

A child protection Theory of Change research
study to strengthen formal and non - formal
protection systems in Rwanda, Uganda,
Tanzania and Ethiopia

(Baseline and initial impact report)



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Executive Summary

Background

The following report describes a first phase of research in implementing a World Vision (WV) regional East African child protection Theory of Change (ToC). The research 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.

Specifically, the ToC seeks to assess World Vision’s CPA impact in strengthening child protection systems, in particular elements of formal (government) and non-formal (kinship, child to child – peer relationships, community children’s “natural advocates”, faith communities, supportive cultural practices) systems.

This occurs in relation to the specific CPA interventions including:

- Mobilize and raise awareness (such as Community Change, Channels of Hope)
- Strengthen reporting and referral mechanisms
- Support vulnerable households (such as Home Visitors, Celebrating Families/ Positive Discipline)
- Strengthen children’s life skills and resilience (such as Peace Road)
- Address other root causes to protection issues (from CP Analysis*)
- Local level advocacy

The Theory of Change results from a global consultation process initiated in June 2013 and concluding in February 2014. The ToC is further guided and interpreted by the CP 3X3 essentials. Made up of the following:


3 Actors	3 Enablers
1. Strengthening families as the first line of protection and care for children	1. Establishing and increasing local level collaboration between formal and informal actors to strengthen child protection
2. Empowering children as actors in the child protection system	2. Integrating focused child protection efforts with other sectoral interventions (e.g. water, livelihoods, education)
3. Catalysing the unique and essential contribution of churches and other faith communities to strengthening child protection	3. Leveraging our long-term presence in communities for national, regional and global influence to establish the importance of child protection for development and humanitarian outcomes

Guiding research question and sub-questions

The CPA Theory of Change research in the four East African countries had the overall research question: *Clarifying CPA outcomes for vulnerable children and their communities, what’s working and not working?*

This guiding question is further guided by a number of key sub-questions, including:

- i. What is the ongoing learning from the baseline data and **DME cycle**?
- ii. Which parts of the **formal/non-formal mechanisms** does the CPA intervention change?
- iii. What are the **measurable changes to behaviors, attitudes, norms and cultural practices**?
- iv. Are there **unanticipated changes** and how have children and adults contributed to this change?
- v. What is **WVI’s unique strategic value added** in the context of global child protection systems strengthening efforts based on regional East African learning



The first phase research follows two regional training workshops with staff working in ADP sites in Rwanda (Ubumwe), Uganda (Nabukalu), Tanzania (Lake Eyasi and Mtinko), and Ethiopia (Medebay Zana).

The findings focus on assessing the CPA ADAPT and baseline data gathering process and ongoing DME, as well as initial CPA programming impact resulting from WV CPA strategies such as: CP ADAPT, Community Change, Home Visitor, and Citizen Voice and Action (CVA). The findings also explore the influence of WV's broader survival, poverty alleviation and livelihoods interventions on child protection outcomes for most vulnerable children (MVC) and their families as well as unanticipated interventions developed by community members, including children.

Methods

A variety of research tools were used to build on the analysis of ADAPT and baseline data. Specifically these tools were applied in each of the countries to gather formal/non-formal systems strengthening information on both baseline and measuring the impact of initial child protection programs as well as the broader impact of ADP interventions. These tools included:

1. Summary Circles of Risk and Protection Factors (conducted with CPC members and children, N = 20-30 participants)
2. The River of Life: Most Significant Change activity (conducted with CPC members and children, N = 20-30 participants)
3. Focus Groups with Child Protection Committee members (adult participant, N = 2--30 participants)
4. 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)
5. Case studies with most vulnerable children and family members involved and not involved in World Vision programming (N = 3-4)

Results

In each of the four countries there seems to be considerable success in strengthening the facilitation of formal and non-formal child protection mechanisms.

Examples of what's working 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 (as in the case of Uganda)
- **Community child protection committees and families implementing and monitoring family "agreements"** as a measure of local accountability
- **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 not working or need further strengthening include:

- **Improving baseline and DME systems** (see recommendations below)
- **Inclusion of children on Child Protection Committees** (ideally nominated by their peers)
- **Need for an evidence informed understanding of most vulnerable children and their families**
- **Inclusion of MVF and MVC** on child protection committees
- **Stronger attention given to systemic, especially gender related challenges to accountability and functioning of child protection committees**

Recommendations

Recommendations for DME: ADAPT and Baseline data gathering

I. What is the ongoing learning from the baseline data and DME cycle?

DME (in particular ADAPT and baseline data gathering) is working in some contexts but could be further strengthened. Specific recommendations to this end address issues of:

Context: Refine existing quantitative and qualitative indicators and 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

Focus on strengths/protective factors in relation to risks: Including questions on strength/protective mechanisms in relation to existing questions on risk factors. While the baseline survey does ask participants about their knowledge of referral processes and existing laws, this could be enhanced with more specific on non-formal mechanisms including questions asking about the strength of more “organic”, community and cultural assets, such as the role of extended family, nature of peer support, and other support networks, including faith networks.

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

Most vulnerable children: Apply tools to support indicators focusing greater attention on identifying MVC and understanding their unique situations

Community engagement: 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.

Recommendations for increasing program impact in strengthening formal and non-formal mechanisms

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

The CPA interventions are changing many part of the formal/formal mechanisms. Examples include:

- **Empowering and equipping government** 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 community 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** as an innovative local child protection advocacy and policy mechanism

III. What are the **measurable changes to behaviours, attitudes, norms and cultural practices?**

- **Changing risk behaviours of children** (e.g. boys deciding not to enter the informal gold mines, girls choosing to go to school instead of taking domestic work)
- **Families changing child rearing and parenting styles** to a culture of peace using positive discipline orientation
- **Teachers advocating for the rights of vulnerable children**
- **Reduction and elimination of certain harmful cultural practices** such as witchcraft and child sacrifice
- **Raising awareness of the problem of early marriage and lack of birth registration?**

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

Positive unanticipated changes include:

- 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 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

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
- 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

- 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

V. **What is WVI'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
- **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 (e.g., the situation of girls and sexual exploitation in Uganda).
- **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 by-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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Background: Guiding Research Question of the Theory of Change

Between April and October 2014, a group of researchers from the International Institute for Child Rights and Development (IICRD) and Columbia University, conducted a first phase of research in a World Vision (WV) regional East African child protection theory of change (ToC). The research specifically focuses on World Vision’s Child Protection and Advocacy (CPA) and related Design, Monitoring and Evaluation (DME) interventions. Specifically, the ToC seeks to assess World Vision’s CPA impact in strengthening child protection systems, in particular elements of formal (government) and non-formal (kinship, child to child – peer relationships, community children’s “natural advocates”, supportive cultural practices) systems.

The CPA Theory of Change research is applied in four East African countries, Rwanda, Uganda, Tanzania and Ethiopia. The ToC has the overall research question: *Clarifying CPA outcomes for vulnerable children and their communities, **what’s working and not working?***

This guiding question is further guided by a number of key sub-questions, including:

- vi. What is the ongoing learning from the baseline data and **DME cycle?**
- vii. Which parts of the **formal/non-formal mechanisms** does the CPA intervention change?
- viii. What are the **measurable changes to behaviors, attitudes, norms and cultural practices?**
- ix. Are there **unanticipated changes** and how have children and adults contributed to this change?
- x. What is **WVI’s unique strategic value added** in the context of global child protection systems strengthening efforts based on regional East African learning

Strengthening Formal – Non-formal Child Protection Mechanisms

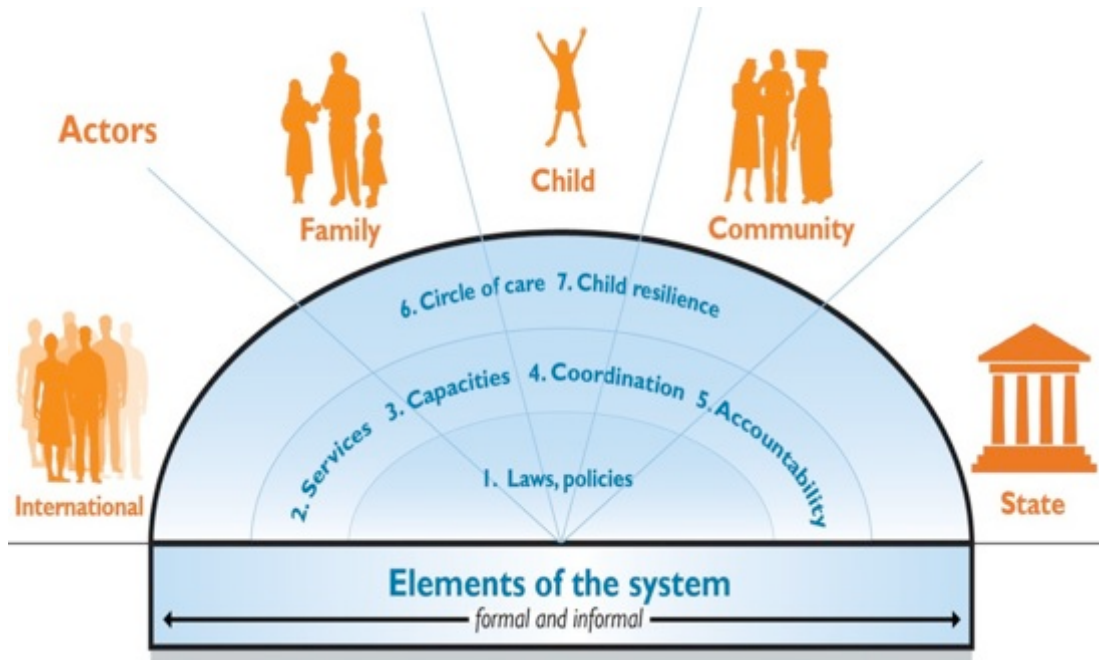
The Theory of Change research addresses a growing global realization within the child protection sector, that stand-alone government protection efforts often have limited success. In comparison, “Bottom up” initiatives in which communities, including children and families, are actively and meaningfully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

Formal CP actors (or mechanisms) include government statutory protection interventions, often based on identification and amelioration of 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) and 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 labor practices; while identifying practices that promote child well-being like naming ceremonies and the role of local support networks, and also allowing for the creation of new options and alternatives to harmful practices.

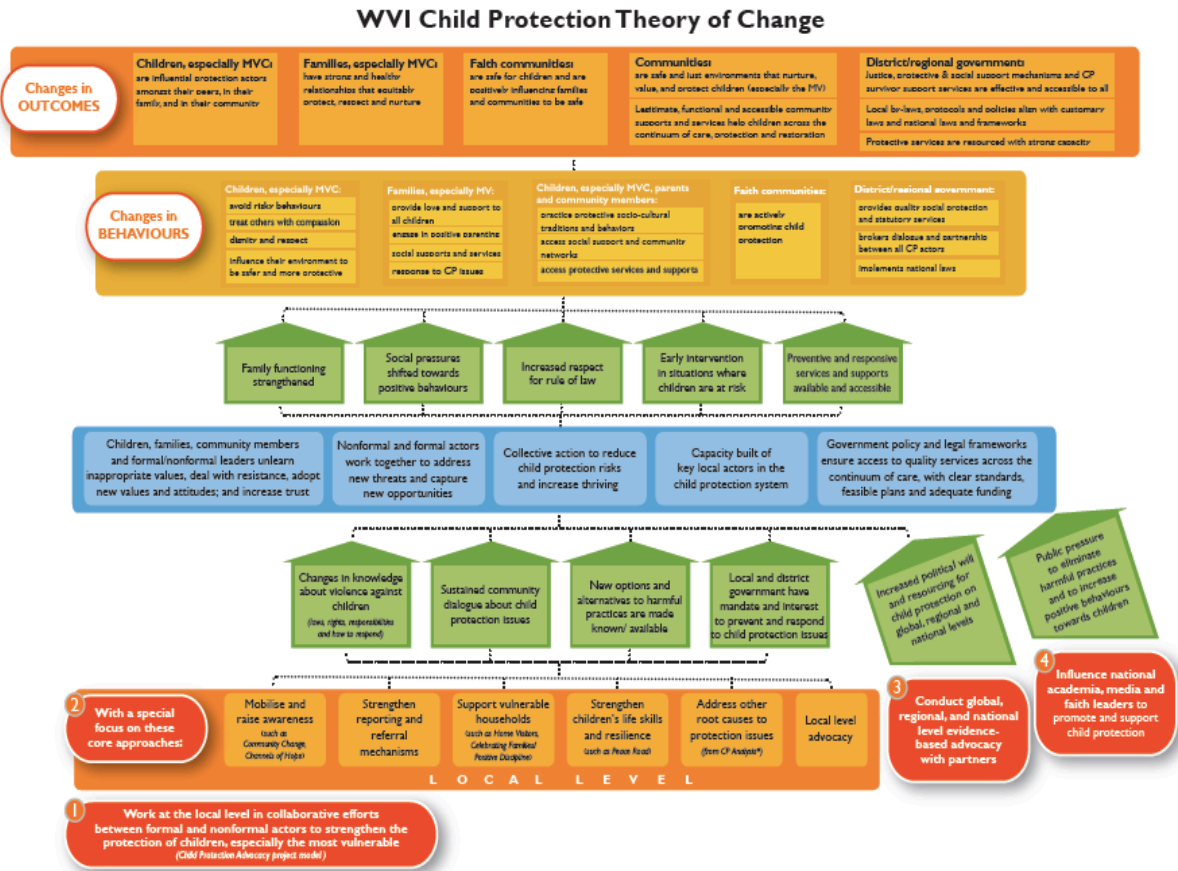
The two-year partnership between the International Institute for Child Rights and Development (IICRD), Royal Roads University, Columbia University and WV International (WVI) and WV East African Regional Office (WVEARO) is applying a participatory, collaborative approach of mutual learning and respectful dialogue coupled with a long-term approach of social change guided by community members and WV staff. To manage appropriate ethical standards the research follows 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 aims 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 Application to Four East African Countries

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”

The full Theory of Change is shown below.



World Vision's Essentials of Child Protection

Within the broad range of entry points and interventions for child protection systems strengthening, 3X3 Essentials of Child Protection for World Vision are identified. World Vision focuses on 3 Actors and 3 Enablers as the Essentials that define the particular value and contribution that World Vision can bring both to a systems strengthening approach. These 3X3 Essentials are the framework for evidence-building, that guide the CP ToC and the focus of global investment in capacity-building and project model development. They are the targets for influencing wider practice and learning in the child protection, humanitarian and development community.

The 3 X 3 Essentials are:

3 Actors	3 Enablers
3. Strengthening families as the first line of protection and care for children	2. Establishing and increasing local level collaboration between formal and informal actors to strengthen child protection
4. Empowering children as actors in the child protection system	4. Integrating focused child protection efforts with other sectoral interventions (e.g. water, livelihoods, education)
5. Catalysing the unique and essential contribution of churches and other faith communities to strengthening child protection	4. Leveraging our long-term presence in communities for national, regional and global influence to establish the importance of child protection for development and humanitarian outcomes



Key Features of the WV ToC

The 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

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

Key Root Causes of Risk

- Extreme economic deprivation of children and their care givers
- Discrimination
- Social Exclusion
- Harmful social norms and traditional practices
- Catastrophic disasters

Key Root Protective Mechanisms

- Survival and livelihood needs met
- Caring, nurturing relationships
- Social empowerment, agency, and opportunity
- Justice and accountability

Within the action research process change is be leveraged from rich local learning through WV's core CPA approaches, which is then be applied to systems change at the district, national and international level. These approaches focus on the following areas of form/non-formal CP systems change:

- Mobilize and raise awareness (such as Community Change, Channels of Hope)
- Strengthen reporting and referral mechanisms
- Support vulnerable households (such as Home Visitors, Celebrating Families/ Positive Discipline)
- Strengthen children's life skills and resilience (such as Peace Road)
- Address other root causes to protection issues (from CP Analysis*)
- Local level advocacy

Evidence gathered from these approaches is applied to influence national academia, media and faith leaders to promote and support child protection.

Results from the CP ADAPT and Baseline data process

Data from CP ADAPT and the Baseline data was collected prior to the start of the ToC. The ToC research team was therefore not present for the actual baseline data gathering so all comments are based on a post hoc desk review of the final summary reports.

Summary of Child Protection Activities Undertaken to Date

The following table describes the key child protection activities undertaken to date across the four countries and respective ADP's.

Intervention	Rwanda Ubumwe ADP	Uganda Nabukalu ADP	Tanzania Lake Eyasi ADP	Tanzania Mtinko ADP	Ethiopia Medebay Zana ADP
ADAPT	Yes (aggregate for 2 ADP's)	Yes	Yes	Yes	Yes
CPA Baseline	Yes (aggregate for 2 ADP's)	Yes, including additional research conducted on Disabilities, Child Prostitution and Child Labour	Yes	Yes	Yes
Community Change	Yes	Yes	Yes, but not yet implemented	Yes, but not yet implemented	Yes
Home Visitor Program	Yes	Yes			
Citizen Voice and Action (CVA)	Yes	Yes			
Peace Road (life skills)	No, planned as next stage	No, but some life skills training provided	No, planned as next stage	No, planned as next stage	No, planned as next stage
Child and Youth Clubs	Yes - working with school clubs	No	Informal youth clubs	Informal youth clubs	Yes – child parliament, school club, drama & sports clubs
Savings Groups focused on Child Protection					Yes

Each activity represents a different approach to strengthening formal and non-formal CP mechanisms

The Child Protection and Advocacy (CPA) project model is 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 fulfil their rights to protection.

These are the key elements

System elements, weaknesses or gaps to be addressed with interventions - Adapt looks at 7 elements	Core CPA Components	Recommended Tool/ Intervention
<ul style="list-style-type: none"> • Circles of care • Laws, policies, standards and regulations (specifically application on the ground) • Accountability mechanisms (which ensure the system responds effectively to key child protection concerns) • Children’s resilience, life skills and participation 	Building community awareness and conscientisation*	Community Change Manual
<ul style="list-style-type: none"> • Services and service delivery mechanisms which provide protection for children • Cooperation, coordination and collaboration mechanisms • Capacities to provide and perform child protection services • Accountability mechanisms 	Establishing and strengthening reporting and referral mechanisms	Reporting and referral Mechanisms Support and Training
<ul style="list-style-type: none"> • Services and service delivery mechanisms which provide protection for children • Capacities to provide and perform the child protection services • Circle of care 	Providing quality support to vulnerable families	Home Visitors Manual
<ul style="list-style-type: none"> • Children’s resilience, life skills and participation • Circle of care • Cooperation, coordination and collaboration mechanisms • Accountability mechanisms to ensure the system responds effectively to key child protection concerns 	Building life skills and resilience to protect children	Peace Road Manual

ADAPT

In each ADP the ADAPT (Analyze, Design and Planning Tool) process was carried out as a precursor and foundation for later CPA programming. This tool is specifically designed to help 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 broken into two major parts: the first guides the WV team through a national level child protection analysis, and the second guides WV program staff, local partners and other key stakeholders through a local level child protection analysis.

Baseline data on CPA Indicators

Each of the countries, ADP level baseline data was gathered on child protection. The baseline data from Rwanda represented two ADP’s and could therefore not be disaggregated for Ubumwe ADP.

The World Vision CPA indicators correspond to the four 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

An additional outcome for child protection has been added to the ToC to focus on the relation between protection and basic survival needs.

Baseline research was conducted using randomized household surveys in the 4 ADP’s, 1 in each country, with 2 as mentioned in the case of the Rwanda. Survey questions focused on a range of child protection issues corresponding to WV’s 12 Child Protection Indicators (see baseline tables below for example of the child protection indicators from the various countries). Some baseline studies also include select focus groups with children and adults.


The following section reviews the ADAPT and baseline process for each country.

Rwanda ADAPT and Baseline

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 as 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 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. The table below shows the results of the Rwanda baseline for the 3 ADP's.

No	Rwanda CPA Project indicators for baseline (3 ADP's)	%	Numbers
1	% of caregivers/HH with children aged 0-18 years who feel that their children are safe from danger or violence in the community	92%	
2	% care givers report that harmful traditional or customary practices have been reduced	8%	
3	# of children reporting being free from harmful practices	99%	1635/1651
4	# of community members informed on existing child protection laws , polices and Guidelines	62.5%	375/600hh
5	Proportion of parents or caregivers who would report a case of child abuse	96%	
6	# of local CPA groups/teams established and functional (implementing action plans)	3	
7	# of reported child abuse cases biannually.		55
8	# of duty bearers preventing and responding to child protection incidents,		0
9	# of Children who are supported to receive protection and legal support services		4
10	# of households at risk supported with early preventable interventions		0
11	# of most vulnerable children accessing services	56.7%	
12	Proportion of households where children's ideas are listened to and acted on where appropriate	72.2%	
13	# of child-led initiatives in place to strengthen the protection of children		14
14	% of parents/ caregivers who can give examples of how children participate in the community development program	47%	
15	# of partners and communities utilizing the established Participatory M&E framework		0
16	# of advocacy learning events created in the project impact area		0
17	# of functional CPA/CPC groups		7
18	# of children under 18 years married		M: 7/F: 8 Total 15
19	# of children withdrawn from child labour		1
20	Proportion of parents or care givers who report a case of child abuses.	96%	
21	% of child abuse cases reported/ referred to relevant justice institutions/ structures	21%	
22	# of children supported to receive legal support services from the justice structure		9
23	# of functional / active home visitors		250
24	Proportion of children reported by care givers to have a birth certificate and verified by observation	40%	
25	# of most vulnerable children supported to access CP services in a non-discriminatory manner		340/600hh
26	% of youth aged 12-18 years who clearly know where to report child protection issues	70%	
27	# of children trained in child protection		0
28	# of functional children's forums or committees that are promoting child rights and protection	17.8	108/600hh



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. 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.

Uganda ADAPT and Baseline

ADAPT. There was only an ADAPT and no baseline survey conducted in Nabukalu ADP in Uganda. This involved conducting Focus Group Discussions (FGDs) with boys, girls, women and men as well as Key Informant Interviews (KII) with stakeholders in child protection. Stakeholders included but were not limited to the ACAO, DPC, Probation and welfare officer, Magistrate, Resident state attorney, an officer from the child and family protection unit and URHB staff. Two additional studies were also conducted with MVC, one with children with a disability and the other with girls involved in child prostitution.

Uganda stands out as the ADP with the richest use of narrative analysis from the ADAPT data, including effective use of quotes and individual case study examples of childhood risks. Poverty emerges as a key root cause of many risks including school drop out, abandoned children and neglect of children with a disability. Recommendations emerging from ADAPT focus on:

- The need for more advocacy on issues of education, pointing the way to later use of the CVA
- Urgency in the CPA Committee model sensitizing the community to issues of domestic violence and other local CP threats, and
- A need for more life-skills training for children.

Tanzania ADAPT and Baseline

ADAPT. 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 employed a critical analysis of the links between formal and non-formal CP mechanisms, focusing particular attention on the role of traditional practices in Lake Eyasi and Mtinko. Interestingly, the Lake Eyasi ADAPT research included 2 children in their assessment team.

Baseline.

Methodology outlines 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 (FGD, KII, Care Giver survey, and modified child protection outcome assessment (CPOA) partnering with a neutral community. The survey for Lake Eyasi is presented below.



Tanzania	SUMMARY OF SELECTED INDICATORS BY ADP	MTINKO	L. EYASI
1	% of parents or caregivers with children aged 0-18 years who feel that their children are safe from danger or violence in the community	97	85
2	% of parents or caregivers report that harmful traditional or customary practices have been reduced	88	69
3	% of parents or caregivers who report that they know the legal minimum age of marriage	68	66
4	% of children reporting being free from harmful practices	48	34
5	% of children who report living free from violence, exploitation and abuse in the past 12 months	66	66
6	% of community members informed on existing child protection laws, policies and guidelines	76	66
7	Proportion of parents or caregivers who would report a case of child abuse	85	79
8	% of caregivers who knew minimum age for employment at 14 years	15	25
9	% of caregivers who knew minimum age for employment age for hazardous work at 18 years	60	65
10	# of local CPA groups established and functional (implementing action plans)	5	0
11	# of child protection issues reported biannually	0	0
12	# of OVCs received services	54	0
13	# of high risk households identified and supported with early preventive interventions	29	0
14	# of children in conflict with law whose cases have been handled	0	0
15	# of most vulnerable children accessing services	0	0
16	Proportion of households where children's ideas are listened to and acted on where appropriate.	20	26
17	% youth age 12-18 years who know to where to report child protection issues	86	78
18	# of child-led initiatives in place to strengthen the protection of children	0	0
19	% of parents or caregivers who can give examples of how children participate in the community	81	38

The baseline report of the Lake Eyasi and Mtinko communities contains one of the strongest analysis of the four 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 referenced this data with children's views
- However, survey noted form qualitative data that despite parents' awareness on legal minimum age of marriage some parents and caregivers are still doing whatever it takes force their children marry to old aged people or to their peers if promised wealth in exchange
- Comparing where parents report and where children report

Ethiopia ADAPT and Baseline

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 table below shows the results of the Ethiopia baseline for Medebay Zana.

Ethiopia Baseline Indicators for Medebay Zana ADP				
Child protection indicator and their baseline value				
Log Frame	Summary of objectives	Indicators	Baseline value	Target to improve baseline value
Project Goal	Empowered local communities to protect children from abuse, neglect, exploitation and other forms of violence	% of parents or caregivers with children aged 0-18 years who feel that their children are safe from danger or violence in the community	53.5	10
		% of parents or caregivers who know existing major national child protection policy, law and guidelines document	55	12
		% of parents or caregivers who hear about National Family Code and able to cite at least three component of the law	29.1	10
Outcome 1	Transformed individual and community social norms, practices and behaviours that are protective of children	% care givers report that harmful traditional or customary practices exist in the community	58.4	11.6
		% care givers report that harmful traditional or customary practices have been reduced	83.5	6.5
		% of parents or caregivers who report that they know the legal minimum age of marriage.	75.4	14.6
Outcome 2	To strengthen functional formal and informal community-based child protection mechanisms	% of parents or caregivers who know reporting mechanizes of child abuse incidences	74.4	10.6
		% of caretakers who know minimum age for employment at 14 and the minimum age for hazardous work at 18.	27	23
Outcome 3	Increase access to services for most vulnerable households to prevent and respond to abuse, neglect, and exploitation	% of children aged 0–59 months with a birth certificate, reported by caregiver and verified by observation	1	9
Outcome 4	Enhanced children's participation, resilience and life skills to protect themselves	Proportion of households where children's ideas are listened to and acted on where appropriate	40.4	9.6
		% of youth aged 12-18 who report that they know the legal minimum age of marriage.	75	15
		% youth age 12-18 years who know to where to report child protection issues	71	14

The baseline 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.



Reflections and Recommendations on ADAPT and Baseline Process and Results

Overall the quality of the ADAPT and baseline reports varied in regards to the process of conducting the process, analysis of data, and the depth of discussion. This included, ways in which qualitative and quantitative data were triangulated and the involvement of children and MVC in this process.

The ADAPT process provided a rich foundation for engaging community in first exploring child protection issues and reflecting on gaps in government and community protective mechanisms. Each countries ADAPT findings were useful in gathering data and supporting adults and children in discussing the findings. The **Tanzania** CP team even involved children as members of the ADAPT research team.

The ADAPT process in **Ethiopia** was challenged by its timing coinciding with communities' harvest season. Though the specific implications for sampling and results are not discussed in this context. A number of baseline reports made good use of both quantitative and qualitative data. For example, in **Tanzania** household quantitative data indicated a high rate of awareness of early marriage as a rights violation (68%), yet qualitative interviews revealed that even though parents knew this, many still forced their daughters to marry at an early age due to harmful social norms and values. Similarly, in **Uganda**, in depth qualitative data was gathered on issues of child labour, children's disability and girls forced into commercial sexual exploitation to enhance the baseline understanding of most vulnerable children living in this community.

Some ADP data seemed incongruent with both the qualitative data collected for the baseline as well as with follow on data gathered for the ToC. For example, in **Ethiopia** 85% of respondents reported that harmful traditional practices (HTP) have been reduced whereas respondents, both children and adults, interviewed for the ToC referenced HTP as one of the leading risks for children in Medebay Zana.

Similarly in **Rwanda**, a very high number of care-givers interviewed (92%) reported that children were safe from dangers or violence, yet at the same time 96% of the same respondents indicated that child abuse was a serious issue in their community.

Both of these findings underscore the potential for respondent bias in some of the CP indicator questions, and highlights the need for better using a mixed methods approach to probe sensitive social norms on child protection as well as possibly changing or deleting survey questions that lead to questionable data.

In all of the baseline reports and follow on discussions with staff, few examples were provided of ways in which baseline data was used to build on the ADAPT discussions with community stakeholders, or ways in which children's voices were integrated into baseline and ongoing child protection activities.

One of the weaknesses in the ADAPT and Baseline data processes was the absence of triangulation between these two rich sources of information. Tanzania was the exception here and sets an example that should be followed in other contexts.

Finally, one of the most significant weaknesses in ADAPT and baseline processes was, with the exception of Uganda, the absence of most vulnerable children in these processes. This may be initially challenging during the early stages of CAP programing when ADAPT is helping identify local risk factors, however, the information from ADAPT could be used to create a targeted sampling approach to include both MVF and MVC in the baseline process. In addition, critical contextual information on local dimensions of risk and protection could be collected through targeted focus groups, case studies and key informant interviews



Recommendations

These issues highlight the utility of considering ways in which the Theory of Change process can strategically highlight areas where existing WV CPA ADAPT process and Baseline indicators are applied and suggest research tools that can enhance DME processes.

Five key dimensions for strengthening WV's CP DME process recommended. These include:

1. **Context:** Refining existing quantitative and qualitative indicators and 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
2. **Triangulation:** Developing more explicit guidelines for triangulating quantitative and qualitative data, and in particular the ADAPT and Baseline data, to support the process of understanding local risk and protective factors in context, including better understanding issues of MVC
3. **Focus on strengths/protective factors in relation to risks:** Including questions on strength/protective mechanisms in relation to existing questions on risk factors. While the baseline survey does ask participants about their knowledge of referral processes and existing laws, this could be enhanced with more specific on non-formal mechanisms including questions asking about the strength of more "organic", community and cultural assets, such as the role of extended family, nature of peer support, and other support networks, including faith networks.
4. **Validity:** Focusing 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 and clarifies specific aspects of quantitative findings. Two particular areas of validity that are likely a challenge with current baseline household survey, and could be strengthened are:
 - Construct validity – Ensuring that respondents truly understand the meaning of the child protection construct being asked (e.g. violence against children includes both physical and emotional violence, yet respondents may only think of physical violence in answering)
 - Social desirability bias in context of CP – Gaging the level of social acquiescence that respondents might have in replying to questions about highly sensitive social issues such as FGM, early marriage and domestic violence
5. **Sampling:** Reviewing 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
6. **Most vulnerable children and families:** Applying tools to support indicators focusing greater attention on identifying MVC and MVF and understanding their unique situations and perspectives
7. **Community engagement:** Building on the strengths of the ADAPT process. ADAPT already meaningfully engages adults and children in discussion on child protection. The benefits of this participatory process was evident in the ADAPT reports from the four countries. Unfortunately the lack of participation of ADAPT child and adult stakeholders in the wider community baseline data gathering process resulted in a lost opportunity for their rich insights in data analysis, validation and ongoing practice learning.

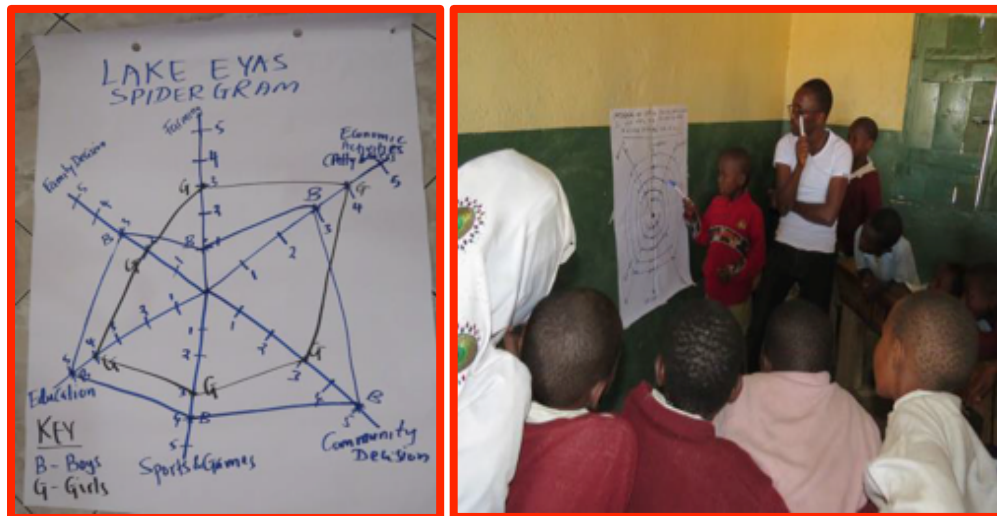
Deepening the Baseline Information with Additional Qualitative Data with Adults and Children, including MVC

In order to further strengthen and validate baseline DME data, IICRD lead a four-day training in Uganda in May 2014. The specific focus of this training was to prepare the CP project leads in each of the four countries to conduct additional baseline data gathering to better understand the context of children and families, especially MVC and MVF.

During the training new tools were introduced to specifically: gather more local contextual information in each site; focus on rich ethnographic data that would enrich understanding of existing qualitative data; place greater emphasis on children's experience of risk and protective factors; and identify MVC and MVF and involve these children (and ideally their families) in baseline data gathering activities. In some cases, such as social mapping and transect walks, these activities were similar to ADAPT activities and they altered to delve deeper into discussion on the specific local context of childhood risk and protective factors, as well as engaging participants in a deeper process of data analysis and reflection of key findings.

Research activities undertaken in each country following this training included:

- Focus groups with children's committees (15-20 adults)
- Key informant interviews with key local child protection experts
- Social mapping workshops with children, including MVC to explore issues of risk and protection (15-20 children)
- Transect walks with children, including MVC to prioritize risk and protective mechanisms and develop greater community "spatial" awareness of these factors (e.g. mapping specific risk and protection factors to places, people and social spaces in children's neighborhoods) (15-20 children)
- Spidergrams to explore children's participation daily family and community activities and contribution to enhancing resilience in self protection of themselves, peers and family (15-20 children)



Spidergram activity with boys and girls in Lake Eyasi, Tanzania

The results from this research as well as follow on research conducted by IICRD consultants and a Columbia University consultant (Dr. Mike Wessells) are contained in the following section of the report.



Research on the impact WV CPA interventions

Data Collected for the Theory of Change Research on the Impact of WV CPA Interventions

A variety of research tools were used to build on the analysis of ADAPT and baseline data. Specifically these tools were applied in each of the countries to gather formal/non-formal systems strengthening information on both baseline and measuring the impact of initial child protection programs as well as the broader impact of ADP interventions. These tools included:

1. **Summary Circles of Risk and Protection Factors** (conducted with CPC members and children, N = 20-30 participants)
2. **The River of Life: Most Significant Change activity** (conducted with CPC members and children, N = 20-30 participants)
3. **Focus Groups with Child Protection Committee members** (adult participant, N = 2--30 participants)
4. **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)
5. **Case studies with most vulnerable children and family members** involved and not involved in World Vision programming (N = 3-4)

1. 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. 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 further analyzing 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) Suggesting alternate and additional information

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

2. 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. Seven steps are followed:

- 1) Defining the reporting period for a program or specific intervention
River of Life Activity with children
- 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) 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.

3. 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 (es) for reporting, referral, rehabilitation
 - 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.

Output: A clear in depth understanding of the strengths and challenges facing the CPC.

4. Focus Key Informant Interviews (KII) With Adults and Case Studies with Most Vulnerable Children and their Families

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 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: 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

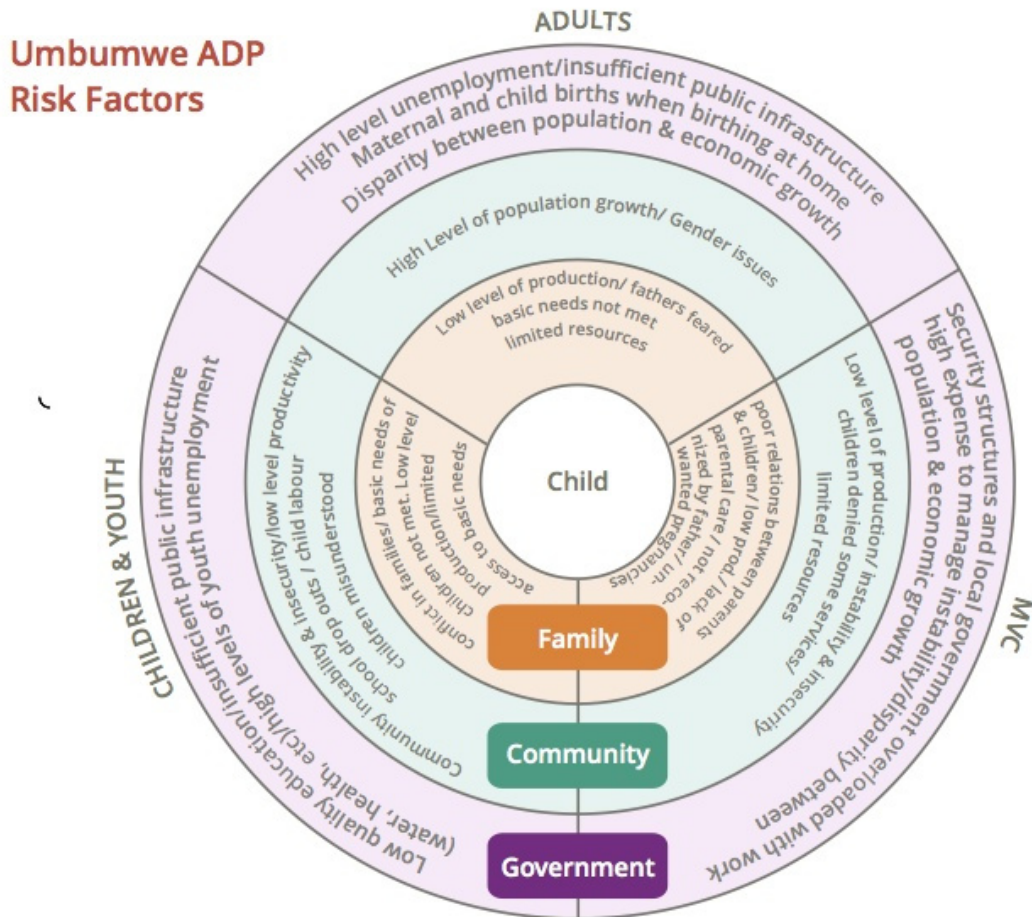
Outputs: A deeper analysis and understanding of the situation of key adults and MVC

Results from the Theory of Change Data for Each of the Four Countries

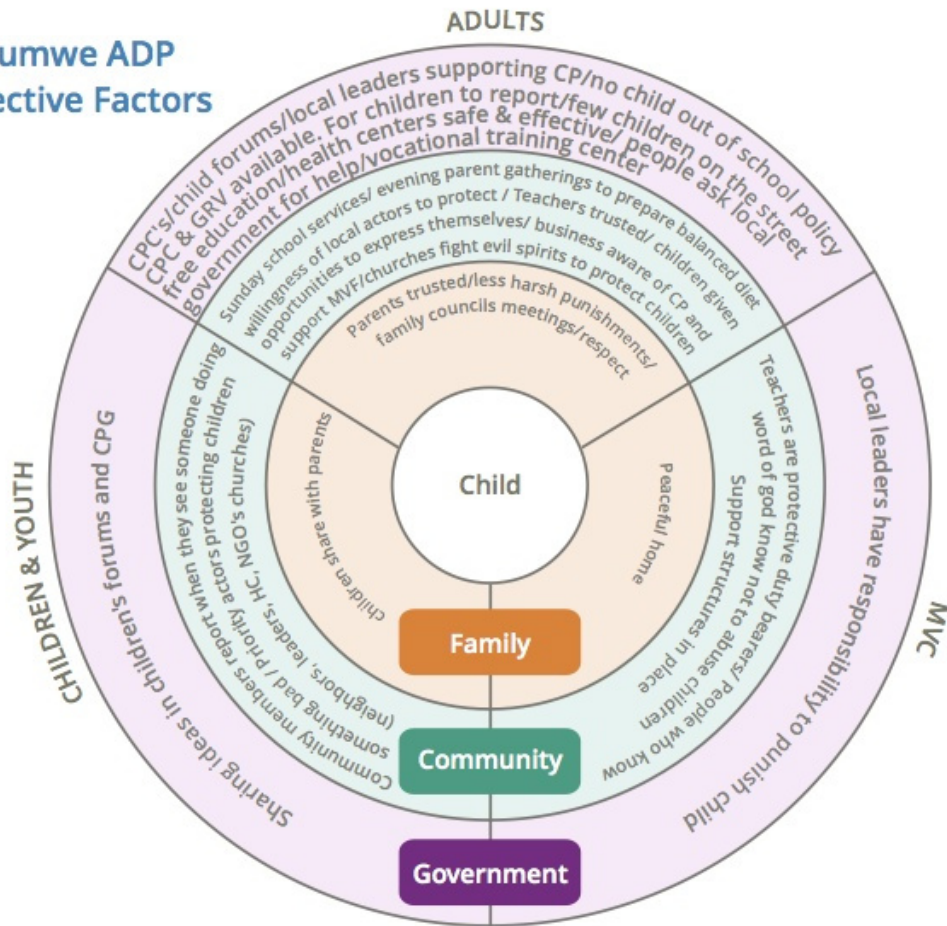
Rwanda: Ubumwe ADP

1.1 Summary Circles of Risk and Protective Factors

The following diagram provides an overview of the summary risk and protective factors identified in the baseline quantitative and qualitative data in Ubumwe ADP. The outside labels (adults, children, most vulnerable children) reflect the source of information. These reflect data on either risk or protective factors at the level of the child, family or community.




Umbumwe ADP Protective Factors



Summary of Risk Factors – Root causes: poverty, unemployment, insufficient government infrastructure (including schools), MVC emphasis on 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 and pointed out the 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) thus this information requires validation with a broader sample of MVC.

“Two years ago my husband was released from prison and returned back home after 13 years. While he was not at home we lived peacefully with children. But he came and conflicts and fighting have started. He was beating me terribly. We have a very small house and so many people live together. It is hard. I didn’t want to have relationship with my husband, first because the house is small and children are always around, and also I didn’t want to have more children. Before the prison my husband was a good man. After returning back he came as a different person. He was very unhappy to see such poverty at



home and was not trusting me. Though he was doing some works at the farms and making money, he would spend all money on beer.” (Mother from Ubumwe)

Summary Protective Factors – Formal non-formal mechanisms generally working well, important 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 also 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.

1.2 Focus Group with Child Protection Committee (CPC)

The Rwandan context is unique probably 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 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.

Assisting families to live in peace was mentioned as one of their primary goals.

“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.” (WV CPC member, Ubumwe ADP)

This narrative and others like it 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.

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

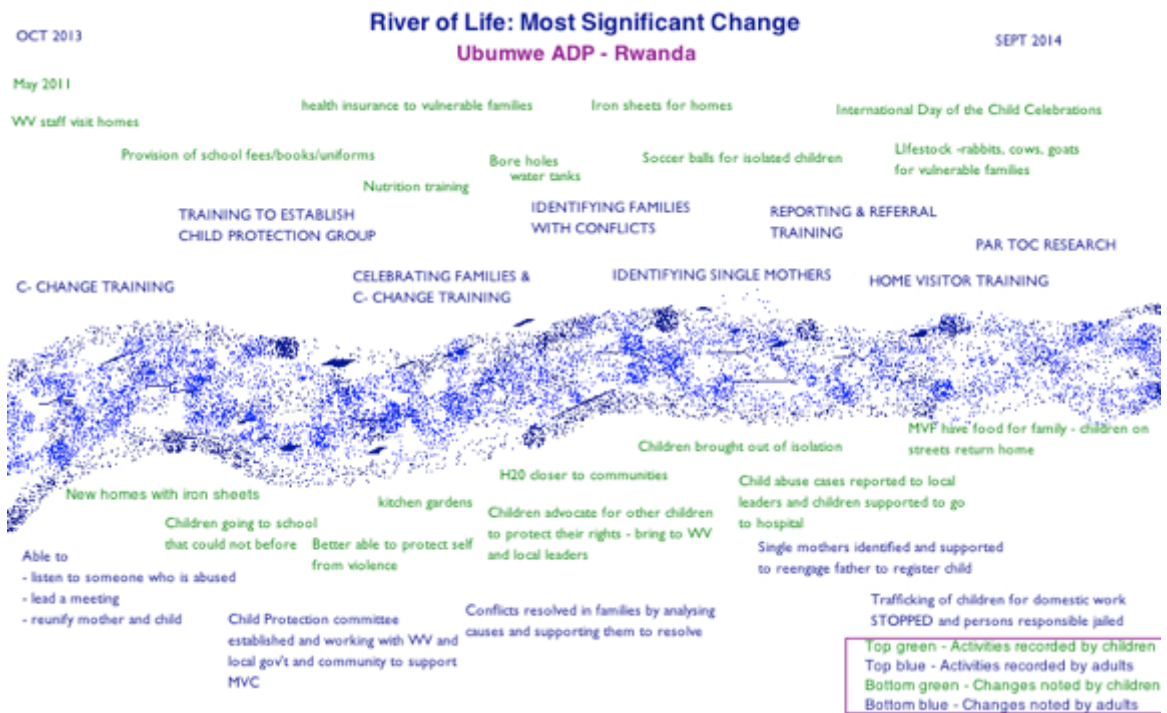
“The sector has the duty to work with and coordinate all child protection work in the sector. Some problems are solved at the cell level, but we refer other problems to the district. If a child is raped, we refer to the district level. We refer the girl to the hospital and the police since we cannot 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.” (CPC member, Ubumwe ADP)

The CPC also described successful interventions in reducing the number of boys working in the coffee plantations, and identifying and prosecuting child rapists and, as well as providing health treatment and local counseling for rape victims. Challenges identified by the CPC included: not being able to respond quickly enough to more distant villages and cases of children (mostly girls) being sent to distant relatives, being forced to drop out of school and carry out harmful, abusive domestic work.

In summary, this group identified a remarkable mixture of functional, apparently effective vertical linkages in which information and support were bidirectional. At the same time, the CPC seemed well connected laterally with community groups and enjoyed significant community support and ownership. Since this situation is quite rare, it deserves systematic documentation and sharing, not only within World Vision but throughout the child protection sector.

1.3 The River of Life: Most Significant Change Activity

The following graphic represents significant changes identified by adults and children in the context of Ubumwe ADP CP interventions.



The CPC described a range of capacity building including: Community Change; training to establish child protection groups, celebrating families, identifying single mothers and families in conflict, reporting and referral, home visitor program and the Participatory Action Research Baseline Qualitative Data gathering process.

Most significant changes identified by the adults resulting from these interventions were:

Community Change

- Able to listen to someone who is abused, organize and lead a community meeting and reunify a mother and abandoned child
- Support for community dialogue and intervening in domestic violence (resulting from the genocide)
- Strong emphasis on fostering positive working relationships between CPC and the government
- Helping establish family protection committees (within the family) and developing “family child protection contracts” and appropriate referral mechanisms
- Creating by-laws compelling parents to send children to school and prohibiting inappropriate touching of girls

Identifying Single Mothers

- Identifying and supporting abandoned and non-registered children and vulnerable single mothers, mothers supported, children registered
- Organizing very large (500 persons) community gathering for single mothers, encouraging absent fathers to accept responsibility for their children

Identifying families with conflict

- Conflicts resolved in families by analyzing the roots of conflict and helping them develop a strategy, draw up and commit to a family contract

Most significant changes identified by children

- Safer living conditions
- Increased food security
- MVC attending school
- Children advocating successfully for other children
- Child abuse cases reported to the CPC and local government authorities

1.4 Case Studies of Children’s Perceptions of Most Significant Changes for Most Vulnerable Children and Families resulting from WV ADP Interventions


The following case study interview resulted from recent Theory Of Change (TOC) research in Ubumwe ADP. The following *story of the family of eight children and two mice*, was suggested by the children as one of the most significant changes resulting from WV’s ADP and CP specific programming. Children felt this real event was especially significant because it highlights:

1. Children’s role as community change agents
2. The critical links between food security and child protection, and
3. The way in which child protection, education and poverty alleviation interconnect.

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.

The following case study of Raphael, one of the children's clubs most active members, highlights the significant role of children's agency and suggests how this agency could be strengthened even further in ongoing programing activities.


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 Raphael 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.


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.

Once I was running as usual to my mom's house and fall 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...

1.5 Summary of Rwanda, Ubumwe ADP ToC data

The information gathered from the various ToC research activities shows that significant progress is being made in addressing the child protection risk factors identified in the summary circles. Specifically, in relation to the four CPA outcomes:

Mobilize and raise awareness. Significant awareness has been raised 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”. More attention is required to focus on raising awareness on some of the most vulnerable children such as very poor or abandoned girls forced to relocate and work in domestic labour.

Strengthen reporting and referral. The government of Rwanda places a strong emphasis on INGO's such as World Vision working closely with all levels of government in adhering to national development priorities. WV's role in assisting in the strengthening of CPC's and in particular helping government protection workers meet their mandate in more effectively partnering with community to identify, report and refer child protection cases was a clear example where this system was functioning well.



This has been further reinforced by the lateral connections with community groups and the sense of ownership that has been found to enable both effectiveness and sustainability. 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 worked with both children and plantations managers to limit this practice. Ubumwe ADP, Rwanda, stands out amongst the four countries involved in the ToC 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. Finally, the CPC has worked successfully in partnership with children's groups and community Elders to identify and refer some of the most vulnerable children (e.g. orphan headed households) to various responsible government sectors such as welfare, health and education agencies. CPC's and families implementation of family "contracts" as a measure of local accountability in the context of domestic violence. One area for further strengthening in reporting and referral is navigating the challenging aspect of respected community members being investigated for child protection abuses. 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.

Supporting vulnerable households. This has been one of the primary areas of impact assessed during the ToC 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 with 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 visitors as well as ADP poverty alleviation and food security programs have likely contributed to ameliorating intergenerational violence originating from the genocide and now echoing in community and domestic violence.

Strengthening children's life skills and resilience. Although WV has not directly targeted children's life skills and resilience through interventions such as Peace Road curriculum, children's own engagement in child protection interventions in identifying vulnerable children was noticeable. 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 ROL: MSC, key informant interviews, and case studies, including Raphael's story.

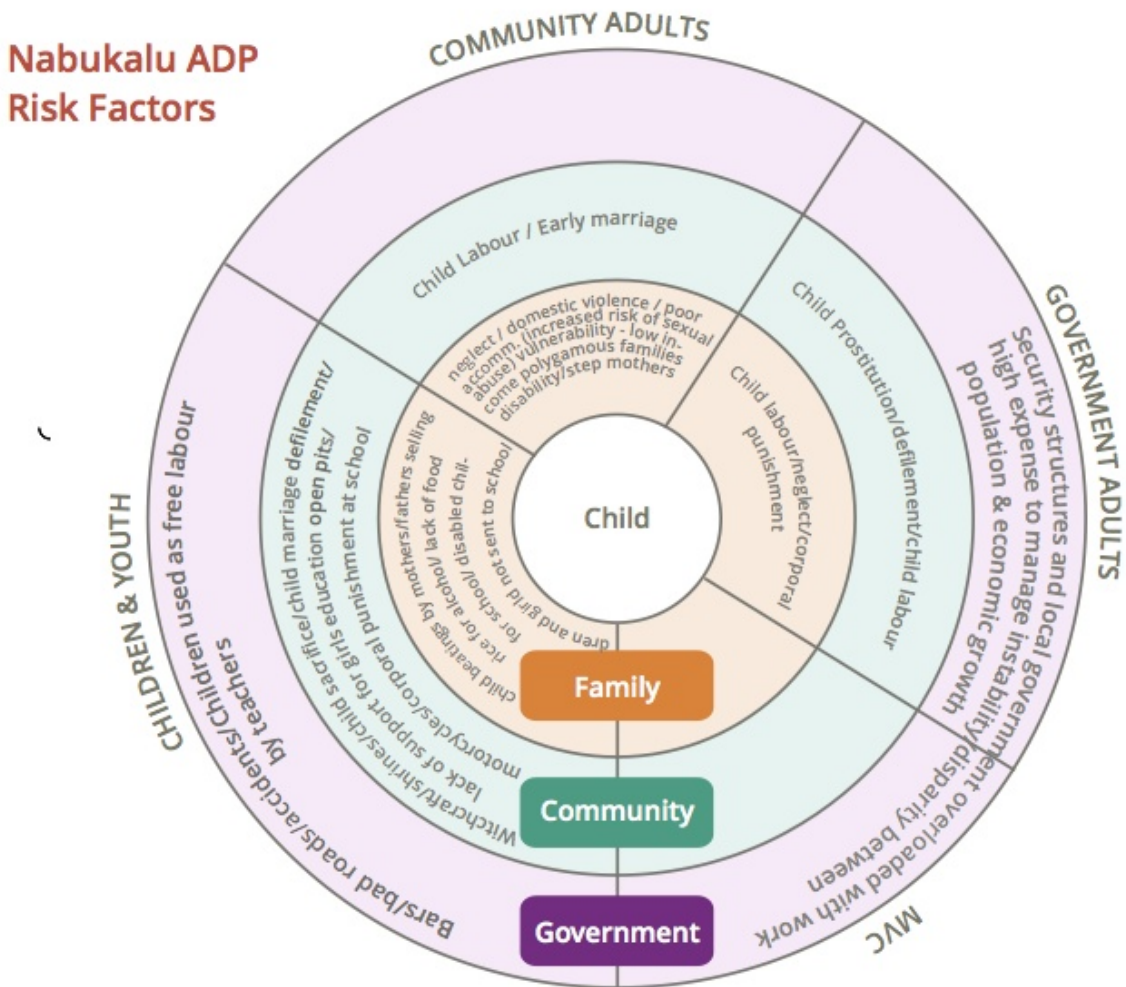
Address other root causes to protection issues. One of the striking aspects of data gathered with children and adults participating in WV's Ubumwe ADP programs was the influence of ADP poverty alleviation and food security programs such as the Rabbit Raising Activities and support for vulnerable children to attend 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. Additional focus might be paid in future programing to ADP micro-economic support to vulnerable single mothers and abandoned children. Clearly, 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. While it is beyond the capacity of this ToC research, it will be important to see how these interventions are continued by community members and government beyond the 15 year WV ADP

horizon. This has wider implications for the global child protection sector, which has been limited by stove-piping and fragmentation of child protection and economic strengthening.

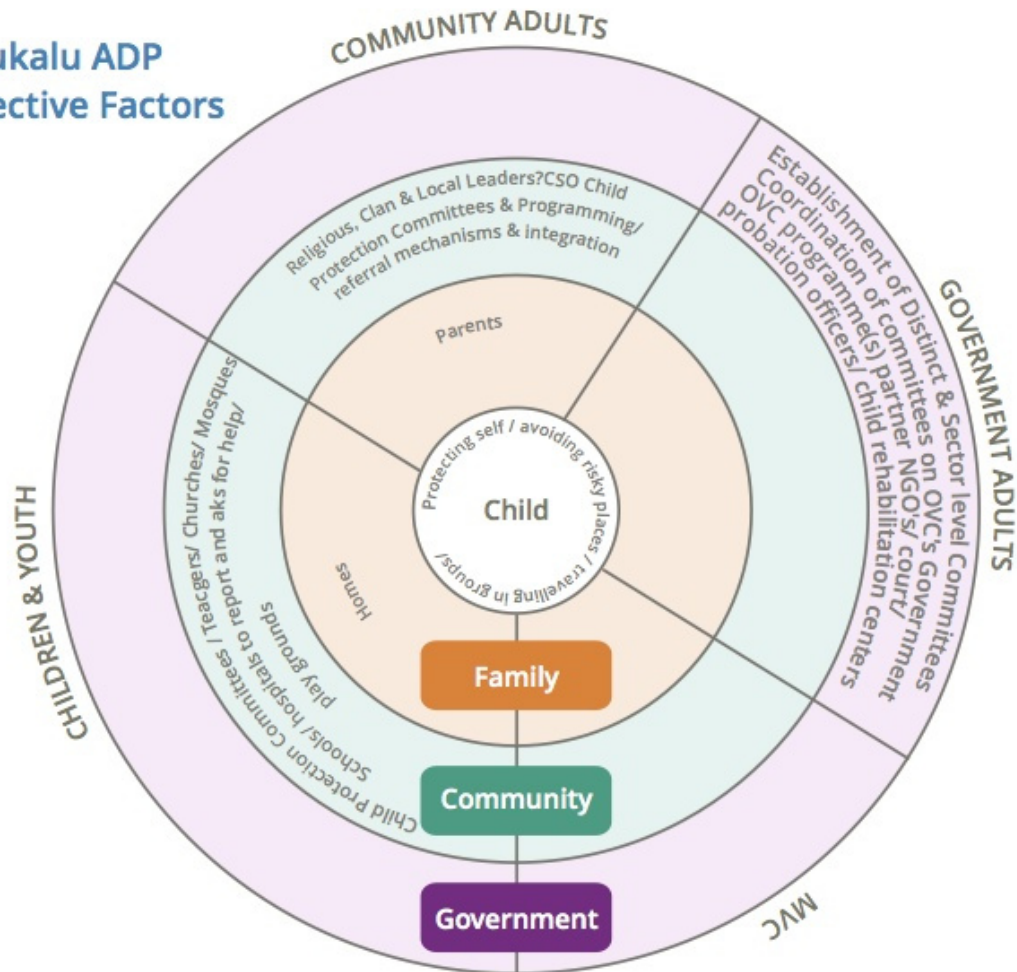
Uganda: Nabukalu ADP

2.1 Summary Circles of Risk and Protective Factors

The following diagram provides an overview of the summary risk and protective factors identified in Nabukalu ADP in Uganda.



Nabukalu ADP Protective Factors




Summary of Risk Factors – Domestic violence, orphans and neglected children, early marriage and harmful cultural practice

Adults in Nabukalu tended to emphasize issues of domestic violence and child labour as major threats to children, whereas children identified neglect (especially of orphans), children with a disability and children suffering from harmful cultural practices such as early marriage, witchcraft and child sacrifice as the greatest risks to protection. Most vulnerable children were unfortunately not included in the baseline quantitative data nor in the later qualitative data gathering activities, though these children were the focus of select ethnographic research on child labour, commercial sexual exploitation and childhood disability, and it will be important for future CP activities to include these MVC.

Summary of Protective Factors – Child protection committee (CPC), partnership with health and probation officers, healthy families, children's self protection

Both children and adults highlighted the effectiveness of the CPC. Adults frequently mentioned the positive referral systems with local health workers (e.g. in rape cases) and with probation officers (e.g. in helping reintegrate young offenders). Although children were not represented on the CPC and had not been formally trained in life skills or resilience, many young respondents still reported on the effectiveness of self protection mechanisms such as girls traveling in groups through hazardous areas for sexual assault, warning other children about places where young children had been kidnapped for child sacrifice, and intervening to support orphans and children with a disability. The presence of a



functioning, supportive and healthy family was mentioned by children and adults as one of the most important protective mechanisms for children.

Community Validation

When CPC members met to discuss the summary circles they highlighted that harmful cultural practices were not as widespread as they had been previously. Similarly, awareness raising and the tangible sense of hope that came with practical child protection tools combined with faith messages of compassion were identified as one of the most potent protection mechanisms that built on community assets.

2.2 Focus Group with Child Protection Committee (CPC)

Nabukalu community has an active CPC with diverse representation from local leaders, faith leaders, women's groups, parents, social welfare officers and village health teams, school leaders, and probation officers. Children are not yet represented on the Nabukalu ADP committee.

The committee meets quarterly unless an emergency session is called. Generally cases are brought to the committee who then discuss each case and either take direct action or refer a case to the appropriate government authority and sometimes community resource – for example a rape case to the clinic and police, with psychosocial support being provided by the Nabukalu community women's group.

“In Nabukalu community, a girl was defiled and after a short period of time the family realized that she was pregnant. Instead of supporting her, family members forced her to go and marry the boy who defiled her. However boy was already on the run fearing to be arrested. The pregnant girl later on joined the church, met the senior pastor who belongs to the CPC, and shared her problem. Fortunate enough, the pastor assisted her through the CPC she was referred to the police who laid charges and she was supported with her education and is now back to school.” (Nabukalu CPC member)

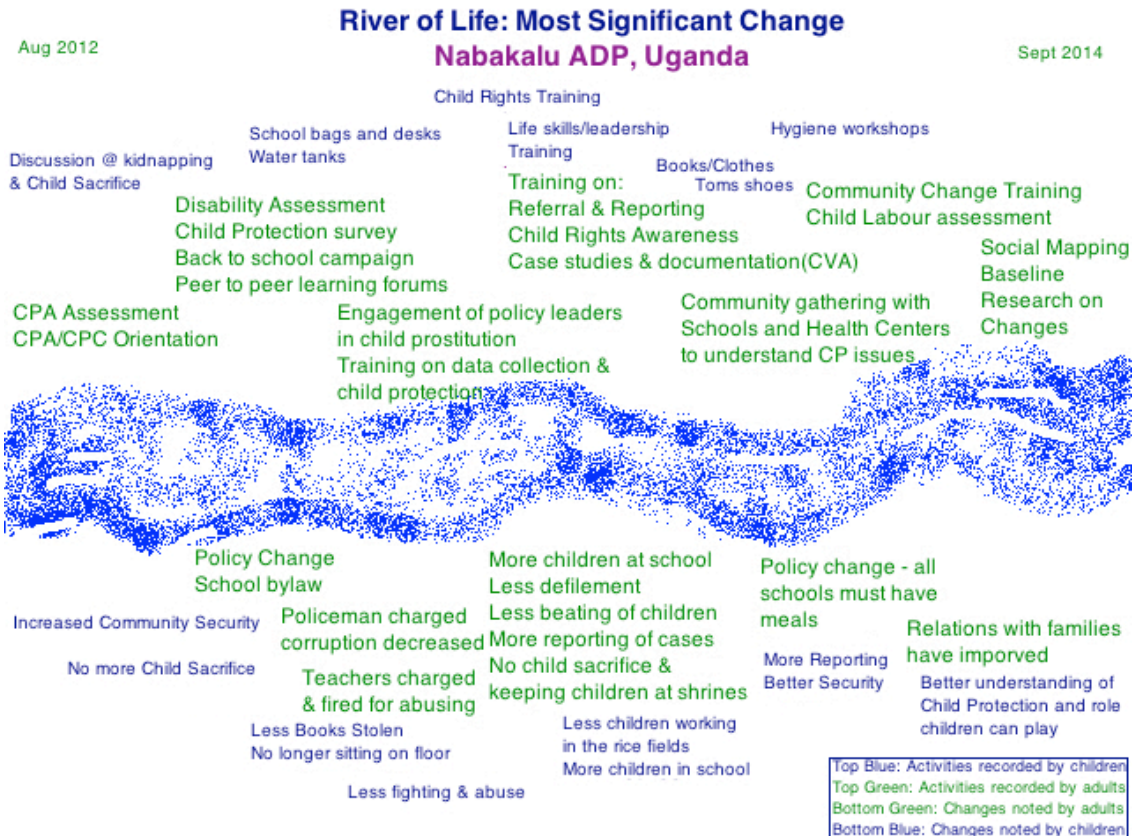
The CPC has focused concerted attention on community CP awareness raising and mediating local disputes, gradually becoming more involved in serious CP issues such as rape and child sacrifice. This has started to win the trust and support of children who are increasingly reporting abuse and other protection violations.

“As a result of our work we the CPCs, there is an improvement in regard to how people handle family disputes. Significantly in some homes disputes are solved through dialoguing rather than violence.” (Nabukalu CPC member)

“In Nabukalu, some of the children now know that we are advocates of children protection. So they report their issues to us and we respond by taking the appropriate action.” (Pastor Mututa Michael also a CPC member)

2.3 The River of Life: Most Significant Change Activity

The following graphic represents significant changes identified by adults and children in the context of Nabukalu ADP CP interventions.



In Nabukalu ADP, the CPC had been trained on a variety of protection interventions including CPA assessment and orientation training, Community Change, Citizen Voice and Action (CVA) with a specific focus on Advocacy for Education, Referral and Reporting and Participatory Action Research Qualitative Data Gathering with Children.

Most significant changes identified by the adults as a result of these interventions included:
Community Change

- Support for children not attending school, identifying other systemic barriers harming MVC such as teachers not teaching on Mondays and Fridays
- Awareness raising on child sacrifice leading to reduction in these harmful practices
- Support for HIV orphans and children with a disability
- Relations within and between families have improved due to mediation training on discussing and reducing family disputes

CVA

- Enhanced community advocacy to support vulnerable children attend school through paying for school uniforms and books
- Investigation on abuse in classrooms, teachers charged with abusing children and fired
- More children at school and fewer children being defiled
- This linked in a significant way with Community Change as community members transitioned from discussing children not attending school, to facilitating their attendance to developing an advocacy strategy that identified deeper systemic issues such as teachers not showing up on Mondays and Fridays and the need for financial support for MVC not attending or dropping out of school
- Finally, as a result of CVA activities within the education sector, district levels bi-laws were created that compel families to send children to school

Referral and reporting

- Cases of domestic violence being reported to CPC, in less serious cases home visits and counseling provided, in more serious cases referral to the police
- Family “agreements” created as a model of accountability in resolving domestic violence
- Child rape reported and referred to police and health clinic
- Successful advocacy with police in which CPC members initially complained of poor police cooperation on child protection cases leading to more responsive, child centred in police procedures and quicker handling of cases by police and less corruption (eg. Police only taking on cases if the community pays a “petrol allowance”)

Most significant changes identified by children included the following:

- Less child sacrifice
- Less fighting and abuse within families
- Fewer children working in the rice fields and more children at school
- Better community understanding of child protection and the role children play in protection


2.4 Case Studies of Most Vulnerable Children and Families

The following two case studies of Most Vulnerable Children were gathered with children in Nabukalu, or with children from Nabukalu living in the nearby larger town of Busowa. They each reveal different root causes and resulting challenges that most vulnerable children face, and the ways these risks can accumulate or “pile up”, as well as highlighting structural barriers to inclusion in World Vision programs.



Falling Between the Sponsorship Cracks: A Case Study of Geoffrey (17), the Child Head of a Family of Six Orphans

Geoffrey lives in a small traditional round hut with his six younger siblings, aged ten months to fourteen years. Their mother became sick and died last year and though he has tried to communicate with his father to come and help the family of children, the man is lost in drink and refuses to take any interest or responsibility for his family. Geoffrey is anxious and spends a lot of time thinking about how he should provide for his siblings. While he had to drop out of school last year – his last year of high school, his other brothers and sisters remain in school – but only just. Geoffrey spends every moment looking for menial work, helping his neighbors in their fields when he is not attending to their own small plot of land. He can’t even buy a hen these days because cash is too short, and he fears his next eldest brother will soon have to abandon his studies as well to help Geoffrey find employment. Worst of all, his youngest sister the ten-month old infant is now seriously ill and requires urgent medical attention for which this young family has no savings. Recently, Geoffrey approached John, a pastor working with the Nabukalu Child Protection Committee and asked if he could be considered for World Vision sponsorship. Unfortunately, while the committee wanted to help Geoffrey, he and his family don’t fit the criterion for sponsorship because none of the children fall within the two – five year range required to be recruited for sponsorship. The committee realizes Geoffrey and his siblings are one of the more vulnerable groups of children in the community and are trying to find other ways of providing support, but financial aid remains the key issue. When we return the next day to check on Geoffrey, we are



discouraged to find Geoffrey's hut empty and hear from the neighbors that the baby has taken a turn for the worse during the night, and the siblings have left to try and find a distant relative who might help take them to the local clinic and pay the medical fees.

The Enduring Plight of Sarah, Rose and Colette: A Case Study of Child Prostitution in Uganda

It is six pm in Busowa, as the sun slowly dims over the trucks parked like shiny, resting creatures beside the national highway. This trading town on the route linking Kampala with Nairobi and eventually the Indian Ocean, is waking for the night with the income brought by the truck trade passing through the local economy, the music from the many bars echoes, girls appear in doorways beckoning, young men linger on the street. We greet Rachel, the local community health nurse, and Samuel a community leader and child protection committee member and quietly slip behind Rachel's office to find a private place away from the curious stares that follow us in this town famous for its illicit trade and vice. There, politely awaiting us, are Sarah (14), Rose (13) and Colette (13), huddled together for comfort as the evening cools on a bench brought for the interview.

They are all children who originally hail from Nabakalu, a small, traditional village 30 minutes drive from Busowa. They are working the night shift in local bars selling their bodies to the many truckers who pass through town. All three are orphans whose parents likely died of HIV/AIDS leaving them bereft, frequently having experienced abuse from their adoptive relatives before fleeing to the larger town of Busowa. They have all been working the streets since they were eleven. Most nights they are "had" by five to ten men for 3,000-5,000 shillings per client (between 1-3 USD).

They frequently work seven nights a week, seldom taking a break. Busowa has an HIV infection rate of approximately 30%, three times the national average, and as these girls rarely have the control to ask their clients to use a condom it is highly likely that they are HIV positive. Besides, many of the men pay extra for a condom free experience with these young girls who they perceive to be "clean or pure". It is hard to imagine how a man could sleep with these little girls and not be reminded of a daughter, younger sister, niece. The callousness of these clients is reinforced when we hear how they are doubly exploited, often not paid, sometimes have to endure sex non-stop for six hours with one man, are injured by the rough sex of much older men, and have their few personal possessions such as toiletries stolen by their customers.

At the end of each evening they must still pay for the rent of the room behind the bar where they meet their customers and are often straddling the fine line between survival and destitution. Despite these hardships they maintain a sense of innocence and politeness even when speaking to an unknown man. They share their dreams of leaving this life. When asked if they would be interested in joining the local children's club, Sarah declines saying she can't mix with her peers anymore because of her shame, but Rose and Colette express an interest in reuniting with their old village friends. As for the option of returning to school, again Sarah declines preferring to have skills training or something more practical that would help her enter a trade where she can make money more readily, but the two younger girls express a desire to finish their education and become professionals.

As the evening progresses and they prepare to start their nights' work, Samuel agrees to meet with them the following week to discuss possibilities for the Nabakalu World Vision supported CP committee to provide some assistance and Rachel gives them a motherly hug. As we shake hands and stand to leave their blighted innocence is apparent, their hopes for a better future seem tenuous and fragile. These are most vulnerable children most in need of protection and their forgotten, shadowed existence stings our conscience. World Vision has an ADP program in Busowa, the nearby Nabakalu Child Protection Committee seems ready to intervene and try and find support. Perhaps this could be the next step for child protection in reaching children most in need of protection?



2.5 Summary of Uganda, Nabukalu ADP ToC data


The Ugandan ToC data shows significant impact of WV child protection programs in reducing risk factors for vulnerable children and increasing non-formal protective mechanisms that often serve to prevent future harm to children while addressing the ongoing need for referral and rehabilitation with both formal and non-formal systems. Specifically, in relation to the four CPA outcomes:

Mobilize and raise awareness. CPC members and children repeatedly mentioned the significant improvement in awareness in Nabukalu ADP on a variety of child protection issues, in particular in relation to domestic violence, child labour and child neglect. In all cases, awareness raising pertained not only to these protection risks as threats to be recognized but as areas for possible social change. In addition, due to the convergence of CPA and Citizen Voice and Action, child and adult participants shared that significant awareness had been raised on children's rights to quality education, the harmful effects of children not attending school and the duty of teachers and schools in general to meet children's needs, especially vulnerable children. This was further reinforced by district level advocacy via the bi-laws that were created compelling families to send children to school (though this did have a potential negative consequence in classes becoming too full, resulting in some cases in reduction in educational quality). Finally, Nabukalu stands out as one of the East African region success stories in regards to changing social attitudes to harmful traditional practices, especially in relation to harmful practices of witchcraft and the even more extreme cases of child sacrifice of infants.

Strengthen referral and reporting. Many examples were provided by the CPC in relation to effective reporting and referral of protection cases, including a number of complex rape cases, in which defiled girls were sensitively interviewed, accurate reports compiled and used as evidence in referring to police. In addition, these girls were supported in seeking proper medical attention at the nearby clinic and were later assisted with rehabilitation and reintegration into community with informal psychosocial support provided by the local women's group and supported in returning to school. In many ways these sexual assault cases can be seen as textbook examples of successful cooperation between formal/non-formal child protection mechanisms in supporting and protecting very vulnerable girls. The positive example of rehabilitation and reintegration of a severe case of sexual assault stands out as a unique example from the ToC research in the four East African countries.

Supporting vulnerable households. One of the most significant impacts of the CPA programs in Nabukalu ADP has been the positive relationship developed with vulnerable households. A number of research sessions revealed that many local parents were initially mistrustful or resistant to the child protection committee's intervention in matters such as corporal punishment or early marriage, which were considered to be within the private family domain. With careful and culturally appropriate home visits, led by respected faith leaders, women's group members and community leaders, and through effective community messaging as well as with input from children, these attitudes have changed. Many families now see the positive effects of child protection on general family well being, and are much more open to working on preventing and intervening in CP cases when they arise. Some additional work is required to meet the needs of especially vulnerable families such as the orphan headed household whose story is shared in this report, in particular to explore ways in which programing guidelines for sponsorship and other economic, health and education support can be made available to come of the most vulnerable families and children.

Strengthening children's life skills and resilience. There has yet to be a concerted focus on strengthening children's life skills and resilience in Nabukalu, and this should change following the introduction of the upcoming Peace Road curriculum training. Nevertheless, young people showed impressive self protection knowledge and skills in connecting support for vulnerable children to other WV ADP programs such as water and sanitation, education health care where vulnerable children were identified and supporting and accessing each of these resources. In addition, children seemed more aware of issues of disability and ways vulnerable children living with a disability could be supported,



than their adult counterparts. Further life skills and resilience oriented programming that targets support for orphans, abandoned children, girls involved in commercial sexual exploitation – as well as children at risk of succumbing to these risks - is recommended to fill this gap. This could be a next step in building on the useful ethnographic data already gathered with these MVC. The work with the girls involved in commercial sexual exploitation in Busowa should be a priority in this regard and would build from earlier CPA research with this community. Assistance could be provided to enhance the early outreach efforts already being considered by the Nabukalu CPC and this could be reinforced by involving the Busowa ADP.

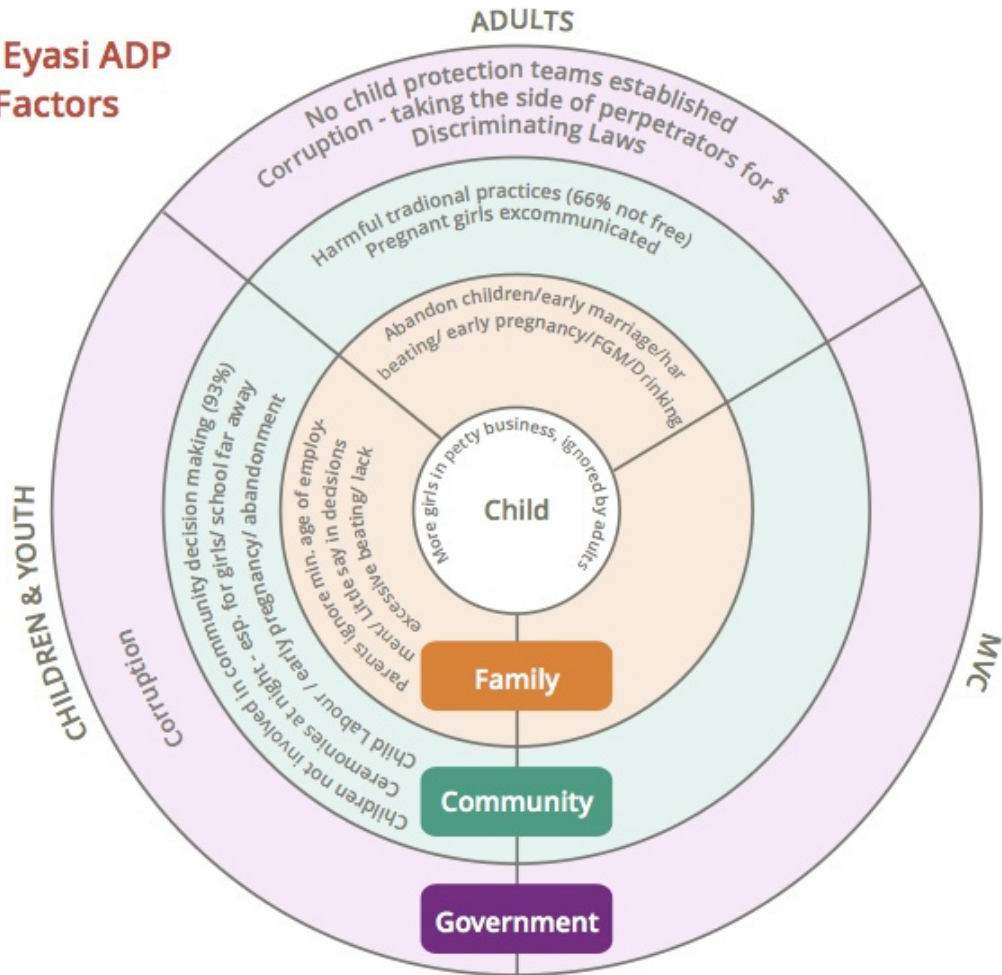
Address root causes of protection issues. The Nabukalu data from child protection committee focus groups, most significant change and case studies and key informant interviews reveal a number of significant examples where root causes of harmful practices, for example deeply rooted cultural beliefs leading to the practice of witchcraft and child sacrifice, have been successfully and creatively addressed. This provides a potent example of social norms and practices that have existed for many generations changing relatively quickly. While the research was unable, due to time limitations, to delve more deeply into the Faith (especially Christian) influence of WV's programming on these beliefs, this may have been a contributing influence to this change as a number of respondents highlighted the power of collective "good" in combating practices considered to be not only harmful but inherently "evil" . In any event, the change in harmful traditional practices in Nabukalu serves as an important case study highlighting ways in which beliefs and attitudes can change with the right kind of community lead process, and this may have relevance to other harmful practices such as early marriage and FGM. The role of faith leaders in addressing harmful traditional beliefs will be an important area for further ToC research.

Tanzania: Lake Eyasi ADP

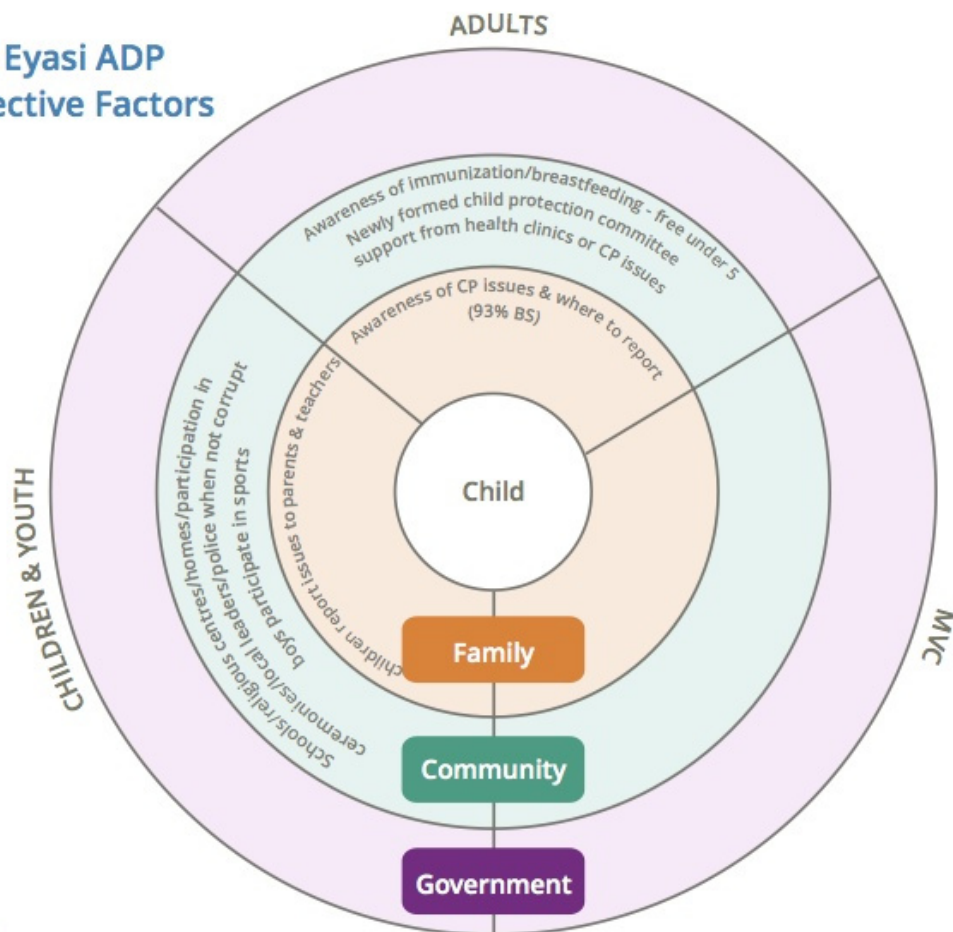
3.1 Summary Circles of Risk and Protective Factors

The following diagrams provide an overview of the summary risk and protective factors identified in the baseline quantitative and qualitative data from Lake Eyasi ADP.

Lake Eyasi ADP Risk Factors



Lake Eyasi ADP Protective Factors




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

Lake Eyasi ADP encompasses a number of Tanzanian villages with high levels of poverty and very 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 out of school to work 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 are traditionally not listened to, and where there is presently little WV programming contact with MVC as there was little targeted MVC data in either the baseline quantitative and qualitative research reports.

Summary of 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 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.

Community Validation

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 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 and corresponding lack of empowerment of women and girls in Lake Eyasi.

3.2 Focus Group with Child Protection Committee (CPC)

The Child Protection Committee in Lake Eyasi has only been in effect for one year. Members are chosen for their community credibility and reputations and are drawn from local leadership, faith leaders, women's groups, the local school and representation from Government (e.g. Social Welfare, Health). The CPC meets every two months, has only taken on two cases (both domestic violence) and feels they need to work harder to become better know in the community. The committee expressed an interest in building on the communities growing faith in health as an entry point for child protection as more families take their young children for immunization and seek remedies for family as health care is free for children under five, and this could be a future link between CPA and advocacy strategies such as CVA. The government continues to strengthen the role of Social Welfare officers in the community though there has been some confusion as another CBO has recently been established to work with the government in protecting women and children. The CPC expressed a need for more discussion with local and district level government leaders to clarify the role of the CPC and work to better promote the role of the CPC in Lake Eyasi ADP, especially as World Vision is already well accepted for other ADP interventions and CP could carry some of this focus on vulnerable families and children in a holistic manner. CPC members also asked for more WV training on organizational management, reporting and referral, and psychosocial support for child victims.

3.3 The River of Life: Most Significant Change Activity


This activity was not conducted with adults or children at this time due to the lack of consolidated training and resulting activities in Lake Eyasi. It is anticipated that it will be carried out on the next site visit.

3.4 Case Studies of Women and Most Vulnerable Children

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 in

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”.*

3.5 Summary of Tanzania, Lake Eyasi ADP ToC data

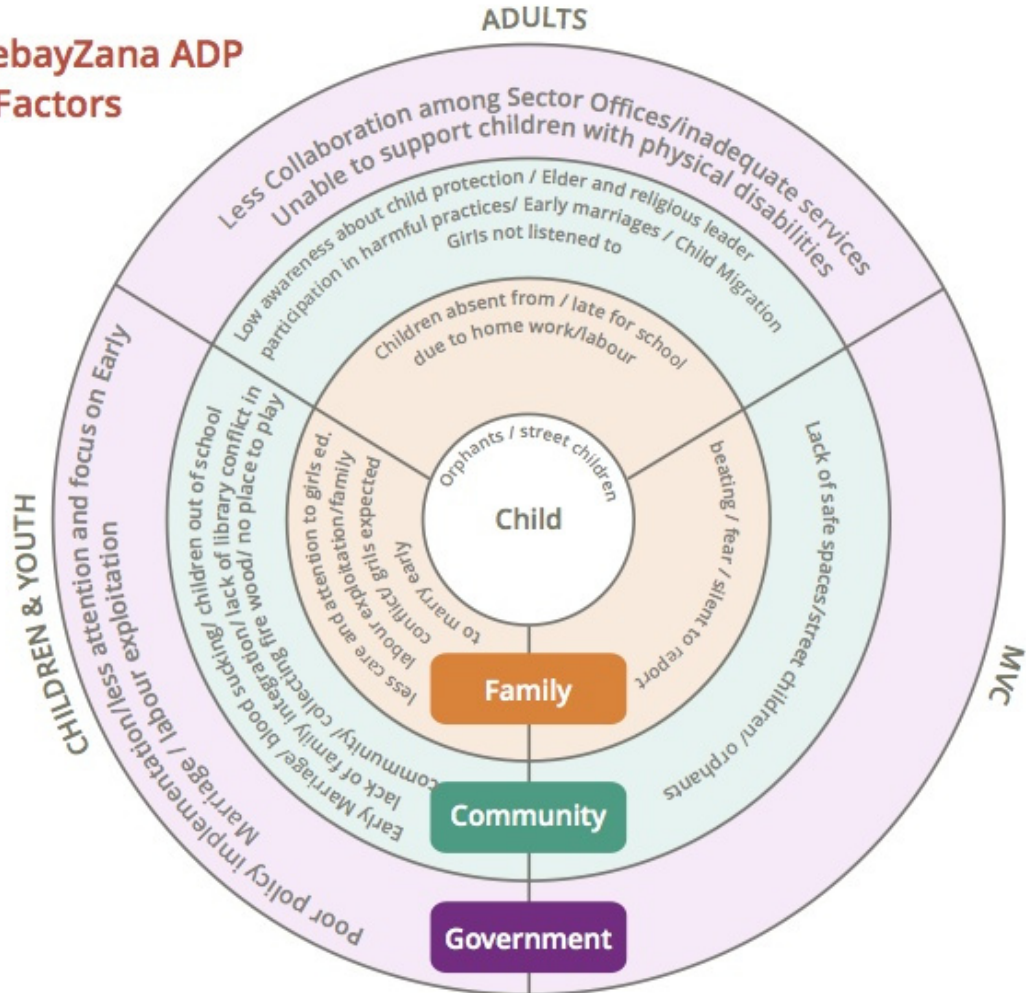
There is currently not enough data to summarize the impact across the four CPA outcome areas. Additional data will be gathered for Lake Eyasi and Mtinko in the next ToC round of data gathering in Spring 2015.

Ethiopia

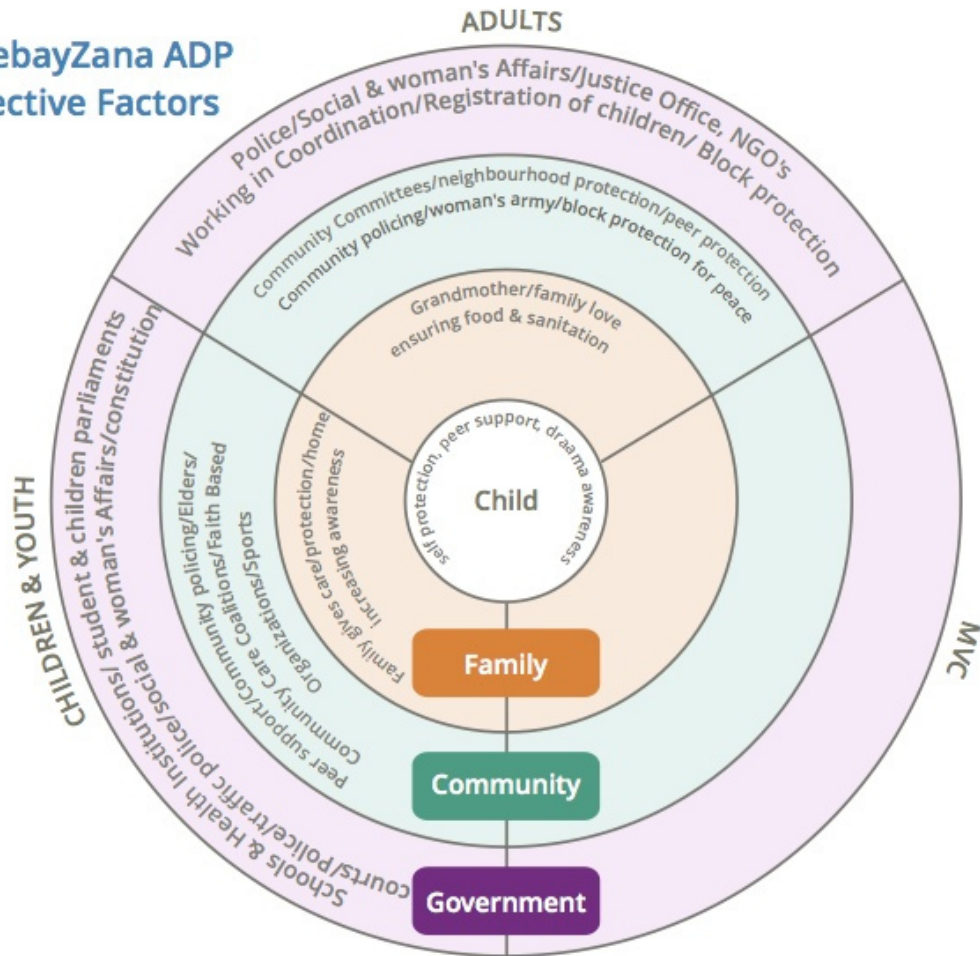
4.1. Summary Circles of Risk and Protection Factors

The following diagram provides an overview of summary risk and protective factors identified in the baseline quantitative and qualitative data from Medebay Zana ADP.

MedebayZana ADP Risk Factors



MedebayZana ADP 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. They comprise community leaders, faith leaders (at the moment Christian though the Muslim leader may join soon), community policy, school leaders, women's group, and child representatives from the Medebay Zana children's clubs. Medebay Zana sits in a very traditional part of Tigray 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 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. Medebay Zana 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.

4.2 Focus Group with Community Care Coalition (CCC)

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, meaningful 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 Medebay Zana ADP. The CCC expressed strong leadership and ownership of their process and are rightly proud of their




Children and Adults from MZ participate in a child protection learning activity together

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 MZ). This was underscored by the CCC emphasizing the fact that they are a legally structured entity under Ethiopia's laws, with their own office, accountable 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. Community members show willingness to participate in child protection committees. MVC and their family are identified. The committee is trying to work in collaboration with Governmental and NGOs. This would go like that until all would understand the overall process". (Interview with CCC)



The CCC also sees it 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 the child protection messages. This combined with the creative partnership with the community police who actively engage in solving domestic conflicts and protect children living on the street. One example of this challenge 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”. (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 this 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 will provide ongoing monitoring and counseling to the family”. (Community police office, CCC, MZ)

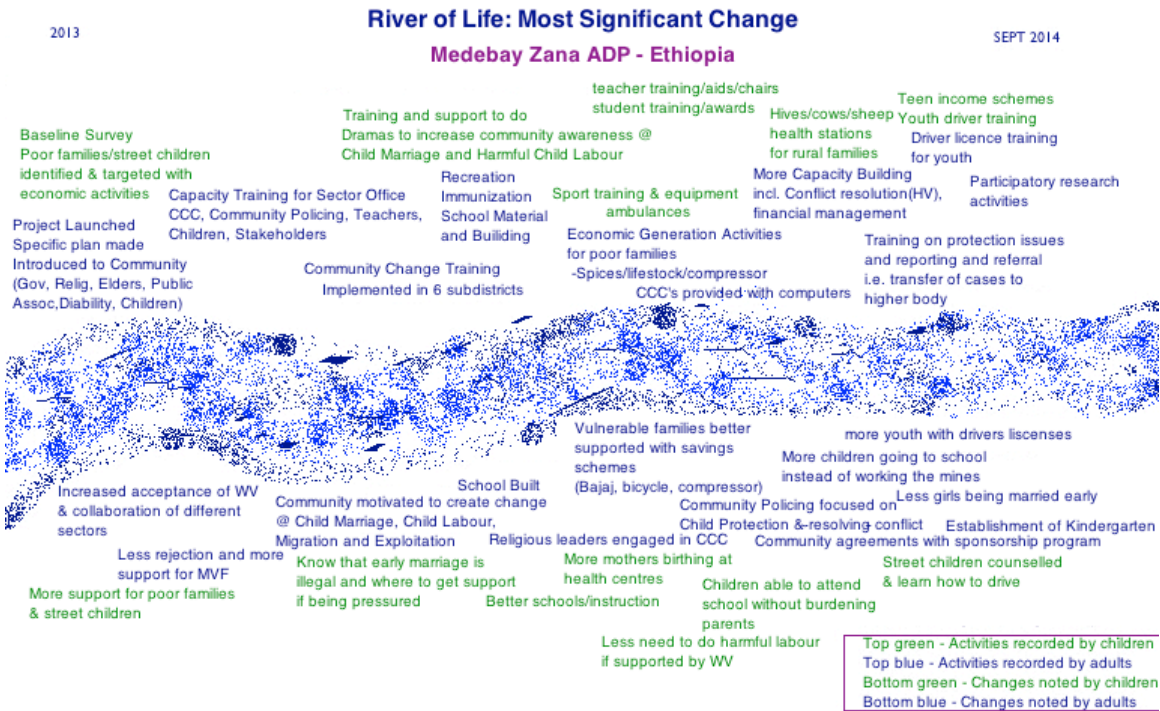
Though most vulnerable children are not selectively represented in the CCC, there is a member from one of the local children’s groups. These are diverse and include: children’s club (children in school), child parliament (open to all children), sports club and child drama group. Children and adults on the CCC 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”. (MZ CCC adult and child members)

Areas that the CCC suggested areas that required additional strengthening include: 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.

4.3. The River of Life: Most Significant Change Activity

The following graphic represents significant changes identified by adults (child data forthcoming) in the context of Medebay Zana CP interventions.



Most Significant Changes identified by adults in the CCC were the result of a range of activities that they felt significantly changed local behaviors, attitudes, cultural norms and values. Some of the most significant changes included:

Community Change (many examples)

- Awareness raising on CP
- Collective decision to emphasize legal approach to CP resulting in mobilization of community police in CP spectrum from prevention through crisis management (e.g. police trained in family mediation are intervening earlier in cycle of domestic violence)
- Strong participation of youth in sports club and drama group raising awareness amongst youth on CP issues
- Strengthened relationships between CCC and faith organizations (primarily Christian)
- Realization of the importance of registration of girls to prevent early marriage (WV issuing registration certificates through schools)
- CCC, family members (sometimes including children) implementing family “agreements” in the context of domestic violence
- Awareness of the importance of early childhood interventions, resulting in the non-formal sector founding an ECD centre

ADAPT and CPA

- Acceptance of WV as an international NGO working in Ethiopia and MZ
- Strong strategic relations formed between the government and community leaders facilitated by WV
- Local ownership of CCC, resulting in formation of legalized entity

Savings groups and other WV economic capacity development

- Creation of Bajaj motor rickshaw, income generating program for most vulnerable families

Most significant changes identified by the children

- More awareness of early marriage and child labour

- More support for poor families and street children
- Women birthing in health centers instead of home
- More children able to go to school and better instruction
- Less need for children to do harmful work

Children's examples of most significant change

Several sponsored children and other young people from the drama and sports clubs joined us to share their perceptions on the most significant changes that were happening in their community as a result of World Vision interventions.

They selected 3 stories to illustrate these changes.

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 or was bitten by snakes 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 were 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.

4.4 Case Studies of Most Vulnerable Children and Families

Mothers' perspectives on family sponsorship and child protection

The following case study interviews gathered from families supported by World Vision highlight some of the benefits of linking income generation and child protection.



Janet and Wakanesh's Journey to Better Support 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 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."

Most Vulnerable Children not in World Vision Programs

The following case studies highlight some of the risks experienced by children not supported by child protection programs in Medebay Zana.

The Story of the Freyat and her Journey from Vulnerability to "Slim" Agency

Freyat, the oldest girl of four children 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. 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 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’s father recently apologized to her and has offered to help with her studies, but she will not take any support from him, as he was “the cause of all of this hurt”. She does wish that her father would at least help her child, but it seems that this is not a priority for the family.

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. In the cities or bigger towns there is more reinforcement of the law, so it is good that WV is helping to strengthen justice and community policing to combat this entrenched harmful practice.



“I know that one is enough for me and I love little Delowit (lucky girl)”, says Freyat as she commits to give her daughter all the support she can. She is working hard to finish her studies and perhaps one day become a health practitioner.

5.5 Summary of Ethiopia, Medebay Zana ADP ToC data

The information from the ToC activities shows that significant progress is being made in strengthening both formal and non-formal child protection mechanisms. Specifically, in relation to the four CPA outcomes:

Mobilize and raise awareness. 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 CCC, local children’s “natural advocates” and children themselves are all actively involved in this process. Creative means have been found to involve community police in raising awareness about the plight of street children and girls at risk of sexual abuse and harassment.

Strengthen reporting and referral mechanisms. 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 (e.g. 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 CPC’s and families implementation of family “agreements” as a measure of local accountability in the context of domestic violence. 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.

Strengthening children’s life skills and resilience. Though the PeaceRoad curriculum has not yet been introduced in MZ, children are showing 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 other various life constraints.

Address other root causes to protection issues. The community of MZ, with the support of World Vision, has significantly impacted child protection through savings and micro-enterprise groups, in particular the BAJAJ taxi initiative. In addition, MVF and MVC have been supported to access justice 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.



Conclusion and Recommendations

The Theory of Change research attempted to answer a series of key questions. The primary question guiding the ToC is: *Clarifying CPA outcomes for vulnerable children and their communities, **what's working and not working?***

In each of the four countries there seems to be considerable success in strengthening the facilitation of formal and non-formal child protection mechanisms.

Examples of what's working 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 (as in the case of Uganda)
- **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:

- **Improving baseline and DME systems** (see recommendations below)
- **Inclusion of children on Child Protection Committees** (ideally nominated by their peers)
- **Need for an evidence informed understanding of most vulnerable children**
- **Inclusion of MVF and MVC** on child protection committees
- **Stronger attention given to systemic, especially gender related challenges to accountability** and functioning of child protection committees

Recommendations on Sub-Questions

Recommendations on DME: ADAPT and Baseline data

I. What is the ongoing learning from the baseline data and DME cycle?

DME (in particular ADAPT and baseline data gathering) is working in some contexts but could be further strengthened. Specific recommendations to this end address issues of:

Context: Refine existing quantitative and qualitative indicators and 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

Most vulnerable children: Apply tools to support indicators focusing greater attention on identifying MVC and understanding their unique situations

Community engagement: 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.

Recommendations for increasing program impact in strengthening formal and non-formal mechanisms

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

The CPA interventions are changing many part of the formal/formal mechanisms. Examples include:

- **Empowering and equipping government** 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 community 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** as an innovative local child protection advocacy and policy mechanism

III. What are the **measurable changes to behaviours, attitudes, norms and cultural practices**?

- **Changing risk behaviours of children** (e.g. boys deciding not to enter the informal gold mines, girls choosing to go to school instead of taking domestic work)
- **Families changing child rearing and parenting styles** to a culture of peace using positive discipline orientation
- **Teachers advocating for the rights of vulnerable children**

- **Reduction and elimination of certain harmful cultural practices** such as witchcraft and child sacrifice
- **Raising awareness of the problem of early marriage and lack of birth registration?**

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

Positive unanticipated changes include:

- 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 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

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
- 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
- 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

V. What is **WVI'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
- **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 (e.g., the situation of girls and sexual exploitation in Uganda).
- **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.



Facilitating a focus group discussion with the Child Protection Committee in Ubumwe, Rwanda