Rwanda.

Addressing Root Causes of Protection Issues
Root causes are addressed in the following quantitative indicators.

- Percentage of care givers report that the harmful traditional practice of early marriage has been reduced, 8% - 42%
- Percentage of care givers who know the legal age of marriage, (no data baseline) – 90%

These figures indicate progress has been made in reducing early marriage. While the incidence of early marriage doesn't seem to be as high in the Rwandan ADP's, in comparison with those in Tanzania and Ethiopia this is nevertheless an impressive gain.

Using WV tools to assist families reduce domestic violence was also mentioned as one of the CPC's primary strategies in Rwanda.

“I regularly visit families and advise parents to keep their children in school. On one home visit, I saw the family was in conflict and the child was not having peace. The local leader had visited the family and had tried to support peace. But he did not look at the root cause of the conflict. Using the carrot tool [this was a tool that had been used in a World Vision training], I wanted to bring out the root problem. The leader had assumed that the problem was that the man had been drunk and beat his wife. But the real issue was infidelity—the man had slept with the wife's younger sister. The husband told me openly. After talking with me, he asked forgiveness from his
wife and pledged to stop the infidelity.” (Key Informant Interview with WV CPC member, Ubumwe ADP)

Transforming Harmful Social Norms and Reinforcing Helpful Social Norms

Qualitative data from the community Summary Circle and River of Life: Most Significant Change research activities in Ubumwe ADP supported the trend of the quantitative data indicating a positive change in harmful social norms associated with traditional practices such as early marriage and dangerous child labour. Interestingly while adults and children tended to associate poverty and ignorance with harmful traditional practices such as child labour, the most vulnerable children interviewed during the research spoke of the absence of parental love and abandonment as the greatest driver to vulnerable children dropping out of school and engaging in hazardous work. This is captured in the following quote from a young girl in Ubumwe.

“Poverty is a main reason why children, both boys and girls drop out of school. Equally important however is the absence of parental love. If parents love their children, in many cases a solution is found to keep the child in school. the most vulnerable children are those who are very poor and ignored by their mother and father. These are the children needing special care.” (Focus Group Discussion with Children and Youth in Ubumwe ADP)

The relation between poverty, neglect and harmful cultural practices, in this case witchcraft are revealed in the following interview with Clementine, a girl not involved in WV’s children’s programs in Rwanda.

Clementine: A Case Study of the Challenges for a Vulnerable Girl not involved in WV Programs

My name is Clementine and I am 11 years old, I live with my God Mother. My father died. I didn’t know my father. Mother said he has died before I was born. Mother lives a bit far away from here. My God mother lives closer, closer to this school, so I live with her in order not to miss school. My God mother’s husband also died. He died during genocide.

My mom’s house is small. There are two rooms. My bigger sister, she is 18, lives with my mom. I have one more sister she is already big, she has her own family and lives far in another sector. My God Mother’s house is big; it has four rooms. I share a room with her daughter who is 19 years old. Usually she cooks for us. I can also cook and from time to time I help her to cook too. In another room lives My God mother’s son. He is 14 and he is like my brother. My God Mother lives together with her little 2 year old grandchild (boy). Little boy’s mother goes to school in another region, it is like vocational school and she sometimes on weekends comes to check how her little son is doing.

I like school and I like studying, learning English. At school we also are being taught the Christian values, how to pray and socialize. It is very difficult to live without religion and faith. Every Wednesday and Thursday our teacher takes us to the church and we pray there. We meet God at the Church.

Every day I go to my mom’s house and come back to my God Mother’s as there is no electricity in my mom’s house and I cannot do my studies. I go to my mom’s house every day at lunch time. Every day from 11:40 am to 12:30 we have a break at school. During that time I run to my mom’s house to be quick to be back on time. But I am usually coming back by 1 pm. My teachers know about that, I have got the permission to be late. They don’t beat me. They know that I go every day to help my mom to feed the rabbits. I go, collect the grass and feed the rabbits. I also bring water for my mom and do some work to clean the house. My mother doesn’t give me lunch or anything to eat. There is not much at home. I usually eat in the evenings at my God Mother’s house. I don’t eat for breakfast. If I can find something to eat during the day I can eat, but usually I eat once a day. The God Mother’s elder daughter cooks for all of us. I like to live with my God Mother – there is a light in her house. Also it is close to school and I don’t need to go far to get there.

Empathetic, Evidence based, Engaged Action
Once I was running as usual to my mom’s house and fell down. It was very painful, I hurt myself and I started to cry. Immediately the neighbor girls – Arlis and Zaina, who are my friends, called other adults. They helped me to wash my hands and legs. They helped me.

I cried and was very sad when my little brother died. When I feel bad I talk to my friends. Actually he was not my brother but my eldest sister’s son. He was poisoned. When the body of the child was taken to the hospital, there they said that the baby was poisoned. My sister’s husband’s mother poisoned him. She killed her grandchild. Even neighbors were whispering that it is the grandmother who did it. She did it on purpose, because my sister refused to do witchcraft as their family was doing. They are coming from the region – Bugesera (eastern province), where there is lot of witchcraft. This grandmother said that all my sister’s children will be dying if she won’t start doing it. My sister gave births to five children and three already died. It is this grandmother’s fault... But my sister don’t want to do these bad things, don’t want to be part of their culture and kill others, that’s why they kill her children. But she can’t leave that family either. She loves her husband. They have gone through many difficult times. They are supporting each other. During genocide they went to Congo and spent very difficult years there. She just can’t leave her husband...

In this community there are not many people who do witchcraft. Very few, I know one family which practices that and I have seen one man vomiting frogs one day near that house. Our teachers always tell us to be away from all these witchcraft things and stay away from families who do these things. But I still play with children from that one family. Children are good, they don’t do anything bad. Why shouldn’t I play with them? They shouldn’t be blamed. How do I know that people are dying from witchcraft? When people die, they confess, they say what was done to them and who did that. People tell. That’s how I know...

**Faith, Education and Child Rights: Positive Social Norms to Relieve Children’s Suffering**

A number of compelling testimonials were gathered in interviews with Faith Leaders in Rwanda who described the inherent spiritual inclination to relieve the suffering of vulnerable children. These leaders described an innovative social mobilization strategy that starts with an emphasis on building on locally held Christian and Muslim concepts of compassion and empathy for MVC, recognizing children’s dignity, then extending this message to include the importance of social justice and rights.

The following two Faith leaders describe how the WV training on Community Change and Children’s Rights provided new ways of considering and communicating this message.

> “The Community Change training was very helpful. We used to have many children who suffered in their homes and in the community. Children would sometimes share their challenges with us as Pastors but we couldn’t help, we were stuck. Now we can listen to children and bring children and families together to solve problems. If this doesn’t work we know to go to the local leader or the Child Protection Committee.” (Focus Group Interview, Faith Leader, Ubumwe ADP)

> “We now have a process for reaching vulnerable children. We begin with the child protection law and the importance of children’s rights. We then move to finding strengths in the family and community. We now know the importance of developing the child’s full character. It is part of our spiritual leadership to see the child as a unique individual. As a spiritual leader I could never reject children, but before I didn’t know how to speak with children who were unhappy in their home or couldn’t go to school. Now we can go beyond spirituality and also focus on rights. These two things go together.” (Focus Group Interview, Faith Leader, Ubumwe ADP)

A similar message was shared by a local teacher, who also provided examples of “wise” ways children and teachers are working together to convince parents that children’s rights are everyone’s responsibility and part of the emerging child rights culture of Rwanda promoted by the Government.
“I am the head of the local teachers association. I want to say something. I was trained in child rights and protection. At the end I asked myself “where do rights start and end”? I came to understand that rights starts on the first day of conception and continues to the end of life. Through developing their skills and hard work, children come to understand that studying is their right, this is now supported and promoted by the Government of Rwanda. This morning I told my students they should support themselves by getting an education. For some children who are vulnerable they now have skills to encourage their parents to go to the child protection meetings. These parents listen to teachers who promote the importance of children’s rights. Children are now becoming wise in the ways to encourage their parents to understand children’s rights.” (Focus Group Discussion with Teachers, Ubumwe, ADP)

Enhanced Food Security: Linking Nutrition and Access to Education with Child Protection

One of the striking aspects of data gathered with children and adults participating in WV’s Rwandan ADP programs was the influence of ADP poverty alleviation and food security programs such as the Rabbit Raising activities and kitchen gardens. This became a powerful means of addressing root causes of poverty in support of vulnerable families and allowed them to send their children to school through school fee programs.

Food security for starving vulnerable families was suggested by the children’s club as their most significant protection change resulting from the 2 years of WV interventions, and many respondents spoke of the relation between assisting children attending school and decrease in school drop out, boys working in the coffee plantations and girls being forced to migrate for domestic work.

The trust built between WV ADP staff and community members was a significant outcome of the food security interventions, and likely was a key driver in subsequent child protection interventions. The following case study of children’s leadership in supporting most vulnerable children through food security is a powerful example of community/WV innovation.

The Story of the Family of Eight Children Surviving on Two Mice: Protection through Food Security (as narrated by one of the WV child club members, Sarah age 14)

I, and other children in Ubumwe, have been participating in a World Vision supported children’s club at our school now for two years. In the beginning, the Community Change program taught us about children’s rights and also about child protection, in which we learned why some children are more vulnerable than others and what we as children can do to assist them. After this training we began to see things differently in our families and community, we became aware of the suffering of some of our brothers and sisters and we resolved to help these children. Six months after the training, my friend Rose mentioned the case of a young girl, Mary, age 11 who had recently come to live with her family. This was necessary as Mary’s parents could no longer afford to care for her and some of her other brothers and sisters. As a result the children had to find a different place to live, either on the street or in homes where they could work and be cared for. These children had also dropped out of school as they couldn’t pay for their uniforms and school books, and were having to take on hazardous work in harsh manual and domestic labour.

We (myself and some of my friends in our child advocate club) spoke with Mary and she described her families suffering caused by a number of failed crops and later lack of food. One weekend Mary took us to visit her mother and father and the parents explained their decision to send half of their eight children away due to lack of proper nourishment. They described the never ending hunger and the fact that a family with eight children sometimes had to survive on the meat from two mice over two days. This
family knew of World Vision’s work but had not had a chance to come into contact with any of their programs. Through our children’s club activities we knew of the ADP rabbit rearing food security scheme and brought the case of the family to the local ADP manager.

The family was introduced to the feeding scheme in which we personally brought them four rabbits to breed, sell and use for their own food. Four months later the family was able to reclaim all their children, including Mary, and can now afford to pay for their school expenses, with some additional support from the Community Child Protection Committee. We are proud that as children we have helped improve the lives of vulnerable children living in our community and Mary has now joined our children’s advocacy club and is working with us to support other less fortunate children in Ubumwe.

**Challenge: Translating More Materials into Local Languages**

One challenge identified with further changing harmful social norms is the need for more materials in local languages, especially in *Kinyarwanda*. A number of research participants emphasized the need for more materials in the local language, especially those emphasizing helpful *Kinyarwandan* social norms as well as trainings like PeaceRoad, Celebrating Families and Children’s Rights.
Tanzania

Summary of Tanzania Data: Lake Eyasi, Kongwa, Makindube and Mtinko ADP’s

**ADAPT.** In Tanzania, the ADAPT report clearly outlined issues and Gaps and Opportunities with respect to the seven elements of WV’s child protection system. The ADAPT Assessment. Specifically, the seven elements were used to assess the degree of robustness of the existing the child protection system. The Tanzanian ADAPT report also used as an early lens to critically analyze the links between formal and non-formal CP mechanisms, focusing particular attention on the role of traditional practices. Interestingly, the Lake Eyasi ADAPT research included 2 children in their assessment team.

**Baseline.** The methodology outlined a sampling procedure that included 300 households and 100 children (12-18) in each ADP. The Tanzanian ADP baseline was unique in testing of tools such as the FGD, KII, Care Giver survey, and modified child protection outcome assessment (CPOA) partnering with a neutral community. Tanzania’s baseline report contained one of the strongest analyses of the three countries, including discussion on:

- The limitations and hesitation of participants to discuss sensitive topics such as sexual abuse - the report suggest the actual incidence may be higher than reported
- Unpacking why some respondents felt why some traditional practices were helpful while other were harmful and cross referencing this data with children’s views
- Contradictions in parents’ awareness on legal minimum age of marriage and caregivers still doing whatever it takes force children to marry early if promised wealth in exchange
- Comparing parents’ and children’s reports

**Final Evaluation.** The table below shows the baseline and endline quantitative results for Tanzania’s 4 ADP’s participating in the CSSP initiative.
## Tanzanian Indicators for Kongwa, Mtinko, Lake Eyasi and Makindube ADP’s

### Child protection indicator - their baseline and final evaluation (endline) value

<table>
<thead>
<tr>
<th>Log Frame</th>
<th>CPA Core Components</th>
<th>Indicators</th>
<th>Baseline Value</th>
<th>Target Value</th>
<th>Endline Value</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1</strong></td>
<td>Awareness Raising and Mobilization</td>
<td>% of parents or caregivers with children aged 0-18 years who feel that their children are safe from danger or violence in the community</td>
<td>88.8%</td>
<td>94%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who know existing major national child protection policy, law and guidelines</td>
<td>68%</td>
<td>52%</td>
<td></td>
<td>National Family Code, Constitution Article, Community Bylaws</td>
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<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who hear about National Family Code and able to cite at least three component of the law</td>
<td></td>
<td></td>
<td>70.3%</td>
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<tr>
<td></td>
<td></td>
<td>% agree FBO have been positive influence</td>
<td></td>
<td></td>
<td>66%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 2</strong></td>
<td>Reporting and Referral Mechanisms</td>
<td>% of parents or caregivers who know reporting mechanisms of child abuse incidences % would report % would report to CPC</td>
<td>82.5%</td>
<td>95.4%</td>
<td>99%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% of caretakers who know minimum age for employment at 14 and the minimum age for hazardous work at 18.</td>
<td>35%</td>
<td>58.3%</td>
<td>69.8%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% reported that child protection actors working in a coordinated manner % CPC’s Established and functional</td>
<td>35%</td>
<td>58.3%</td>
<td>64%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 3</strong></td>
<td>Supporting Vulnerable Households</td>
<td>% of children aged 0–59 months with a birth certificate, reported by caregiver and verified by observation</td>
<td></td>
<td></td>
<td>88%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 4</strong></td>
<td>Children’s Life Skills and Resiliency</td>
<td>% of children who report living free from violence, exploitation and abuse in the past 12 months</td>
<td>66.3%</td>
<td>59.8%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Proportion of households where children’s ideas are listened to and acted on where appropriate</td>
<td>21.3%</td>
<td>96.8%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% of youth aged 12-18 who report that they know the legal minimum age of marriage.</td>
<td></td>
<td></td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of youth age 12-18 years who know to where to report child protection issues</td>
<td>70%</td>
<td>88.3%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% of children participating in community development program % Participating in clubs % MVC in decision making</td>
<td>57.8%</td>
<td>63.8%</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% of children empowered with formal life skills training</td>
<td>0%</td>
<td>92%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 5</strong></td>
<td>Address Root Causes of Protection Issues</td>
<td>% of care givers report that harmful traditional or customary practices exist in the community % of Child Labour % of Early Marriage % of Human Trafficking</td>
<td>54.4%</td>
<td>60%</td>
<td>53.3%</td>
<td>49.9%</td>
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<tr>
<td></td>
<td></td>
<td>% of care givers report that harmful traditional or customary practices have been reduced % Reduction in Early Marriage</td>
<td>84%</td>
<td>54.6%</td>
<td>38%</td>
<td>Reduced overall, Overall though consistently less for girls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who report that they know the legal minimum age of marriage.</td>
<td>62%</td>
<td>11.3% girls</td>
<td>87.8% boys</td>
<td>82% selected 11-15 for girls</td>
</tr>
</tbody>
</table>

*Empathetic, Evidence based, Engaged Action*
**Tanzanian Most Significant Change Chart**

<table>
<thead>
<tr>
<th>Tanzania (4 ADPS’s) Activities</th>
<th>Impact/Change</th>
<th>Most Significant Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC 2012</td>
<td></td>
<td></td>
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<tr>
<td>1. Introduction of project</td>
<td></td>
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<tr>
<td>2. Formation of committee</td>
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<td></td>
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<tr>
<td>3. Training of selected committees on child rights, child protection and child act</td>
<td></td>
<td></td>
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<tr>
<td>4. African Day of the Child Celebrations used to educate community on child participation and key issues of protection</td>
<td></td>
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<tr>
<td></td>
<td>2012 Assisted child in returning to school due to increased understanding of rights, increased capacity and increased community sensitivity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013 7 child labour cases stopped and children restored</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased engagement of key stakeholders WAJIBIKA – it is all of our responsibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased confidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2014 7 12 of child labour cases stopped and children restored</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased engagement of key stakeholders WAJIBIKA – it is all of our responsibility</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increased confidence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2015 Community now reporting abuse cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children reporting if children not in school</td>
<td></td>
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<tr>
<td></td>
<td>School children now registered and more free – know their rights</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less corporal punishment in schools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better environment at home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better nutrition</td>
<td></td>
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<tr>
<td></td>
<td>More respect for girls</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Girls now participating in CP teams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children performing local skits to create social norm change</td>
<td></td>
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<tr>
<td></td>
<td>Children advocating for the rights of other MVC (e.g. girls kicked out of their families and school after becoming pregnant)</td>
<td></td>
</tr>
</tbody>
</table>

KEY TO SUCCESS
- Several different sectors working together
- Children making partnerships with key adult allies in addressing root causes
- Children educating parents
- Girls empowerment

**Children and youth**

<table>
<thead>
<tr>
<th>CPA Outcomes</th>
<th>Results for the five CPA outcomes are presented below:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mobilizing and Raising Awareness</strong></td>
<td>There was one key qualitative indicator of community awareness.</td>
</tr>
<tr>
<td>Percentage of parents who perceived that of children 0 - 18 who feel that their children are safe from danger or violence in the community increased between baseline to endline, 53% to 84% of respondents across the 3 ADP’s.</td>
<td></td>
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</tbody>
</table>
The information gathered from the various qualitative research activities shows that significant progress is being made in addressing various child protection risk factors.

**Wajibika – We are all Responsible for the Well Being of Our Children**

Initial baseline and ADAPT data in Tanzania showed a strong prevalence of harmful traditional practices. WV’s CSSP programs in Tanzania therefore, placed a strong strategic emphasis on awareness raising on protection threats, while also mobilizing positive social norms supporting child well-being. The concept of Wajibika, a Kiswahili concept denoting a collective responsibility for children, was effectively used as a core awareness raising campaign.

The traditional concept of wajibika was also adapted within the WV CSSP strategy, to reinforce government accountability to children by emphasizing the government child protection law as an extension of wajibika.

> “Parents accept child protection messages, they see this as part of the law of Tanzania as well as part of our culture. Children are vulnerable, they have rights; this is everyone’s responsibility the community and government”. (Key Informant Interview with parent, Mtinko ADP)

**Understanding Risk and Protective Factors**

A critical aspect of awareness raising that assists in responsive mobilization is understanding local stakeholders perceptions of risk and protective factors.

**Local Understanding of Risk Factors – Harmful traditional practices, lack or coordination between government and community, abandoned girls, child labour and lack of connection with MVC**

Lake Eyasi, Kongwa, Makindube and Mtinko ADP’s are Tanzanian villages with high levels of poverty and traditional values and beliefs towards children and child rearing. This is reflected in the prevalence of risks to both boys and girls associated with practices such as FGM, early marriage, girls being abandoned if they become pregnant, and boys and girls dropping our of school to work as domestic laborers or in the local onion fields. Other systemic risks for children include corruption of local officials responsible for child protection and lack of empowerment for women in general and girls in particular. In addition, Lake Eyasi stands out as an ADP where children were traditionally not listened to, and where there was little WV programing contact with MVC as was demonstrated by the lack of targeted MVC data in either the baseline quantitative and qualitative research reports.

**Understanding Protective Factors – Growing community awareness on children’s services and child protection as an area of need and support, schools, religious centres and family, the role of gender in protection**

Children tended to identify family as the most significant place of safety for children, and religious centres (Christian and Muslim) were mentioned as key non-formal places of child protection. As WV’s influence, and the role of other CP agencies grows, the awareness of child protection is increasing and this awareness extends to other sectors such as education that can play an important role in child protection. Also, boys seem to have more protective factors and generally more “space” for social and recreational engagement in community activities - while girls seem to engage in micro-economic activities in greater numbers.
Community Validation: Unintended harms.
The adult members of the CPC engaged in a rich discussion of harmful traditional practices, noting that, with increased awareness and recognition that some of these practices are illegal, the practices are starting to go underground or be carried out when children are younger, for example FGM shifting from teens to infants. It was also noticeable that fewer women participated in CPC discussions specifically in Lake Eyasi and when this was mentioned they asked to meet separately with the female interviewer. This resulted in a very rich discussion on the negative influence of local power dynamics, corresponding lack of empowerment of women and girls, and the importance of “do no harm” in child protection interventions.

Strengthening Reporting and Referral
A variety of quantitative indicators were used to assess the CSSP impact on strengthening the reporting and referral processes.

These include:
- Percentage of parents or caregivers who know existing major national child protection policies, laws and guidelines, 68% - 52%
- Percentage of parents who know reporting mechanisms of child abuse incidences, 63% - 59%
- Child protection actors working in a coordinated way, No Baseline data - 81%.

The quantitative data indicates a drop in knowledge on reporting and referral systems. As with the Rwandan data this may reflect an actual drop or a case of inaccurate data.

Local Knowledge on What’s Working: Key Attributes of Successful Formal/Non-Formal Collaboration
Focus Group Discussions in Lake Eyasi and Mtinko ADP’s reveal key ingredients that have been helpful in successful referral and reporting of CP cases. These include:
- Gender: Having an equal composition of men and women
- Personal qualities: Selecting people with a passion for children’s well being
- Influence: Finding people in positions of influence such as government leaders, community leaders and Faith leaders
- Continuity: Ensuring continuity of staff
- Capacity for CP interventions: Ensuring either select members have key CP capacities (such as managing the complexity of rape cases), or knowing where to go for these skills.

The following case from Mtinko exemplifies, the way these qualities are applied in a complex case of domestic child abuse.

“Last year we had a case of a child abused by his parents. A step-mother poured boiling water on a 12 year old boy. Because the community knew about and trusted the CPC, they reported the case to us. We investigated the case, interviewed the boy and parents, took photographs of his injuries and reported the case to the police. We then went to the school to see how the school leadership could help the child. The child’s wounds were becoming worse so we supervised the child at home while he was healing and also negotiated with the school that he could take time away. We eventually facilitated his return to school and worked with the mother to manage her anger issues (she was jealous of the child’s close bond with his father). However, there was still conflict in the family, so we asked the Pastor from our CPC to intervene and counsel the mother. (Pastor begins speaking) As a Priest I knew of similar cases of domestic violence, and I visited the family regularly, I prayed with the family and gave guidance on bringing peace to the family and using positive discipline, all of this with love. The parents began to change their behavior, knowing that I could nurture them with love but also hold them accountable with my knowledge..."
Fostering a Friendly Environment for Children: Community Trust Building Leading to Reporting and Referral

An interview with a CPC member described the success of starting community based child protection interventions with trust building awareness raising actions before moving to more complex reporting and referral of vulnerable children.

“I started with World Vision when the ADP started. In the early days of the CPC we weren’t sure if we were really valued. As time went on however we could really see and feel this. In the beginning we focus on raising awareness on who is a child and what are the basic issues of child protection. Previously there were big challenges between parents and children. Parents were not friendly to children. We had success in identifying and creating care for vulnerable children. More recently we’ve had success in referring children suffering abuse, some of these are complex cases that never would have been addressed in the past. The CPC members have created a friendlier environment for children, now children are closer to their parents and the quality of home life has improved. WV and the community have become strong partners.” (Key Informant Interview with CPC Member, Lake Eyasi)

This message was reiterated in other interviews in which initial trust building measures are used as an effective entry point to addressing more contentious social concerns such as domestic violence, rape and child labour. These trust building actions first bring widespread benefit to communities, often through broad based ADP poverty alleviation measures, and allow for broader awareness raising on children’s well being and development, before engaging community in harder processes of identifying and tackling attitudes and behavior reflecting the dark side of human nature, that often include exploring unhelpful deeply rooted social norms and practices.

Food and Social Inclusion: Health Workers Using Messages of Rights to Nutrition in Support of Neglected Children

A number of examples of positive collaboration between health care workers and community child protection workers were gathered during research in Tanzania. The example below describes this success, particularly in addressing critical needs of neglected children.

“I am a health care worker. As a person from the Health Department, I have been integrating health in the context of educating mothers on good nutrition as well as general health of children. We have seen improvements in the weakest, most neglected children. Since I started working here, hygiene has improved and there are fewer diseases. We have also successfully used the message of children having rights to good nutrition, this starts with breast feeding at birth and continues with food security for older children. We also use these messages to work with the community to identify the most vulnerable and neglected children and to refer them to the CPC, who work to strengthen their families, get them back in school or find other supports.” (Key Informant Interview with Community Health Worker, Lake Eyasi ADP)

Supporting Vulnerable Households

The quantitative indicators reflecting support for vulnerable households reflect the increased access to services for most vulnerable households to prevent and respond to abuse, neglect and exploitation. There is one corresponding indicator, unfortunately there is no baseline data and only endline data is available.
• The number of children 0-59 months with a birth certificate: Across the 3 ADP’s the number of children registered at endline was 88%

Growing Chickens and Credit: Poultry Farming for Most Vulnerable Families
Many respondents interviewed over the 2 years of research mentioned the relationship between family vulnerability and children’s vulnerability. This is eloquently described in the following quote from a family member in a poor onion farming community in Lake Eyasi:

“Family income is key to child protection, as most families living in this community experience poverty due to seasonal farming employment and the related seasonal unemployment. In most instances you cannot stabilize the family if poverty increases. If the parent’s lives are unstable due to lack of permanent employment, then children’s lives also become unstable. We need mechanisms to raise household income and thereby protect children” (Key informant Interview With Community Leader in Onion farming Migrant Workers Community, Lake Eyasi ADP)

Qualitative data gathered in interviews with vulnerable families in both Mtinko and Lake Eyasi underscored the importance that small scale loans and poultry farming interventions had played in supporting children at risk of child protection threats, especially school drop out.

In Mtinko ADP a group of local women leading a savings and credit farming group supported by World Vision was interviewed. The group described how micro loans had prevented vulnerable children, especially girls, from dropping out of school. The group also shared an evolving strategy to help the most vulnerable families in Mtinko ADP by offering them savings to start their own businesses.

The following case study of “Ali Boot”, a young man from Mtinko, describes an interaction between a case of child trafficking for exploitive work and the savings group role in case referral and preventive community awareness raising articulates a virtuous circle between support for vulnerable children and child protection referral and awareness raising.

The Case of Ali Boot: The Role of Women’s Savings Groups in Preventing and Combating Child Exploitation
Ali is 18 years of age. He lives with his mother and attends Mtinko Secondary School. Ali’s mother is a member of the local women’s savings group and with Ali describes his trajectory from being trafficked and forced to work to safety and advocacy for child protection. Ali shares his story: “In form three I was taken. I remember I was just at home. When I moved outside, I met these people. They told us to go and work at the shop but this was a false promise. Instead they took us to the tobacco fields, me and 6 other boys. The work there was so hard, so we tried to escape. It was very far from here. They paid us 20,000 shillings (approx. $9USD) and fed us but we could not leave. There were 6 others plus another 3 that I did not know. All together 10 of us from this area, but I am not sure if there are more from other areas or if there are more on other farms. They woke us at 6 am. We worked from 6-mid day or 1pm and were given a meal and some free time. They gave us some clothes too, but they were not proper clothes – they were made of old sacks. We were not able to do such difficult work, so we eventually escaped and hid in a nearby town. Our parents then found out where we were and sent money for the bus, so now after 2
months we are all back together again. Now I want to help my mother in her savings group, eventually I want to finish school and become a policeman and protect other people. My hero is Mohamed Ali, that’s why they call me Ali Boot!”

Ali’s mother speaks of the boys being tricked and held and abused in a shack outside of town though Ali does not wish to speak of this. She is keen to share her and Ali’s story with other parents and women’s economic groups even though she is embarrassed that she wasn’t able to protect him. It is important for her that the children understand these empty promises and that parents keep a watchful eye on their children, as it could be a neighbour that lures them into exploitive or coerced labour. After the case of Ali Boot, the women’s savings group has also decided to work more closely with the community child protection committee to assist in protection cases reporting and referral. This is particularly helpful as the group is aware of many early intervention cases as a result of their contact with many economically vulnerable families. The women’s savings group has been an important conduit for sharing protection preventive messages and strengthening local reporting and referral mechanisms. (Key Informant Interview with Vulnerable Mother and Child, Mtinko ADP)

In Lake Eyasi, Kongwa and Mtinko, supporting most vulnerable families access to enhanced poultry farming, directly impacted child protection. Interviewed families reported the benefits of increased income being used to send children to school and buy medicine. Frequently WV CSSP Tanzania child protection interventions were effectively combined with poultry farming, sponsorship and home visiting programs. In these cases home visitors to sponsored children assisted in providing guidance on positive parenting while assisting in improving poultry practices such as proper feeding, immunization and effective breeding. This helped reduce stigma of poverty and shame in using corporal punishment leading to better CP outcomes for children. It also led to unintended consequences of greater child participation as shared in the following discussion with a sponsored family.

“Our family was chosen for poultry farming support and one of our children is also sponsored by World Vision. When the home visitor came to our house to check on the child as part of WV sponsorship monitoring program, they gave us instructions in positive parenting. Previously children were like assets to be used as parents wished for their own gain. During the training, we learned about the harmful effects of child labour such as stunting and lack of education. Now all our children go to school. We feel more love for our children, we listen to our children, and they even give advice on raising and caring for the animals, including the chickens. (Focus Group with Parents Poultry Group, Lake Eyasi ADP)

Challenge: Cultural Sensitivity
While some of the Bereg children and families (local tribal group) participated in WV programming, it was evident that they also saw the need for some of the children to be minding the cattle rather than going to school. It will be important for WV to engage the chiefs and families in ongoing dialogue on how child protection programming can best support the children’s well being within their unique cultural context.

Strengthening Children’s Life Skills and Resilience
The quantitative indicators for children’s participation in life skills and resilience building are as follows.

- Proportion of households where children’s ideas are listened to and acted on, 21% to 96%
- Percentage of youth aged 12-18 who report that they know the minimum age of marriage, no baseline, endline 77%
- Percentage of youth aged 12-18 years who know where to report child protection issues, 70% - 88.3%
• Percentage of children participating in community development programs, 57% - 64%
• Percentage of children empowered with formal life skills training, 0% - 92%

These statistics show a marked increase in young peoples knowledge, skills and self-empowerment outcome promoting well being and resilience.

“Putting the Calf Before the Cow”: Drawing on Young Peoples’ Motivation and Innovation
While data collected for the first phase of the CSSP project in Tanzania seemed to show challenges to meaningfully include young people, the data collected at endline showed remarkable progress had been made. Children interviewed in the River of Life: Most Significant change activity gave examples of children engaging parents in discussions on the importance of education, helping other vulnerable neighborhood children attending schools, and boys educating their peers on safe sex. All of these actions have collectively resulted in children, especially girls, now being represented on the Child Protection Committees in the 3 ADP’s.

In large part, respondents attributed this program’s ability to draw on children’s own imagination and innovation in working with adult allies to designed local innovative solutions to child protection problems. This is succinctly articulated by a government representative on the Mtinko child protection committee, sharing a local tribal proverb articulating the merits of youth engagement.

“These days whenever we engage children in the community we remember the old saying ‘There was an old man who had a cow that gave birth to a calf. The man tried to lead the cow but the cow dragged the calf and resisted. A young boy came bye and advised the old man to put the calf in front, the old man did this and the cow followed happily’. (Focus Group Discussion with Government Representative, CPC, Mtinko ADP)

Child Rights Education and Children’s Social Empowerment
Children in Tanzania mentioned the impact that child rights trainings and the PeaceRoad curriculum had had on their capacity to engage in community. Girls in Lake Eyasi shared the positive effects that child rights awareness raising had on children realizing the extent of child protection threats such as early marriage, young girls becoming pregnant, and boys being forced to work in the onion fields. The children mentioned how PeaceRoad training helped foster greater dialogue between children and with adults, especially parents, teachers and other adult allies.

The increase in rights empowerment for children was especially prevalent in school based child rights clubs in Tanzania. The following quote describes the ripple effect from rights education to greater school enrolment for MVC to children educating adults about human rights.

“Previously children were not aware of their rights, even when child abuse cases happened they were not reported. Now they are being reported especially since the child rights clubs started in schools. For example children, their teachers and parents, have ensured all children are registered and go to school. Now children are raised to be free, now children know and can express their rights. For example, in my school, we started a child rights clubs and children are more empowered. They started performing skits for their parents and in the community. Through this experience children can now confront their rights” (Focus Group with School Based Children’s Club, Lake Eyasi ADP)

Other positive examples of the impact of the child rights clubs included:
• Children identifying vulnerable children who dropped out of school and convincing them (and their parents) to return
• Children partnering with teachers and other supportive community adult allies to advocate on behalf of the rights of working children (e.g. children working in the onion fields in Lake Eyasi and children working in the tobacco plantations in Mtinko)
• Boys advocating on behalf of girls who became pregnant and were forced to drop out of school
• Children educating peers in avoiding alcohol and drug abuse, and supporting peers who struggled with drug addiction

**Challenge: Gender Barriers to Deep Social Change**

While children and adults recognized the significant impact the CSSP project had made in empowering children, especially girls, to stay in school and engage with adult allies in creating safer communities, they also spoke of the deeply entrenched local values that still prohibit many girls from being accepted if they become pregnant (including continuing in school), and many women from speaking out about domestic violence and participating in community protection referral and response activities. Children’s success in discussing these issues and the strategic partnership established with adult allies through PeaceRoad should be built upon to address this MVC need.

**Addressing Root Causes of Protection Issues**

Root causes are addressed in the following quantitative indicators.

- Percentage of care givers report that the harmful traditional practice of early marriage has been reduced; Child labour, no baseline to endline 60%; Early marriage, no baseline to 53%; Human trafficking, no baseline to 50%
- Percentage of care givers report that harmful traditional practices have been reduced, 84% to 54%
- Percent reporting reduction in early marriage, no baseline to endline 38%
- Percentage of care givers who know the legal age of marriage, 62% – 11% girls, 88% boys

Unfortunately, many of these indicators are difficult to interpret due to the absence of a baseline. The indicator for reduction in early marriage could be explained as either an actual decrease in care givers reporting harmful traditional practices, or it could reflect greater awareness of the challenges of reporting these practices with attention to how widespread the problem is. The last indicator is particularly revealing, as it seems to display a gender disparity in attitudes to early marriage in which awareness of the legal standards for boys is much higher than for girls.

In research assessing the final outcomes of the CSSP project, these root causes were being addressed through a variety of interventions resulting in efforts that build on local informal community assets. For example, children in all communities tended to identify family as the most significant place of safety, as well as religious centres (Christian and Muslim). As WV’s influence, and the role of other CP agencies, grows the awareness of child protection is increasing and this awareness extends to other sectors such as education that are playing an important role in keeping children safe in school. Also, while earlier research identified a gender disparity in which boys seem have more protective factors and generally more “space” for social and recreational engagement in community activities - while girls engage in micro-economic activities in greater numbers, this trend was lessened by the end of the project as increasing numbers of girls registered and stayed in school.

**The Role of Faith Leaders in Social Norm Change in Gender Roles**

It was noted by the CPC members in the community validation process that increased awareness and recognition of the illegal nature of the traditional practices had led to these practices going underground or be carried out on younger children who could not speak out against them. It was also noticeable that whereas initially fewer women participated in CPC than men, this trend changed during the last 2 years of the project as more women engaged in micro-economic activities and became CPC members. These gender dimensions have already been identified in the previous discussions on reporting and referral and supporting vulnerable households.

In the latter portion of the CSSP project, faith leaders took on an increasingly important role in shaping social norms supportive of keeping vulnerable children safe. In focus group discussions with faith leaders a number of key strategies were mentioned, these included:

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*Empathetic, Evidence based, Engaged Action*
• Educating children about their rights and hosting community celebrations to promote rights in an engaging manner
• Spreading child protection messages with other faith leaders
• Mediating in helping solve family dispute and reduce domestic violence
• Encouraging fathers to participate more in family matters
• Using scripture, during sermons and when visiting homes, to promote children’s rights to protection

Examples of scripture being used for child protection include:
• Promoting a message of hope grounded in the example of Jesus and Mohammed
• Jesus refuted the advice of his followers to “keep children away”
• The example of Abraham and Sarah, when Abraham’s servant bore his child, God commanded that we shouldn’t judge the child, message of protection comes directly from God
• Deuteronomy, Guided to raise children in a proper way, live with good values into old age
• Jesus’ parable commanding his followers to have the “heart of a child”

Seeking Positive Solutions: Leveraging “Positive Deviance” in Families Supporting Pregnant Girls Staying in School
One of the unique strategies developed by the child protection team in Lake Eyasi was tackling deeply entrenched harmful social norms keeping girls out of school, by identifying and leveraging examples of positive deviance (deviating from the negative trends). The case of parents Maxima (mother) and Eschery (father) supporting their pregnant daughter Fausta, to stay in school is one such example.

“Our daughter Fausta was a student at Amagamalo school. Her fees were very high. She became pregnant in Form 2 (aged 17). As a parent we had to bear the scorn of our neighbours during the pregnancy. We carried this however. After our daughter gave birth we supported her staying at home and looking after the infant. We helped her go back to school the next year by looking after the baby. She then became pregnant again. After the second birth she breast fed for 8 months then we supported her again in going back to school. She’s now finishing her last year in Form 4. As a family we made this decision on our own, initially our neighbours and relatives were against us and advised us to abandon our daughter. We refused. This is not easy in our culture. Now they support us and are surprised as our daughter and the babies are thriving. They say we made a wise decision. Life has ups and downs, we as parents have to seek positive solutions when challenges arise.” (Key Informant Interview with Family in Lake Eyasi ADP)

Further conversation with Marian, a local WV Community Child protection Committee member, revealed that the Committee had deliberately supported the decision of this family to send a powerful message of the potential for social change.

“We focus on disseminating messages about the care of this family for their pregnant daughter as it sends a powerful lesson in promoting child rights and good parenting. We refer to this family when speaking about child rights, the mother is part of the women’s group and we ask her to share her story when we meet as a group. This has become a strong point of local reference on what one family can do!” (Focus Group Discussion with a Mother, Father, Daughter and Community Worker in Lake Eyasi ADP)

Challenge: Faith and Shifting Social Norms
A small number of Muslim Faith leaders mentioned that members of their community were suspicious that World Vision was proselytizing to followers of Islam through Sponsorship. It will be important to continue to focus on relationship building with all faith groups to ensure that the MVC of other faiths are not excluded.
While progress was made in reducing a variety of harmful social norms and practices such as early marriage and FGM, some of these practices also appear to have “gone underground” and shift to more vulnerable groups of children, such as younger children.
The Tanzanian experience in creating intergenerational dialogue between children’s groups, village elders and parents should be expanded to address these gaps and dialogue initiated with the Tanzanian Ministry of Health and Social Welfare to integrate this into government CP practice.

Economic Empowerment: Empowering Women and Supporting Child Protection

In initial interviews with local women’s groups, it was clear that gender biases and lack of economic viability were some of the root causes of the protection issues faced by children in the community, especially girls as is outlined in the following case study:

### Structural Barriers to Establishing a Rights Respecting CPC: Women’s Disempowerment in Lake Eyasi

It was a productive interview session with the newly formed Child Protection Committee (CPC) for Lake Eyasi ADP though the women in the group were unusually quiet. We covered the summary circles of risk and protective factors shared by various stakeholders and explored how the committee was and was not supporting the MVC in the area. The rich discussion included two cases where CPC members had intervened to stop the ongoing and severe beating of children one through conversation the other through working with local gov’t leader to educate and have family sign a pledge, but focused on the lack of understanding of their role and recognition in the community as well as a need for additional training as only four of twenty two members were trained in Community Change and only two in reporting and referral.

To ensure that the women’s perspectives were included, this was followed up with a focus group discussion by female researchers. This new environment allowed for an interactive discussion on the key issues that they saw as female CPC members. First and foremost they shared their fear of reporting incidents in their community, as they could not be sure that this would not come back at them in a negative way. They specifically felt that some of the committee members could not be trusted to hold this information in confidence. One of the women leaders encourages that they be bold and courageous if they wanted to see change in their community so they came up with two solutions to address this issue: 1. Have an anonymous suggestion box for issues, and 2. Draw up clear agreements on expectations and consequences for each committee to sign to be able to join. The solution to corrupt local leaders, police and school administrators was less easy to solve.

They complained that local officials are often paid to ignore beating of women and children, abandonment and even changing school records to allow for early marriage: “When the perpetrators just pay off the parents or bribe the husband, they are told to resolve things at home, but this does not benefit the children, especially the girls and the committee feels useless.”

In the case of pregnancy, sometimes the men are held accountable by the family and neighbours and forced to marry the girl as a form of accountability. However, it is the girl that really suffers as she is forced to marry against her will and drop out of school. In this case some women see this form of early marriage as the least of many evils for at least the girl is not being thrown out of the community altogether like so many others (a local CBO was recently formed by a visiting tourist to support the many abandoned girls in the district). The children themselves are most often not involved in these conversations. They are just called and told what to do. Unfortunately, many mothers often support these decisions, as they do not want the burden of having to raise another child. It should also be pointed out that the practice of forcing the perpetrator to marry the victim can be seen as a traditional form of accountability.
The women felt that they really needed to educate the community, and increase the awareness of the importance of supporting the rights of women and children. There is no support now, just marriage, and then the husband takes sole control of family decision-making. One mother finished the interview suggesting: “Perhaps if there was more life skills training, we could do better, as now most girls are unsuccessful in entering secondary and so turn to marriage or child labour in the onion fields or selling things on the street. There is little to no support for us from friends or extended family, and the church only helps if someone is sick. We must focus on the most vulnerable women and children in the community who are in a critical situation, with no roof over their heads, unable to feed their family on the income they earn through casual work and surviving”.

By the final round of data gathering significant improvements had been achieved in the Tanzanian ADP’s. These changes included the already mentioned women’s micro-credit groups and vulnerable mothers poultry farming support interventions, as well as increased number of girls participating as members of the community child protection committees.

**Challenge. Systemic Gender Harmful Social Norms**

While a marked improvement was noted with the situation of women and girls over the course of the project, it is important to note that the women’s focus group testimonial highlights deeper systemic social norm challenges that still persisted and will require ongoing focus on the part of WV especially as the CSSP initiatives come to an end.

The researcher underscores the need for WV ADP programs in Tanzania to continue to deepen the gender focus and strengthen gender focused advocacy strategies with the appropriate government ministries.
Ethiopia

Summary of Ethiopia Data: Medebay Zana; Samre and Alamata ADP’s

ADAPT. In Ethiopia, a six week ADAPT process resulted in an in depth CP assessment using surveys with adults and children (MVC were not identified as part of the sample). Key issues identified, included: widespread child labor, early marriage, migration, school dropouts, lack of law enforcement as well as capacity gaps. This material was used in the preparation of a project plan, goals, and developing specific outcomes and outputs.

Baseline. A baseline sample was drawn by mixed cluster sampling approach and systematic random sampling approach with two steps. First, a random sample of 30 clusters (or villages) was selected from KAs of each three ADPs and then a total of 600 households (200 households from each ADP) were selected using systematic random sampling technique. Primary data was also collected from children and youth. Challenges of gathering data during the busy harvesting season and the long journey required to reach some villages were identified as part of the reporting process.

The data clearly provided useful feedback on certain key CP issues such as the prevalence of harmful traditional practices such as child labor and early marriage. MVC were not specifically included in the baseline sample and it was not apparent from the desk review if the ADAPT data was used to triangulate with the baseline surveys.

Final Evaluation. The table below shows the baseline and endline quantitative results for Ethiopia’s 3 ADP’s participating in the CSSP initiative.
## Ethiopia

**Indicators for Medebay Zana, Samre, Alamata ADP’s**

### Child Protection Indicator - Their Baseline and Final Evaluation Value

<table>
<thead>
<tr>
<th>Log Frame</th>
<th>CPA Core Components</th>
<th>Indicators</th>
<th>Baseline Value</th>
<th>Target Value</th>
<th>Endline Value</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1</strong></td>
<td>Awareness Raising and Mobilization</td>
<td>% of parents or caregivers with children aged 0-18 years who feel that their children are safe from danger or violence in the community</td>
<td>53.5%</td>
<td>10</td>
<td>61.5%/84.9%</td>
<td>CS101/CS155</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who know existing major national child protection policy, law and guidelines document</td>
<td>55%</td>
<td>12</td>
<td>51.8%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who hear about National Family Code and able to cite at least three component of the law</td>
<td>29.1%</td>
<td>10</td>
<td>58.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% agree FBO have been positive influence</td>
<td></td>
<td></td>
<td>74.5%</td>
<td>Primarily through preaching</td>
</tr>
<tr>
<td><strong>Outcome 2</strong></td>
<td>Reporting and Referral Mechanisms</td>
<td>% of parents or caregivers who know reporting mechanisms of child abuse incidences</td>
<td>74.4%</td>
<td>10.6</td>
<td>81.3%</td>
<td>88.7%/82.7</td>
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<tr>
<td></td>
<td></td>
<td>% would report</td>
<td></td>
<td></td>
<td>69.5%</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% would report to CPC</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% of caretakers who know minimum age for employment at 14 and the minimum age for hazardous work at 18.</td>
<td>27%</td>
<td>23</td>
<td>43.9%</td>
<td>70.2% know law</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% reported timely response from service providers</td>
<td></td>
<td></td>
<td>52%</td>
<td>18.1% (14)</td>
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<tr>
<td></td>
<td></td>
<td>% reported that child protection actors working in a coordinated manner</td>
<td></td>
<td></td>
<td>59.8%</td>
<td>24% (18)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% CPC’s Established and functional</td>
<td></td>
<td></td>
<td>56.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 3</strong></td>
<td>Supporting Vulnerable Households</td>
<td>% of children aged 0-59 months with a birth certificate, reported by caregiver and verified by observation</td>
<td>1%</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 4</strong></td>
<td>Children’s Life Skills and Resiliency</td>
<td>Proportion of households where children’s ideas are listened to and acted on where appropriate</td>
<td>40.4%</td>
<td>9.6</td>
<td>87.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of youth aged 12-18 who report that they know the legal minimum age of marriage.</td>
<td>75%</td>
<td>15</td>
<td>66.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of youth age 12-18 years who know to where to report child protection issues</td>
<td>71%</td>
<td>14</td>
<td>29.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of children participating in community development program</td>
<td></td>
<td></td>
<td>62.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Participating in clubs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>% MVC in decision making</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>% of children empowered with formal life skills training</td>
<td></td>
<td></td>
<td>18.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 5</strong></td>
<td>Address Root Causes of Protection Issues</td>
<td>% of care givers report that harmful traditional or customary practices exist in the community</td>
<td>58.4%</td>
<td>11.6</td>
<td>15.6%/ 44.7</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Child Labour</td>
<td></td>
<td></td>
<td>37%</td>
<td>45.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of Early Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of care givers report that harmful traditional or customary practices have been reduced</td>
<td>83.5%</td>
<td>6.5</td>
<td>84.9%/ 86.2</td>
<td>90.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Reduction Early Marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of parents or caregivers who report that they know the legal minimum age of marriage.</td>
<td>75.4%</td>
<td>14.6</td>
<td>77% state girls (18)</td>
<td>90.4% state boys (18 to older than 21)</td>
</tr>
</tbody>
</table>
### Ethiopian Most Significant Change Chart

<table>
<thead>
<tr>
<th>Ethiopia (4 ADPS’s)</th>
<th>Impact/Change</th>
<th>MOST SIGNIFICANT CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPC/CCC 2013 –A-</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Awareness creation conducted sector by sector in relation to child well being</td>
<td>Better understanding of child protection issues (1/10/4)</td>
<td>Reduction of Harmful Traditional Practices – especially early marriage and harmful labour</td>
</tr>
<tr>
<td>13. Launch of project -Agreement with WVE and local administration</td>
<td>More acceptance of WV (2/3)</td>
<td>Engagement of different sectors to support Child Protection</td>
</tr>
<tr>
<td>14. General assessment focusing on children – selection of MVF for WV Programs</td>
<td>More support for MFV less rejection (3)</td>
<td>More positive environment at home and at school with more girls and Most Vulnerable Children staying in school</td>
</tr>
<tr>
<td>15. CCC Capacity training - Reporting and referral – Community Change</td>
<td>More Conducive environment for children (4)</td>
<td>More birth registrations and establishment of a reporting and referral process</td>
</tr>
<tr>
<td>16. Educational material and buildings</td>
<td>School built (5)</td>
<td></td>
</tr>
<tr>
<td>17. Provision of sport material and student club support</td>
<td>More community motivation to create change on HTP (4/10)</td>
<td></td>
</tr>
<tr>
<td>18. Child Ambassadors selected</td>
<td>More youth driving (8)</td>
<td></td>
</tr>
<tr>
<td>19. Driver license training</td>
<td>Reduction of youth unemployment (9)</td>
<td></td>
</tr>
<tr>
<td>20. Income generation/revolving fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Anti begging conference</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CPC/CCC 2014 -B-**

1. Awareness creation conducted to decrease child abuse, violence and exploitation
2. Information gathering on early marriage of children
3. Community forum established
4. Family conflict resolution and reintegration
5. Birth registration campaign
6. Community change discussions
7. Creation and strengthening of youth unemployment and disability groups
8. Community resource mobilization for MVF
9. Student participation on trafficking
10. Supporting children through RRF process

**CPC/CCC 2015 –C-**

17. Continued awareness creation, community dialogues and capacity building
18. Educational material support to MVC
19. Monitoring and supervision of CP activities
20. Support for Street children
21. Home visiting Training and implementation
22. Strengthening CCC – training and RRF & Reporting cases
23. Strengthen health Centers/ambulance service

**Impact/Change**

2013

- Fewer cases of harmful traditional practices (1A/1) – Early Marriage, child labour and begging
- Religious leaders engaged and supporting CP(6)
- Vulnerable families supported with savings schemes (8)
- Community policing focused on Child Protection and resolving conflict (3/4/6)
- More children going to school instead of the mines (1/5/7/8/9)
- Less young girls being married (2/1A)
- Kindergarten established (1A/5A)
- Community agreements with sponsorship program (2A/2A/3)
- People with disability and female hh get access to GIA’s(5) (78)

2015

- Reduction of HTP (1/5B/6B)
- Endorsement of the newly marriage procedure that requests verification of child age and pre HIV test certificate
- More children registered at birth (3000 in Samre) (5B)
- RRF system strengthened (4/3B)
- Children have got legal advisory and legal protection service (6)
- Child rearing and child take caring is improved - Improved rights and protection (1B/6B/5)
- Student dropout rate decreased (1A/9A/2)
- Safer teaching and learning environment is created for children with in schools
- CPC better skilled and clear on their roles and responsibility (8)

### Key to Success

- Engagement of Faith based organizations
- Community based continuous child protection awareness work
- Awareness raising campaigns
- Capacity building ***
- Intervention and participation of NGOs like World Vision and the CSSP project
- High Participation of children in Child Protection Activities
- Good integration and collaboration among government, NGOs and other stakeholders
- Jointly monitoring CP activities
- Experience sharing
- Focus on root causes of poverty
Children’s Clubs 2013—A—
1. Baseline Survey
2. Child right club established
3. Identification and awareness raising of HTP
4. Educational materials provided
5. Income activities for poor families and street children
6. CP review meeting with community representatives
7. Participation in women’s affairs
8. Celebration of African Child Day

Children’s Club 2014 – B—
1. Participation in club activities
2. Training and Awareness creation on rights -child abuse – child marriage – harmful child labour (drama/sport)
3. Working with the religious leaders on early marriage and HIV
4. Reporting children at risk of HTP including early marriages /street children/begging
5. Working to address street children issue/gold mines (parliament/community)
6. Media training /
7. Driver training/
8. Teen income strategies
9. Teacher training and awards
10. Health /nutrition training and Ambulance equipment

Children’s Clubs 2015 -C-
11. Child protection plan prepared & monitored
12. Peace road club participation/training
13. Continued awareness creation on the prevention of HTP- early marriages at churches, mosques, marriage ceremony places, traditional memorial ceremony etc.
14. Support given to physically disabled people and street children
15. Birth registration work
16. Identification of Early marriage cases
17. Mobilization of educational resources for MVC from community
18. Child Protection (rights) committee established
19. Support home visitor activities

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<tr>
<th>Year</th>
<th>Outcome</th>
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<tr>
<td>2013</td>
<td>☐ Better understanding of CP issues&lt;br&gt;☐ More support for poor families and street children&lt;br&gt;☐ Understand that early marriage is illegal and where to get support if being pressured&lt;br&gt;☐ # of street children decreased &amp; supported to rejoin families</td>
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<td>2014</td>
<td>☐ Increased participation of MVC and girls (1/2)&lt;br&gt;☐ Better communication on harmful traditional practices affecting children (2)&lt;br&gt;☐ Children affected by harmful traditional practices got legal advisory and legal protection services (4)&lt;br&gt;☐ Children dated for early marriage rescued- Early Marriage reduced (3,2)&lt;br&gt;☐ Street children know how to drive and have less need to do harmful child labour&lt;br&gt;☐ Safe teaching and learning environment created for children in schools, community and homes (2, 9, 9 C)&lt;br&gt;☐ Reduced school drop outs&lt;br&gt;☐ Better school instruction&lt;br&gt;☐ Reduced issues affecting girl students&lt;br&gt;☐ Improved local hygiene and sanitation (10)&lt;br&gt;☐ More mothers birthing at health center (2/10)</td>
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<td>2015</td>
<td>☐ The integrations and collaborations of organizations to address CP issues (1)&lt;br&gt;☐ Peace building with OVCs become equal beneficiaries&lt;br&gt;☐ School dropout rates decreased (3/7)&lt;br&gt;☐ Child abusive traditional practices decreased** (5, 6, 3, 1) including child labor, early marriage&lt;br&gt;☐ MVC get access for education (7)&lt;br&gt;☐ Child feeding practices has improved (108)&lt;br&gt;☐ Focus given for the physically disabled (4)&lt;br&gt;☐ Bank account opened in the name of children for saving money (88)&lt;br&gt;☐ Increased awareness of rights (8, 3)&lt;br&gt;☐ More family participation (9)&lt;br&gt;☐ Increase child participation (2)</td>
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MSC
☐ Child abusive traditional practices decreased**

KEY TO SUCCESS
☐ Capacity building and Support from CSSP
☐ The good relationships between students and teachers
☐ The collaboration of student parliament together with education office contributed to minimize the problems of street children
☐ Community mobilization (to end early marriage)
☐ Community centered continuous child protection awareness creation
☐ The participation of World Vision Ethiopia in the activities
☐ Good integration among governmental, non-governmental, community-based organizations and faith-based organizations
☐ Continues Awareness creation provided by world Vision Ethiopia /CSSP/ and stakeholders to children, community, family and society at large to know children right, child labor abuse and violence and how to manage it
☐ High participation and involvement of children in peace road, school clubs and student parliament’s, hygiene campaign and reporting violence against children to concerned bodies
☐ Working closely with family and FBOs

CPA Outcomes
Results for the five CPA outcomes are presented below:

Mobilizing and Raising Awareness
There was one key qualitative indicator of community awareness.
- Percentage of parents who perceived that of children 0 - 18 who feel that their children are safe from danger or violence in the community increased between baseline to endline, 53% to 84% of respondents across the 3 ADP’s.

The information gathered from the qualitative research activities shows that significant progress was made in the three Ethiopian ADP’s. Specifically, great gains have been made in raising awareness about child protection risk and protective factors and solutions to child protection challenges. Numerous
examples were shared in regards to changing harmful practices and reducing domestic violence. Adult members of the Community Care Coalition (CCC), local children’s “natural advocates” and children themselves are all actively involved in this process. This included finding creative means to involve community police in raising awareness about the plight of street children and girls at risk of sexual abuse and harassment.

**Awareness raising results in street children returning home**
The following case study illustrates the positive impact of awareness raising in Alamata ADP.

### Reintegration of Street Children with their Family

Samson Zerunigus is 16 years old boy. He was born in Adi Ekli kebele in the year 1999. First he lived with his father and mother known as Zerunigus and Weletemariam respectively. He began his education at the age of 7 in 2004. Later on, his father and mother divorced in 2006. In that year, his mother died and hence his father had taken him and his sister Senayt to their grandmother W/ro Birhan Gebre to Wukro town. Starting from 2007, he continued his education in Wukro primary school till grade six, but his grandmother W/ro Birhan Gebre is now 75 years old and is unable to help the children to eat and provide cloth and other educational materials.

“I had to prepare food and fetch water so I did not go school for two or three days in a week. Consequently, education became difficult for me and I dropped out of school. As a result, life became so difficult and dark for me. At the end of the day, I decided to go to the city of Mekelle to become street child in 2012. Nevertheless, living in the streets of Mekelle city was so difficult for the weather of the city is very cold at that time. I left Mekelle city and went to Alamata with other two friends at the end of 2013. I lived in streets of Alamata for about one year.”

A workshop for local child protection partners was organized by World Vision Ethiopia Alamata ADP in consultation with different sector offices such as the Social Affairs, Justice, Women's Affairs Office, Police and Education offices. The aim of the workshop was to discuss on the issues of child protection cases of abuse, neglect and violation for street children to integrate them with their families and make them continue their education and protect them from different violations. “As the result of the workshop, five children one from Addis Ababa, two from Mekelle, one from Raya Azebo and I from Wukro become willing to be back to our home and began education.”

“While the workshop conducted to discuss on the issues of child protection I consider it as a chance to go back home to continue my education. When the staff members of World Vision Ethiopia and the workers of Social Affairs Office asked me whether I am ok to go back to Wukro or not, I became happy. So, I turned to Wukro from the streets of Alamata in September 2014. World Vision Ethiopia supported me in my personal behavioral counseling, cloth, shoes and different educational materials (exercise book and pens). I thank World Vision Ethiopia for all what they did for me. Now I have started to live with my sister Senayt in Wukro town and continued my education from grade six.

### A Unique Model of Government/INGO/Community Partnership

Ethiopia is similar to Rwanda in the context of government - INGO relations as a result of the strict laws and guidelines that have been enacted to limit the independence of international service and welfare organizations. As a result, all INGO’s must show active leadership from both government and community members in their program interventions. It seems that this has served to strengthen government and community ownership of child protection interventions in the Ethiopian ADP’s implementing the CSSP project. In Medebay Zana, the CCC expressed strong leadership and ownership of their process and are
rightly proud of their achievements and the active collaboration between government representative and community members, as well as between the CCC and children’s clubs (of which there are many in M2). This was underscored by the CCC emphasizing the fact that they are a legally structured entity under Ethiopia’s laws, with their own office, accountability structure and self-financing through rotating loans.

The CCC is comprised of representatives from the government ministry of social affairs, council bureau, community police, faith leaders, education leaders, the local early childhood centre manager, and child representatives appointed by children from local children’s clubs. The CCC describes its success in linking government and community protection efforts as highly significant:

“The CCC does not have any financial and material benefits for the activities carried out. Nevertheless the child protection committee of the area is working to be able to bring about good citizens for the future. The committee says that it is its citizenship duty to do, which would be good for the country as a whole. So, one of the most significant changes that has been achieved in the local area to the present situation is that it is getting supporters from the local community members from time to time”. (Focus Group Discussion with CCC Medebay Zana ADP)

The richness in the formal-non-formal partnership was further highlighted in the following interview with the CCC in Samre ADP.

“In order to strengthen the formal and non-formal system, religious leaders, family and youth groups are coordinated by CCC to plan and work CP activities together. There is child parliament in the area. There are different student parliaments in the different schools of the woreda too. The student parliaments teach the other students about the rights of children. There are also situations that teach about saving some amount of money. Such situations helped the students to reduce the degree of migrating from the local area to other areas in search of employment opportunities. These are effective in building the confidences of the children. There were efforts made to raise the awareness of the local community members through different training programs and dramas played that have helped the children in different aspects. There are also different edirs/community unions that have helped the poor students in particular to attend their respective schools properly. The Labor and Social Affairs Office of the woreda together with the staff members of World Vision Ethiopia of the area have carried out a lot of development activities.” (Focus Group Discuss with CCC Samre ADP)

The close collaboration with the Government of Ethiopia has already brought dividends to World Vision’s capacity to scale child protection programming as the Government was an early adopter of the Community Care Coalitions and has now integrated this model of community protection committees as a national model.

A “Soft” Law Enforcement Approach: The Innovative Role of Community Police in Child Protection

One of the unique successes of the Ethiopian CSSP program was the partnership with the Community Police force and the application of a soft law approach that combined rule of law awareness raising on children’s rights and child protection with compassionate child protection interventions in families using a variety of mediation tools.

The community police have been trained in most of the CSSP tools from Community Change to PeaceRoad. They work closely with the CCC, Women’s Development Army and actively partner with neighbourhood (sub-Kebele level) cell networks to promote and enforce child protection.

The impact of the community police was felt across many aspects of community life. The community police emphasized that they have decreased traffic accidents, trained child parliaments to help manage traffic and decrease accidents. They also claimed to have helped prevent early marriage, supported street children by ensuring they were somewhere safe by midnight, talked to parents to reintegrate street children – they now recognize the importance of all sectors working together to make a difference, and have notice a change in the communities perception of them.
One of the significant contributions to child protection of community members at the cell level is that each family contributes finances each month to be managed by the CCC and the Community Police in support of the most vulnerable families. This is described in the following quote.

“Many government officers are members of the CCC and are working together with the CCC. The CCC is working with family, child groups and government sector office. Due to collaborative effort of the CCC and the formal and non-formal actors, 20 MVC are supported monthly with Birr that ranges Birr 150.00-300.00 per month for each. About Birr 60,000.00 is also allocated from the local government structure to the office to support the MVC. One of the serious problems of the woreda is absence of pure water supply for consumption. The practical contributions of WVE in this regard were of paramount importance.” (Focus Group with CCC Samre ADP)

Overall the CCC sees its work in raising child protection awareness as one of its greatest successes and has actively worked with faith leaders and other leaders in shaping social norms in spreading child protection messages. The impact with the faith leaders is evident in the following quote from a faith leader in Alamata.

“Formerly we leaders were part of the problem. We supported early marriage. Now things are changed through training and awareness rising. In relation to underage marriage and genital mutilation, the religion says that, whatever causes harms to anyone should not be done. Now, for any marriage ceremony that do not have any legal age certification and related issues, the marriages will no longer be approved by religious leaders”. (Key informant Interview with Muslim leaders from Alamata)

Though they caution that this is just beginning and will require ongoing support and focus.

“We are working with government and community leaders. But it is not that much strong with us. We are not that much committed enough but we believe it can be do more effectively now onwards.” (Key informant Interview with Muslim leaders from Alamata)

**Understanding Risk and Protective Factors**

A critical aspect of awareness raising that assists in responsive mobilization is understanding local stakeholders perceptions of risk and protective factors.

**Summary of Risk Factors – Harmful traditional practices especially early marriage, abandoned children, child labour, absence of early childhood services**

Medebay Zana had one of the most active community protection committees, referred to as the Community Care Coalition (CCC), of any of the East African ADP’s included in the ToC research and CSSP project. They comprise community leaders, faith leaders (Christian and Muslim), community policing, school leaders, women’s group, and child representatives from the Medebay Zana children’s clubs. Medebay Zana sits in a very traditional part of Tigrai province in Ethiopia and the CCC listed risks to orphans, neglect of street children, and harmful traditional practices (HTP) as leading causes of protection risk. Early marriage for girls stands out as one of the leading HTP’s, especially in the more rural communities surrounding Medebay Zana. Harmful child labour, for example work in informal gold mines also poses a significant threat to boys. Finally, Medebay Zana was one of the few ADP’s participating in the ToC that identified the gap in early childhood protection services as one of the most significant risk factors for young children.
Summary of Protective Factors – Community engagement and collaboration, creative partnerships and a law enforcement approach to protection, youth engagement, lifespan approach emphasizing early intervention and early years

There are many impressive protective factors that help strengthen creative collaboration between formal and non-formal CP mechanisms. Ethiopia is unique in having taken a “soft” law enforcement approach that emphasizes community policing as an entry point to prevention of childhood risk factors such as domestic violence and sexual abuse of girls living on the street. Other important protective factors was the role of faith leaders (Muslim and Christian) in raising awareness on child protection in particular spreading messages on the importance of community and family peace-building and using scripture to help reduce domestic violence. Medebay Zana took a strong lifespan approach to protection emphasizing the importance of early intervention in the early years and the recent creation of an ECD centre solely organized by community members with a little material support from WV (there was a request for more capacity building and financial support in this area). Finally, this community was exemplary in being the only community amongst the East African ADP’s in which birth registration was actively being promoted by community members in schools as a means of protecting girls from early marriage. As early marriage is prohibited by law for girls younger than 18 years, the ambiguity caused by the absence of a birth certificate is often used as a pretext to quickly marry girls.

Community Validation

Adults pointed out the importance of economic development, especially the role of WV savings groups supporting Bajaj (Indian motor rickshaws) taxi programs and their positive protective value for families living in deep poverty. Adults and children were both in agreement on many of the factors represented on the summary circles, they both pointed out that most vulnerable children were underrepresented in the data gathering. They also suggested more research be conducted with these children and their families, especially on issues of early marriage and boys working in the informal gold mines.

Challenge. Sustainability and Change

“WV has filled many gaps that could not be addressed by local administration on child protection issues, ownership and the capacity are not yet fully developed. We see as a community, a slight attitudinal change to wards owning any CP concerns in the local community, but it is not sustained. It needs additional support from WV.” (Key Information Interview Social Affairs Officer Alamata) A Home visitor from Medebay Zana also stressed that while 4 of the Kabeles were doing well, that the 2 new ones needed to catch up and that 14 hadn’t even started.

This is an important consideration for WV with the cessation of the CSSP project. Finding ways to sustain CP programming within the larger ADP and local community structure will be important to continue to promote change and sustain the positive change with social norms and support for vulnerable children and families that is under way.

Strengthening Reporting and Referral Mechanisms

A variety of quantitative indicators were used to assess the CSSP impact on strengthening the reporting and referral processes.

These included:

• Percentage of parents or caregivers who know existing major national child protection policies, laws and guidelines, 55% - 60%
• Percentage of caregivers who hear about national Family Code and able to cite at least three components of the law, 29% - 58%
• Percentage of parents who know reporting mechanisms of child abuse incidences, 74% - 81%
• Child protection actors working in a coordinated way, No Baseline data - 59%.

The quantitative data indicates an increase in knowledge on reporting and referral systems.

Many cases of abuse, neglect and exploitation have been reported to the CCC and appropriate authorities. Children have been successfully referred to relevant government services and in many instances community resources have been drawn upon to address child protection needs.

Examples include kinship groups taking in abandoned children, neighbors assisting resolve domestic conflict, women’s groups supporting the economic needs of vulnerable girls and boys. Innovation in CCC’s and families implementation of family “agreements” as a measure of local accountability in the context of domestic violence.

**Challenge. Focus on MVC in Remote Areas**

More attention could be given to reporting cases of MVC especially girls in outlying communities at risk of early marriage and boys working in the informal gold mining sector. This will likely be a challenge for WV Ethiopian ADP’s as they integrate the successes and challenges of CSSP.

The CCC also shared how their creative partnership with the community police who actively engage in solving domestic conflicts and protect children living on the street had supported the reporting and referral and support process. One example of this involves girls who migrate to MZ from the countryside and end up in risky situations:

“Sometimes girls come to MZ from the country and end up working in the hotels or cafes, or live on the street. Sometime they get in trouble with the hotel owners and we mediate these problems. When a sexual harassment complaint comes in from a girl as a report to the CCC we investigate, we discuss with the violator and try and find a solution. If an agreement is reached and the girl is satisfied we stop, if not it goes through a formal legal channel for prosecution”. (Key Informant Interview with Community Police Officer, CCC MZ)

Similar strategies were being successfully used with other street children fleeing domestic violence:

“We also handle cases of domestic violence where the kids go to the street to escape hardship at home. The case is often reported to us by the child directly, or the local Protection Area Committee, comprised of approx. 25 – 100 households. We interview the street child, discuss with the family based on the child’s view and seek a remedy, ideally leading to the reintegration of the child in their best interests so they can continue their schooling and return home at the end of the day to a home free from violence and conflict. If needed, we provide ongoing monitoring and counseling to the family”. (Key Informant Interview with Community Police Officer, CCC, Medebay Zana)

Local communities also shared how they had developed local bylaw to fight harmful traditional practice such as child early marriage, child labor abuse and female genital mutilation which affects children lives. These were supported by government rules and regulations to implement child right and protection.

**Most Vulnerable Children and the CCC**

Focus group discussions with Community the Care Coalition in Medebay Zana, reveal both success in integrating MVC and challenges managing the rehabilitation of some cases of MVC such as rape and early marriage.
“Community members show a willingness to participate in child protection committees. MVC and their family are identified. The committee is trying to work in collaboration with Government and NGOs. This would go like that until all would understand the overall process”. (Focus Group with CCC in Medebay Zana)

CCC members in Medebay Zana felt that overall the issue of kidnapping girls and holding them in the forest and forced early marriage had reduced by approximately 10 percent.

Though most vulnerable children are not selectively represented in the CCC, there is a member from one of the local children’s groups. These are diverse and include: children’s club (children in school), child parliament (open to all children), sports club and child drama group. In Alamata the CCC reported that the children were actively engaged:

“Even they evaluate how the support to MVC is going on. They evaluate which sector is supporting to a child or not. They are controlling CCCs and how the CCC is supporting. For example 383,970 was raised from the community that will be given as a loan to the local community. This is coordinated by the CCC and the child right committee and the children group follow the way how MVC are getting the support.” (Focus Group Discussion with CCC, Alamata)

Children and adults on the CCC in Medebay Zana however agreed that while child participation is in effect it could be strengthened further:

“Child participation needs further strengthening in the future so that they would be placed at the centre of the development process. Children have good ideas for urban and rural development”. (Focus Group in Medebay Zana with CCC adult and child members)

**Challenges: Lack of MVC Participation in the CCC’s and Reintegration and Rehabilitation**

While the communities have made commendable achievements in supporting vulnerable children, there is still room for more MVC and MVF participation on the CCC’s. The positive example of children engaging adults in social norm change in Tanzania warrants examination in this context.

Another area that the CCC suggested required additional strengthening was receiving further training on reintegration and rehabilitation of very vulnerable children such as rape cases and girls fleeing arranged marriages; training on children’s development needs and children’s psychosocial support; and training materials for community based protection in early childhood.

**Supporting Vulnerable Households**

The quantitative indicator reflecting support for vulnerable households is the number of children 0-59 months with a birth certificate. Unfortunately, there is no baseline nor endline data for the Ethiopian ADP’s.

**The Role of Savings groups and other WV Economic Development Programs Addressing the Root Causes of Poverty**

A variety of interventions were used in Ethiopia to address root causes of poverty, these included the creation of Bajaj motor rickshaw and other income generating programs for most vulnerable families.

The following case study interviews gathered from mothers participating World Vision protection programs highlight some of the benefits of linking income generation and child protection with family sponsorship.
Supporting Vulnerable Households: Janet and Wakanesh’s Journey to Better Assist their Children

Janet was living in poverty, but WV helped her with the BAJAJ (motor rickshaw income generation) scheme so she could at least feed her family. Her husband was a soldier, and when he came back he was sick and subsequently died from this sickness. She has 2 children and one grandchild living with her. Her daughter’s son is a sponsored child. This ensures that he goes to school. The BAJAJ association also helps as well as the daily labour she carries out. Before it was so harsh, but now she can support her children to go back to school. The only trouble is the government now says that they cannot provide any additional support when WV is already supporting, so what will she do if the BAJAJ breaks – they will need additional support.

Wakenesh is also a single mother with two boys, one in school and one 4-year-old. She is very proud of her oldest son’s cleverness and high marks at school and is thankful to WV for their support with fees and materials as she does not receive any support from her divorced husband or anyone else in this community where she was born. She is a member of the BAJAJ association, which has helped with her income and she has participated in the WV trainings on how to protect children and helps raise awareness on the need to support vulnerable children in her community.

Janet believes that the biggest change is that her children can now go to school. WV built a new school and gave attractive teaching aids that improve learning as well as seats and desks, and they are building the capacity of the teachers through training to help our children with their knowledge. “I am too old to have more children, but it is such a better environment to bring them into these days. I thank especially Amir, the CPA staff, he supports in every way.”

Wakenesh sees the difference in the community’s attitude as the biggest change and the role that has played in strengthening government response to most vulnerable children and families: “Our children can go to school and be safe from other things like FGM that we have eliminated from our community – now people are aware and our children are safe. We have also changed our working style, we develop a vision and we work toward it as a neighborhood and community.”

“There are other NGO’s that support the very vulnerable children like ‘Brotherhood’. There is still early marriage and exploitive child labour in our community, but it is a little better than before. There are also many strengths in our community. We try our best and the women have been empowered. We now have the Woman’s Development Army, the Community Care Committees as well as many coffee houses, new building markets etc. We can change our economic status and our attitudes if we work hard. Around Child Protection issues we are trying individually, but we need to cooperate more, there is sometimes a lack of coordination. But now we know and we can help others learn not to beat their children and show them how to report cases and ensure there is education and health support. Children with disabilities and street children are still not emphasized enough, but I think at least the government is doing something positive.”

The Role of the Courts

A final area of reporting and referral in Ethiopian ADP’s implementation was the strengthening of local courts. This was unique amongst the three East African countries and is described in the following quote from a member of the Ministry of Social Affairs.

“The courts are working with justice and the police as a committee to ensure that fathers fulfill their obligation to support their children. First we educate fathers about their responsibility, and if this is not enough we bring the husband to court to implement a monthly or yearly amount that they have to pay (child support). We then follow these causes. If they fail to pay they are issued a letter, if still not following through they are given consequences or jailed.” (Focus Group Discussion with Social Affairs, Woman’s Affairs and Justice in Medebay Zana)
Strengthening Children’s Life Skills and Resilience

The quantitative indicators for children’s participation in life skills and resilience building are as follows.

- Proportion of households where children’s ideas are listened to and acted on, 40% to 87%
- Percentage of youth aged 12-18 who report that they know the minimum age of marriage, 75% to 68%
- Percentage of youth aged 12-18 years who know where to report child protection issues, 71% - 14%
- Percentage of children participating in community development programs, no baseline - 62%
- Percentage of children empowered with formal life skills training, no baseline - 18%

These statistics show a mixed picture of children’s life skills. This includes an increase in families listening to children, a drop of understanding in minimum age of marriage and relatively low percentages of children empowered with life skills.

The qualitative data from Ethiopia portrays a more positive picture. As a result of PeaceRoad, children interviewed in Medebay Zana, Alamata and Samre reported high levels of self resilience and have developed life skills such as communication skills, character building skills, self awareness and self empowerment through child rights, sports and drama training. These skills could be further enhanced with some of the more vulnerable children not able to attend the children’s clubs due to various life constraints.

Children gave their own examples of the most significant child led changes they had perceived during CSSP. The following three examples were ones selected as most significant.

Three stories that illustrate the most significant changes identified by the children.

I. Support for Basic needs
The first story of change started with a young woman praying for help, as she was not able to provide food for her child when her son came in to ask for his food so that he could go to school. Upon understanding the plight of his family, the son offered to go to work in the gold mines to make money for his family. The mother agreed to go as well, and so the son dropped out of school and he and his mother spent 2 years at the mines. The conditions here were terrible. Everyone suffered from malaria, poisonous snakes bit quite a few boys, and the pay was not good. After returning to the community, they were visited at home by a World Vision supported Home Visitor who identified their need for income generation and school materials. This support, which was not there prior to this intervention, enabled the mother to be able to care for by her son, and also allowed him to go back to school.

II. Brotherly encouragement for education
The second story was of two very poor young men living on the street who benefited from World Vision’s child rights and Community Change training. Understanding that they could be part of the WV income generation program if they completed grade ten was a life changing event. Not only did it compel them to stay in school, but it also led them to positively influence their younger “brothers/peers” who also looked destined to becoming street children and lead a life of crime and destitution. “By understanding our bad habits and how we needed to change, we were able to stop drinking and focus on going to school and helping our mother support the household and pay for school materials”.

III. Protection intervention at birth
The third case focused on a vulnerable young pregnant mother whose husband spends most of his time drinking and refuses to get medicine or bring her to the hospital, despite ongoing pleas for help from their son Moses. The husband believes that his wife should be able to give birth at home, the “traditional way”, and take care of things like everyone else – “there is no need for modern hospitals”. Taking things into his own hands, Moses takes his mother to the clinic, and
the mother and children are given the treatment they needed. Four months later when the baby required her vaccinations, the father agreed as his son had shown him the benefits of health protection and the need to change his attitude toward health care. He has also heard that WV will support the cost for this health care as well as providing support schooling through the CCC. He begins to understand how public services and community child protection go hand in hand.

In Alamata, the CCC also reported positive changes as is evident in the following quote.

“There were many training programs given on how to empower the local community and children. About 28 street children were able to go to school and completed their education programs. There were many children involved in income generating activities in the area. Some of the children had empowered themselves and even started to rent houses and started living by themselves.” (Key Informant Interview Social Affairs Officer, Alamata)

PeaceRoad training was also mentioned at the end of the project as a significant contributor to children’s resilience. The following quote highlights some of the specific outcomes of PeaceRoad in reducing risky behaviors amongst children.

“My conduct is improving from time to time. I was frequently quarreling with my parents and the rest of the family members. I was one of the street children in the area in the past. Now, since taking the PeaceRoad curriculum however, all these things are getting better. I am trying to work as one of the shoe shineers and collecting some amount of money on daily basis to help me and my family.” (Key Informant Interview with boy in Samre ADP)

Orphan Headed Household: Dawit Shares his Story of Resilience
My name is Dawit, and I am 18 years old. I am living with my 2 brothers who are 13 and 6. Most of the time before I was a daily labourer doing shoe shining. I cooked for all of us and I learned how to cut hair from my friend. I was identified by WVE as part of a group who looked after tires. Mother died in 2005 of HIV and father left to marry another woman, even before she died, leaving us to care for her. Other relations were around but they did not care for us.

The turning point for me was being identified as a MVF and getting WV support. Amir came to visit and helped me get access to training, maintenance and a driving license. But there was no work because I cannot drive out of the city and leave the children alone – so I asked for a bicycle instead. I was renting this out for a small income, but now there is a problem. The traffic police have stopped the renting of bicycles to stop accidents. I need to find another way to earn income – that is why I have stopped the Peace Road training. These skills are important but money is more important when you have to look after a family.

I share my experience and advise others that it is possible to earn an income. There are a lot of others who are vulnerable like me; orphans with economic problems with no food or shelter. I advise them to go to World Vision.

My dream is to increase me income so I can have my own salon. I need to save 4000 Birr for materials. For my brothers I hope they can continue their education, and then learn some skill to help with the income. Having my own family is also a must, but after some time.

Finally, one of the unique community led developments in Ethiopia was the establishment of an ECD centre in Medebay Zana to support children’s early life skills and the resilience of families. This was a significant achievement and was lead by members of the CCC with some training support from WV Ethiopia and a small grant from the government of Ethiopia, the majority of the funds and actual construction of the centre was led by community leaders and local families.
Challenge: Gaps in Support for MVC and Opportunities for Sponsorship to help fill this Need.
While each of the three ADP’s involved with the CSSP project reported some success with vulnerable children being supported to stay in school, street children and persons with a disability being supported to earn an income and be integrated back into the family and cases of early marriage and harmful labour being stopped, some of the children reported either not knowing about WV support for street children and the most vulnerable or had challenges with getting sponsorship because their situation did not fit the criteria as is demonstrated by this quote from a youth in Alamata.

“My situation is different from other children in the area. Some children of the area are supported by WVE and others get care and protection from their respective families. I do not get such supports and love. Hence, my sister and I have no good future. We are not happy by the overall situation.” (Interview with youth not involved in WV Programs, Alamata ADP)

Addressing Root Causes to Protection Issues
Root causes are addressed in the following quantitative indicators.

- Percentage of care givers report that the harmful traditional practice of early marriage has been reduced, Child labour, 58% - 45%;
- Percentage of care givers report that harmful traditional practices have been reduced, 83% to 86%
- Percentage of care givers who know the legal age of marriage, 75% - 77% (for girls)/90% (for boys)

These results portray a mixed final understanding of root causes with respondents reporting that they feel there may be a higher incidence of HTP at the end of CSSP than at baseline. This may be an actual higher perspective or it may reflect greater awareness of the problem of HTP. The last 2 indicators seem to indicate an increased awareness of HTP and the laws addressing these practices.

Qualitative data gathered in focus group and key informant interviews in the three ADP’s indicate CSSP has significantly impacted child protection root causes of poverty and social exclusion. This was most evident in the savings and micro-enterprise groups, in particular the BAJAJ taxi and spice market initiatives. In addition, MVF and MVC have been supported to access justice as a recourse to discrimination through local community police and the legal counseling centre to address root causes of injustice such lack of civil registration (birth certificates and registration) and financial maintenance for vulnerable children affected by parental divorce and separation.

Early Marriage and Children’s Agency: The Story of the Freyat and her Journey from Vulnerability to “Slim” Agency and back to Vulnerability
Freyat, the eldest child of four, was 12 when she was called back to her village community of Kimano by her father. She had been living with her aunt in Axum so that she could pursue her studies. She was an exceptional student who was top in her class and especially liked biology. She had dreams of going to university to become a nurse or maybe even a doctor.

She did not want to go home, so her aunt tried to talk to her father, without success. He insisted that she come back to help out the family and complete grade 7 in the nearby town of Seleka. To honour her parents she returned home to live with her parents. It was not too bad at first. She was able to see her younger siblings and at least she could still go to school, but then her father told her that he had arranged her marriage to a friend of the family. A man who would
help to expand their family, as they only had 4 children and wanted more grandchildren to show their prosperity and “wealth”.

Freyat was devastated. She even threatened to commit suicide if her father made her marry the old man who she soon learned was thirty five. She did not want to marry but to continue with her studies. No amount of protest worked, and Freyat at age 13 was married to a man almost 3 times her age. As a consolation, her father did request that the husband allow Freyat to continue to study, but that was all.

After the wedding, she and her husband moved into a rental home near her family. Freyat was expected to carry on the duties of a wife, and despite promises made to her father, the husband forbade Freyat to attend school. He was clear that her role now was to stay home and care for him.

At 14 Freyat became pregnant and was expecting her first baby. Determined to reclaim her life, she went to see her father and told him that she would abort the child if she was not allowed to continue her schooling. After much negotiation, her husband agreed to allow Freyat to return to school after the child was delivered, with Freyat’s younger sister coming to help with the child, a beautiful baby girl named Delowit.

Studying was hard however, much harder than before. Freyat had missed close to three years of studies and could only attend in the afternoon, as she also needed to care for her little girl. She was determined however, and sat for her grade 10 exams. Unfortunately she did not qualify for university so she had to stay with her husband in her village and give up her dreams of becoming a nurse or doctor.

Once Delowit was old enough to no longer breast feed, however, Freyat took her to live with her mother in the village and returned to Axum to live with her aunt so that she could work to gain the 4-500 birr a month that she would need to attend the college to get her health sciences diploma, the next best thing to being a nurse.

Freyat is grateful to the government welfare officer, Mrs. Edsede, for her support with school supplies. Freyat hopes there can be more efforts to raise awareness at the village level to prevent early marriage so that other girls will not have to suffer like she did. She claimed her father knew the law that states that children must be 18 to marry, but told everyone that she was 18 when she was in fact much younger and had no birth certificate. The faith leaders also supported local girls getting married early – though they felt that boys needed to wait until they were 25. Her father’s priority was his own sense of honour, not the well being of their oldest daughter. She finishes by reflecting: “But perhaps if our community’s attitudes change, we can make this issue of early marriage history, I have some choices but only slim ones.”

With more birth registrations being created for children and increased understanding of children’s well being and their rights being promoted by WV with community partners, things are changing slowly but more is still needed especially at the village level and particularly in educating and working with faith leaders in rural communities.

Epilogue
When this case study was originally compiled in November 2014, Freyat was on her way to return to school to finish her health diploma. Unfortunately, when the research team returned to Freyat’s village in May 2015, we learned that her husband had again intervened and forbidden her to continue her studies and convinced her to return to his home. We have not heard from her since.

A Focus Group Discussion with Social Affairs, Woman’s Affairs and Justice in Medebay Zana revealed a gap in scaling programs out to more rural communities. “While there had been good impacts in the main town, this was not the case in other areas. Only 4 of the 20 Kabeles had economic development programs, and distant cells did not get the information or training. Also while this town had reduced early marriage to 0, others had only managed to reduce by 75%. In Masils, 16 arrangements had been discovered, 11
were saved, but 4 are now married”. The Officer felt that this was compounded by the lack of birth registration in more rural Kabeles.

Another gap identified by local government in Ethiopia was the relatively short time frame of the project.

“The integration of the CSSP initiative with Government, Faith Based organizations and Community Based Organizations and Services has been consistent across the 3 ADPS in Ethiopia, but with one year to build the relationships and only two years of implementation, it is in it’s infancy this project. We have achieved a lot, but to attain sustainability we need much more. More time, we are thirsty for more milk!” CSSP Ethiopian project officer.

Challenge: Support for MVF and MVC from Harmful Traditional Practices in Rural Communities

Both the quantitative and qualitative data indicated that while WV has been very successful in urban Kabeles, there is a need to expand on this success to reach MVF and MVC in rural Kabele’s. “WV’s success seems to be concentrated in 3-5 of the 19 Kabeles in this region.” This is highlighted in modest gains indicated in the quantitative data and anecdotal information shared in key informant interviews and focus group discussions that elude to significant challenges in changing deeply rooted social norms on practices such as early marriage in more rural communities. This will be important to bear in mid as WV wraps up the CSSP initiative and integrates child protection into ongoing ADP efforts – that may or may not have a clear focus on protection of the most vulnerable.
Conclusion and Recommendations

The CSSP Evaluation and Theory of Change research attempted to answer a series of key questions. The primary question guiding the ToC is: *How did the CSSP program impact child protection outcomes? What’s working and not working with World Vision’s Child Protection and Advocacy Approach?* The following discussion attempts to answer this question in relation to the 5 sub-questions.

1. **What key changes have occurred comparing baseline and endline data across the DME cycle?**

   1.1 **Key Changes across the CSSP lifecycle**

   In each of the three countries, there seems to be considerable change in strengthening child protection interventions in relation to CPA. All communities participating in CSSP experienced an improvement in child protection outcomes for children. This was captured in baseline and endline quantitative results of parents or caregivers perceptions of safety from data where improvements rose from 53% to 84% in Ethiopia, to 92% - 94% in Rwanda, to 88% - 94% in Tanzania. The quantitative results from Ethiopia and Rwanda are too close to assess significance and it is necessary to triangulate these findings with the qualitative results to understand what’s working and not working.

   Examples of what’s working drawn from quantitative and qualitative across data from the three countries include:

   - Government and civil society working together for child protection from the family to community to district level
   - Creative adaptation of CPA approaches to the local context of government – INGO – community interaction
   - Communities taking strong ownership and leadership of protection committees as a result of CPA and Community Change interventions
   - Children acting as powerful advocates for self and peer protection
   - Faith leaders (Christian and Muslim) playing a significant role as shapers of local social norms in support of child protection and most vulnerable children
   - Community members engaging in community awareness initiatives for child protection
   - Local interventions supporting mediation of domestic violence through home visitors programs
   - Citizen Voice and Action (CVA) interacting with other CP interventions (e.g. ADAPT, Community Change) to mobilize communities in advocating for the rights of vulnerable children
   - The creation of by-laws, such as those enforcing school attendance and protecting girls from harassment, as a local policy and advocacy structure protecting the rights of children

   Areas where programs are either not working or need further strengthening include:

   - Need to improve baseline and endline measures and DME systems for child protection (see recommendations below)
   - Increased integration of CP programs in ongoing WV ADP programing. Given that CSSP interventions are now concluded and the three East African countries do not have stand alone child protection programs, it will be important to ensure adequate integration of the successes identified.
   - Inclusion of MVF and MVC on child protection committees. Some countries, such as Tanzania, achieved success including MVF and MVC on Child Protection Committees. This remains, however, an important area for future growth. Given the success of CSSP in helping communities identify MVF and MVC, report and refer cases, and work with community to develop innovative interventions that address root causes, inviting MVF
and MVC to join protection committees would seem to be the next logical step. If MVC don't have time or will to do this, maybe there could be MVC focal points who are consulted regularly by CPC members.

- **Stronger attention given to long term systemic interventions to address harmful social norms.** There were compelling examples, such as the ADP Manager in Rwanda, of WV staff applying systems thinking in managing complex child protection arose during the research. Still, addressing harmful social norms appears to still be a challenge, particularly in Tanzania and Ethiopia. Changing social norms requires long term interventions that are able to mobilize key social reference leaders, and WV, with it's long term (15 year) ADP program cycle and close working relationships with Faith leaders and other social opinion leaders at the community level, is well positioned to take a leadership role in changing these practices. This may require CPA program adjustments, especially where protection programs have a more limited lifecycle.

### 1.2 Challenges in Child Protection DM&E: Baseline and Endline Difficulties

DME (in particular ADAPT, baseline and endline data gathering) is working in some contexts and provided useful qualitative comparisons, however significant limitations were encountered in the study and the application of DM&E to child protection requires further strengthening. Quality of data across the three countries varied considerably and some data appeared contradictory and implausible. Unfortunately, some indicators only had endline data and no baseline was available. In other cases, the quality of data was questioned and there appeared to be confounding factors of social desirability with a number of indicators (e.g. % of parents who know reporting mechanisms, and % parents who know existing child protection law).

In addition, a sampling method developed by the research team to help disaggregate MVF was unsuccessful due to time constraints with the DME teams and pressures of collecting the CSSP endline data amongst other DME responsibilities. It is hoped this approach might be used in future WV Child Protection DME interventions

Specific areas with recommendations to address these constraints include:

- **Context:** Refine existing quantitative and qualitative indicators and the technical capability for respective monitoring methods to allow for a deeper analysis and understanding of locally contextualized, key risk and protective factors affecting children, across the lifespan and across different community locations and situations

- **Triangulation:** Develop more explicit guidelines for triangulating quantitative and qualitative data to support the process of understanding local risk and protective factors in context, including better understanding issues of MVC

- **Validity:** Focus greater attention on issues of validity of data, especially in comparing quantitative and qualitative data, for example reviewing where data appears incongruent or where qualitative data highlights specific aspects of quantitative findings

- **Sampling:** Review sampling procedures to allow for public health approaches to sampling that purposely sample across communities, including participants within WV ADP programs those not included as well as sampling for most vulnerable families and children. Such a diversified sampling approach is crucial for taking stock of community ownership of particular approaches such as CPCs

- **Linking monitoring and practice:** Explore opportunities to better integrate teams involved in child protection with DM&E. This could be readily carried in approaches such as ADAPT where there is a natural practice/M&E “space”, however this would also likely result in better learning and outcomes for children in the baseline and endline stages

- **Most vulnerable children:** Apply tools to support indicators focusing greater attention on identifying MVC and understanding their unique situations
• **Community engagement:** In relation to the DM&E/practice recommendation, build on the strengths of the ADAPT process. ADAPT already meaningfully engages adults and children in discussion on child protection and this could be extended to enrich the data validation of the baseline process. Also, increased engagement with and ongoing monitoring of MVC, using their own narratives and participant observation to elevate our understanding of their situation.

2. **Which parts of the formal/non-formal mechanisms does the CPA intervention change?**

2.1 Overarching areas of formal non-formal systems strengthening

Overarching areas of success in strengthening formal and non/formal mechanisms include the following:

- **Strengthen government-community collaboration** as was the case in Rwanda and Ethiopia tailor child protection strategies to build on government child protection priorities in building community lead “bottom up” solutions to government identified CP challenges

- **Empowering and equipping local government actors** to identify community strengths and natural child protection advocates (e.g. faith leaders, women’s groups, child and youth leaders) to assist in mobilizing and raising awareness

- **Supporting community processes that emphasize the encouragement of local non-formal child protection actors**--children, religious leaders, women’s groups, etc.--to get involved in child protection and also to collaborate with formal actors

- **Enhancing the capacity of existing CP duty bearers** such as social welfare officers to report and refer cases and develop innovative new mechanisms such as women’s groups assisting in local psychosocial support and community police officers intervening in protection, mediation and case management and referral

- **Opening “social space” for child and youth advocates** to help inform local understanding of vulnerability, protection and agency and assist as equal partners developing strategies and solutions to addressing local protection risks

- **Using district level bi-laws** especially when linked to local advocacy strategies such as Citizen Voice And Action, as an innovative local child protection advocacy and policy mechanism

2.2 Areas of change specific to CPA programming interventions

One of the key areas of investigation in the research was the capacity of specific CPA interventions to create positive change to improve outcomes for children. Results from the 5 CPA areas emerging from the results are summarized below.

**Mobilizing and Raising Awareness**

All countries involved in the study, were successful in raising awareness and mobilizing communities in support for child protection. Many significant changes were identified in the results and often these were a direct result of interventions from Community Change, Home Visitors, Child Rights Training and Channels of Hope. The following practice highlights stand out as particularly noteworthy.

**Recognizing the Personhood of Vulnerable Children.** In many contexts, there are groups of children, and in some instances their entire families, who are extremely socially isolated. In these cases a first step is raising awareness about the fundamental humanity of these children. The children with a disability referenced in Rwanda, the street children in Ethiopia or pregnant girls in Tanzania were all examples where their humanity was forfeited due an actions that were not of their doing. Community insights gathered during the research underscore that even before raising awareness about child protection, awareness needs to be raised about the inherent humanity of the child. Some children still remain outside of the human family circle, as defined by local social norms and practices. This would be a good place to work via communities of faith and community leaders to achieve the dignity of all children.
Local Contextualization Enhancing Resilience and Sustainability. The example of Wajibika in Tanzania, highlights how CPA programming, starting with mobilization and awareness raising, can successfully be adapted to local culturally context. This builds resilience and sustainability as child protection programs are infused with values uniquely shaped to the local cultural context. World Vision’s proximity to community and capability to partner with local cultural leaders provides for rich opportunities to deepen the understanding of individual and collective resilience. Starting with the broad vision of Wajibika and operationalizing this by applying local values, translating materials, and drawing more on local Elders and cultural experts would further program reach and sustainability.

Begin with Self, Build Trust and Reinforce the Child Rights Laws. Often rule of law approaches to human rights are portrayed as lying on an opposite end of the spectrum from more personalized, contextualized approaches to child protection. One of the striking features of WV’s CPA programs is their ability to intertwine a focus on starting with one’s own personal beliefs, applying rights as an entry point to building relationships of accountability and referencing the rule of law to reinforce messaging on child rights to protection. This resulted in awareness raising communication that was more intrinsic and less coerced than has been the case in other child rights campaigns where messages carry underlying threats that local communities are inherently dangerous and children must be saved by the law. The examples provided in all three countries of teachers, health workers, and faith leaders describing the personal awakening to child rights, often within their own family, spoke to the effectiveness of later law based campaigns, including advocacy campaigns that were often lead by these local opinion leaders. This approach is especially helpful in building local ownership for child rights in traditional contexts where concepts of human rights may be foreign.

Strengthening Reporting and Referral
Reporting and referral is frequently described as the core of child protection practice. Success was achieved in all three countries in identifying and reporting children who had been abused, exploited and neglected, including many very vulnerable children. Home Visitors program and Citizen Voice and Action interventions were frequently cited as influencing these positive results.

Adapting to Local Government-Community Partnership Context. Rwanda, Ethiopia and Tanzania each have a very unique, dynamic governance context. This requires great sensitivity on the part of INGO’s to work closely with government and to provide the type of support requested by local community stakeholders, local government service delivery agencies, and national policy bodies. World Vision has clearly been successful in each of the three CSSP countries chosen for the project. In Rwanda and Ethiopia, for example, where national governments require a high level of convergence with government led policies and programs for children, youth and families, WV was able to clearly and explicitly support these policies. This led to adaptations of existing programs, such as Citizens Voice and Action advocacy being reframed as Community Education for Development (CEDD), without losing its inherent ability to empower local citizens to hold government for children’s rights. This often resulted in successful bottom up advocacy that was lead by local communities and allowed in a way that was acceptable and non-threatening to government.

Key Attributes of Sustainable Child Protection Committees: Gender, Personal Qualities, Influence, Continuity and Capacity. While each country used diverse approaches to community-based child Protection Committees as the primary mechanism to lead reporting and referral processes, the way in which these mechanisms evolved shared certain characteristics. In all cases CPC’s combined local stakeholders and leaders (including faith leaders) with government representatives from different ministries (e.g. health, education, justice, economic development). Key attributes included: Gender: Having an equal composition of men and women and strengthening women’s voice; Personal qualities: Selecting of members with a passion for children’s well being; Influence: Finding members in positions of influence such as government leaders, community leaders and Faith leaders; Continuity: Ensuring
continuity of staff; and, Capacity for CP interventions. These attributes speak to WV’s success in managing diversity and providing for genuine inclusion, something the global review of CPC’s found to be a significant impediment.

**Taking a Restorative Approach to Child Protection: The Importance of Dispute Resolution.** Across the global child protection sector, criticism is growing of “child saving/punitive” approaches to reporting and referral that don’t take into account the deeper healing needs of children, families and their communities. This is particularly relevant in countries such as Rwanda where the collective legacy of the genocide is now manifested in domestic violence and abuse. The protection practice in each of the three countries, whether it involved the “family discussions and contracts” in Rwanda, the “soft law” in Ethiopia, or the faith lead counselling in Tanzania, were oriented to protecting vulnerable children’s best interests while appropriately reporting protection violations. The hard work in protection involves balancing these two positions. Unlike in many Euro-American CP contexts where families are not supported by protection interventions, the work in East Africa showed a remarkable capacity to resolve local disputes and engage families and communities in a longer term healing journey that ultimately resulted in broader social well-being. This child centred, restorative process warrants further research and documentation and lessons learned should be disseminated more widely in the sector.

**Supporting Vulnerable Households**

Many vulnerable households were positively supported through WV’s livelihood and social protection programs. The following key themes stand out as especially noteworthy across the three countries.

**Growing Chickens and Social Protection Women’s Savings Groups, Food security and Support for Most Vulnerable Families and Children.** One of the greatest value added benefits that World Vision’s ADP structure brings to CP interventions such as CSSP, is the ability to situate child protection interventions in long term local poverty alleviation programs. Particularly note worthy are interventions such as Tanzania’s poultry programs, Ethiopia’s rabbit raising and water initiatives, and Ethiopia’s microcredit and Bajaj (local taxi) programs. All of these program interventions were guided by very vulnerable families to ensure basic needs were being met while also supporting MVC. Outcomes included a variety of social protection benefits including: greater school enrolment for girls; street children finding safe meaningful employment that allowed them to stabilize their lives and eventually return to school; and the ability of families to feed and therefore provide love and care for all of their children.

**Taking an Intergenerational Approach.** One of the greatest, non-tapped renewable social resources in communities in collective societies, such as those found in most parts of Africa, is the social capital harvested in bringing together the wisdom of the Elders with the energy and creativity of children and youth. Wonderful examples were found in CSSP from children’s clubs in Rwanda seeking advice on CP campaigns from Elders, children in Tanzania working with traditional leaders to adapt *Wajibika* messaging to be relevant to all ages, and youth partnering with Imam’s and Pastors in Ethiopia to tailor faith messages to create greater community awareness and more support to most vulnerable families. The Peace Road curriculum, introduced towards the end of the project played a key role in the process. World Vision should further explore the concept of peace as a catalyzer of positive social norms that can be leveraged to inform and further contextualized child protection programming. This is especially pertinent in societies like Africa, where respect for Elders is a key social value, and this respect can be combined to enhance children’s agency, resulting in mutually reinforced compassion.

**Strengthening Children’s Life Skills and Resilience**

WV’s support in establishing children’s clubs and implementing PeaceRoad curriculum were key drivers to engage children, including MVC, in meaningful community participation.
Gendered Approach, Girls Empowerment. While deep systemic challenges were found in many of the ADP’s participating in CSSP, especially in Tanzania, significant success was achieved in promoting girls’ meaningful engagement in protection activities. River of Life research with children identified key life skills that strengthened resilience. These included activities from Community Change and PeaceRoad that enhanced girls’ ability to build social networks, communicate in public, and partner with local leaders to develop action plans for MVC. Examples of girls participating effectively on child protection committees in Tanzania are clear indicators of this success. This success should be broadened to address other areas where girls are vulnerable, such as inequitable allocation of domestic activities between sons and daughters, and lessons should be shared with countries where girls have yet to be as successfully included on community protection mechanisms.

Nurturing Children’s Inherent Agency and Innovation. While certain WV CPA programs such as PeaceRoad are designed to enhance children’s resilience and agency, it is nevertheless surprising how children took their own initiative to be heard and considered prior to the introduction of PeaceRoad during the CSSP lifecycle. Examples, such as Raphael in Rwanda, advocating with local Village Heads and WV ADP Managers to better understand the local context of MVC and to more directly support these children are indicative of children’s natural inclination towards social justice when an enabling environment is created. There were other examples where sadly, this agency was short lived and eventually succumbed to deeply rooted harmful practices, such as early marriage in the case of Freyat in Ethiopia. The recommendation for WV is to introduce curriculum like PeaceRoad earlier on to nurture and grow this natural drive in many young people to help their peers and those less fortunate than themselves.

Addressing Root Causes of Protection Issues
One of the key areas of success in the three WV EARO was the identification of root causes by community members during ADAPT and the subsequent targeting of root causes through interventions such as Community Change, Home Visitors, Child Rights training and Channels of Hope. In a number of cases, especially in Rwanda, Citizen Voice and Action interventions helped expand and scale this focus on root causes by engaging different levels of child protection systems such as District and National government agencies.

Build on Helpful Old and New Social Norms in Addressing Harmful Social Norms. Many African child protection initiatives take a targeted approach at reducing harmful traditional practices such as child labour, early marriage and FGMC. Increasing research is investigating the key social norms underpinning these HTP’s and the role local opinion leaders play in reducing the influence of these norms. The CSSP project results reveal two key variables in this process. The first involves “change from within, by understanding and enhancing deeply rooted positive social norms supportive of children’s safety and well being, such as values of inclusion, compassion and collective responsibility such as Wajibika. The second is based on WV recognizing and reinforcing the creation of new social norms, such as education and child rights, both of which were identified as emergent norms fostering greater empowerment of vulnerable children, especially girls.

Building on Positive Solutions: Leveraging Positive Deviance. In keeping with the deficit oriented focus of much of child protection, most CP community interventions focus on identifying what’s going wrong with protection for children before trying to reduce these risks and manage the crisis resulting from them. Many of the ADP’s involved in CSSP had taken a more holistic approach in also leveraging endogenous, positive solutions. The case of the family in Tanzania supporting their daughter through two pregnancies in order to allow her to finish school, and the manner in which the WV CP staff built on this local success is commendable as an example of practice rooted in positive deviance, a solution or assets oriented approach to managing human adversity. The concept of positive deviance, informing systems approaches to child protection, is a powerful counterpoint to the prevalent risk oriented strategy of most CP programs. WV’s work also built on local strengths and protective factors, thereby supporting resilience
and sustainability and reducing the stigma and low levels of agency typically seen in deficits oriented approaches.

3. Are there unanticipated changes and how have children and adults contributed to this change?

3.1 Positive unanticipated changes
- Children expressing agency in the midst of great vulnerability
- Faith leaders from different religions finding common ground in support for vulnerable children and families
- Unusually high levels of collaboration between communities and formal stakeholders in contexts such as Rwanda and Ethiopia where government is trusted and has a deep presence at local levels.
- CPC’s and families implementation of family “agreements” (e.g. in Rwanda and Ethiopia) as a measure of local accountability in the context of domestic violence
- Deeply rooted cultural norms, values and practices changing relatively quickly when strategically addressed

3.2 Negative unanticipated changes include
- Harmful traditional practices changing in an unanticipated and socially hidden manner (e.g. FGM being carried out secretly with infants upon birth instead of with teenage girls)
- Unanticipated scale of problems such as single mothers and abandoned children overwhelming existing resources and community capacity for an adequate response
- Once psychosocial needs are identified by community, not enough trained staff are prepared to support reintegration and psychosocial support
- Citizen advocacy for increased enrolment of vulnerable children resulting in a sudden increase in the numbers of children in school leading to overcrowded classes and a drop in the quality of teaching and learning
- A number of core communities achieve success and advocacy and capacity development strategies have not kept pace with this success to scale up to higher levels of government and out to other (often more remote) communities
- Sometimes the experience of interacting with the most vulnerable children, such as street children, or children who have experienced extreme levels of violence and degradation requires specialized skills that WV staff may not be equipped to manage.

4. What are the implications for World Vision’s Child Protection Theory of Change and Systems Approach to Child Protection Model?

In general, the research findings show that World Vision is on the right track with its focus on strengthening formal and non-formal child protection systems strengthening. This is further reinforced by the findings emphasizing how the each of the components of the CPA programs plays a unique and interactive role in this process. For example reporting and referral is most successful when it follows from an awareness raising process that builds local trust and understanding. Similarly, when root causes are addressed prevention and early interventions are enhanced. This in turn reduces the burden of reporting and referral mechanisms such as community protection committees.

There are implications from the EARO CSSP research on World Vision’s emphasizes the Theory of Change, and specifically the role of the “key actors” and the “enabling factors” for CP systems change.

Challenge: Applying CPA in Urban Contexts. First the five key actors all clearly played a very important role in strengthening formal and informal CP systems change. World Vision has correctly identified these actors (children, families, communities, faith leaders and government) as key partners with whom the agency can effectively work in the current ADP context. One consideration for future interventions is that
the 5 actors are typical of many rural agricultural communities, and as WV becomes more active in urban settings consideration should be given to other key actors who play an important role in municipal or other large urban child protection contexts. These would include: emergent youth groups, the private sector, communication partners, and those involved in shaping public-private social space (e.g. housing and transportation). For example, the municipality of Medellin, Colombia was recently awarded the Innovative City of Year prize for it’s work in applying accessible urban transport and locally owned social housing to reduce protection threats to children and families in violent urban favelas.

**Challenge: Balancing CPA Outcomes with Process.** A second, recommendation is that the 5 CPA programming areas be strategically linked as drivers in the change process. It is understood that in many instances WV country CP programs have free reign in choosing which of the CPA programs will be applied and in what order. In the CSSP experience a systematic approach that started with ADAPT followed by Community Change, Home Visiting, Channels of Hope, and Citizen Voice and Action was a successful combination of programs that allowed for empowerment, awareness raising, referral and reporting and support for vulnerable households, culminating in informed “bottom up” advocacy. The one suggested alteration to the CSSP CPA process, already highlighted in the findings, would be to introduce PeaceRoad, or another curriculum that intentionally promotes children’s meaningful participation, earlier in the program.

A recommendation flowing from the success to these successful progressive stages relating to CPA indicators is to develop and apply process indicators for child protection that would reinforce outcome indicators. For example, current CPA indicators reflect outcomes relating to the 5 core themes and in future may reflect the Systems Approach to Child Protection model formally the 5x3. Given the CPA process success identified in this research it would also be helpful to develop parallel process indicators. For example, the first steps in a CPA program should reflect increased trust with WV in recognizing child protection issues, a next indicator would reflect increased awareness, then reporting and referral, citizen engagement and advocacy, community program learning, meaningful child participation, through to successful reintegration and rehabilitation of MVC, and finally successful and impactful ongoing monitoring and evaluation.

**Challenge: Emphasizing Local Concepts of Well Being and Key Root Protective Mechanisms in Mitigating VAC.** Thirdly, the three enabling factors (building capacity, strengthening collaboration and addressing root causes) all did contribute significantly to the positive outcomes experienced by vulnerable children and their families in Ethiopia, Rwanda and Tanzania. There were other enabling factors, however, that should also be considered as they played an equally important role and are mostly unrepresented in the current theory of change. The first is the importance of a human strengths orientation that should become an equal and explicit counterpart to WV’s focus on key risk areas. This research suggests that the present WV focus on reducing four root causes of risk (extreme economic hardship, discrimination, social exclusion, harmful social norms and catastrophic disasters), should be balanced and informed by a focus on developing key root protective mechanisms.

Drawing from the research findings in the three East African countries involved in this research, these root protective mechanisms would include:

- Endogenous cultural norms of inclusion, compassion and accountability
- Newly emerging social norms of education and child rights
- Local dispute resolution traditional social knowledge, beliefs and practices
- Children’s inherent agency and innovation

Finally, while it is understandable that World Vision is strategically orienting protection campaigns to “protect girls and boys from violence”, this should not be at the expense of having a long term goal, and perhaps a higher aim, to promote children’s inherent human dignity and well being. A VAC approach is a deficits approach as it says only what is wrong. To address VAC requires building on strengths. There are two risks that emerge from the EARO ToC research, in centring a Theory of Change on protection from violence. The first is that at the local level, communities’ own theories of change for child protection are

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typically grounded in a desire to reduce violence in order to achieve positive healthy outcomes and thriving for their children. Most traditional values in communities, supported by faith beliefs, promote human compassion and well being in overcoming adversity. This isn’t to negate the importance of calling out violence in all its forms as a serious threat to children’s well being. However, the experience from the research in the ADP’s participating in this study indicate that change at the local level is most powerfully galvanized by appealing to children, families, and opinion leaders’ sense of resilience, optimism and collective human dignity.

In summary, a further note of caution needs to be exercised in shaping community protection campaigns on the theme of violence, as this is often understood in a narrow physical violence context, and excludes the needs of neglected children. In reviewing the rich evidence across the two years of research, issues of neglect were typically more common than physical violence in the three countries. Mostly this neglect was poverty induced and not a result of poor parenting and corporal punishment. In fact when care providers were given socio-economic opportunities and skills to listen to children, protection concerns were generally quickly ameliorated.

There is a terrible irony in the situation of many of the neglected children interviewed in this research. This lies in the fact that while many of these children are excluded because of issues of domestic and structural violence, it is their experience of psychological exclusion and social neglect that is perceived as most harmful. A possible solution to this challenge is to integrate a more explicit well being orientation to the Theory of Change and identify neglect and social exclusion as one of the most prevalent forms of structural violence. Given World Vision’s deep experience in applying empowering poverty alleviation strategies to support inclusion of MVF and MVC, the agency is uniquely positioned to bring a potent message of hope grounded in the strengths of the human family that can inform the widespread global narrative on violence and fear.

5. What is WV’s unique strategic value added in the context of global child protection systems strengthening efforts based on regional East African learning?

The ToC research in the four East African countries highlights the rich experience and learning potential of World Vision community level interventions in strengthening formal and non-formal child protection mechanisms. The practice based experience of deep engagement with responsible government protection agencies, as well as key adults and children in a variety of community contexts, positions WV as a significant global actor in shaping the discourse on child protection systems strengthening.

It was especially interesting to note the difference in WV’s role as a key stakeholder in building capacities for government and community collaborating, and reporting and referral. This varied in innovative ways between contexts such as Rwanda and Ethiopia where the national government requires a high level of INGO compliance in working closely with all levels of government mandated CP strategies, and Tanzania and Uganda where INGO’s have more leeway to act independently. In both scenarios WV was assisting government in meeting its obligations to provide quality CP interventions, in the more mandated settings this often took the form of emphasizing training and capacity building, whereas in less restricted settings this allowed for a greater range of activities from capacity building to direct support to MVC and MVF through diverse ADP structures.

In regards to sustained value added, as already stated, part of WV’s value added in strengthening community child protection systems is the way in which root causes affecting child and family vulnerability can be addressed through a wide variety of ADP poverty alleviation and empowerment activities. The 15 year timeframe of ADP interventions helps in this regard to sustain these efforts, though it would be important to see how these interventions are continued by community members and government beyond the 15 year ADP horizon (which this ToC research does not have the capacity to do).

Specific recommendations to further enhance this strategic value include:
• **Engage communities**, in particular child protection committees, more deeply in the Theory of Change and in particular the DME process as partners in community learning.

• **Link and enrich the connections between child protection processes and poverty alleviation work**

• **Work with MVF and MVC more closely** to better address issues or program inclusion and impact. Emphasize the importance of reaching out regularly and monitoring over time the situation of MVC. Also, develop a strategic plan for addressing MVCs, taking care not to try to do everything, rather focusing on particular issues that seem ripe or are most pressing.

• **Build on the experience of supporting vulnerable single mothers and their children as a unique area of WV experience**

• **Implement ethical interviewing approaches** to building trust and relationship without increasing expectations too much; doing deliberate outreach and monitoring; capacity to develop useful case studies.

• **Consider equipping child protection and DME staff with tools** more specifically tailored to the needs of MVF and MVC (e.g. population health purposive sampling strategies, contextualized child protection psychosocial support tools for MVC)

• **Leverage the results of this research to strengthen advocacy at all levels** (e.g. working with CPC’s and MVC to leverage district level bi-laws to higher level policy interventions)

• **Enhance meaningful child participation by working more closely with most vulnerable children as key stakeholders** in the Theory of Change and program DME cycle

• **Further document advocacy work**, identifying factors that contributed to impact.

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Bareg boy from WV CP Program, Lake Eyasi Tanzania

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