ACCELERATING STRATEGIES FOR PRACTICAL INNOVATION AND RESEARCH IN ECONOMIC STRENGTHENING (ASPIRES) 2015-2018

**Cooperative Agreement AID-OAA-LA-13-00001**

**A FARE beneficiary and her daughter operate their family shop in Nabweeru Division, Wakiso District**

AVSI FOUNDATION

FAMILY RESILIENCE PROJECT

# END OF PROJECT REPORT

**1st November 2015 – 30th June 2018**

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# ACRONYMS

| | |
|---|---|
| ASPIRES | Accelerated Strategies for Practical Innovation and Research in Economic Strengthening |
| CAO | Chief Administrative Officer |
| CBT | Community Based Trainer |
| CDP | Child Development Plan |
| CGIST | Caregiver Integration Status Tool |
| CIST | Child Integration Status Tool |
| CPA | Core Program Area |
| COWA | Companionship of Workers Association |
| CT | Cash Transfer |
| DCOF | Displaced Children and Orphans Fund |
| DOVCU | Deinstitutionalization of Orphans and Vulnerable Children in Uganda |
| ES | Economic Strengthening |
| FARE | Family Resilience |
| FCF | Fruits of Charity Foundation |
| FHI 360 | Family Health International 360 |
| FL | Financial Literacy |
| FS | Family Strengthening |
| HDP | Household Development Plan |
| HH | Household |
| HIV/AIDS | Human Immunodeficiency Virus/ Auto-Immune Deficiency Syndrome |
| HVAT | Household Vulnerability Assessment Tool |
| HVPT | Household Vulnerability Prioritization Tool |
| IGA | Income Generating Activity |
| IP | Implementing Partner |
| IR | Intermediate Result |
| KCCA | Kampala City Council Authority |
| LC | Local Council |
| MEL | Monitoring, Evaluation and Learning |
| MGLSD | Ministry of Gender Labour and Social Development |
| MUREC | Mildmay Uganda Research and Ethics Committee |
| NSPPI2 | National Strategic Programme Plan of Interventions 2 |
| OVC | Orphans and Vulnerable Children |
| PSWO | Probation and Social Welfare Officer |
| SCORE | Sustainable Comprehensive Responses for Vulnerable Children and their Families |
| SOP | Standard Operating Procedure |
| SPM | Selection Planning and Management of Enterprises |
| UGX | Uganda Shillings |
| USAID | United States Agency for International Development |
| VSLA | Village Savings and Loans Association |

# EXECUTIVE SUMMARY

AVSI Foundation is pleased to present the end of project report for the Family Resilience (FARE) project, implemented in Uganda from November 2015 to June 2018 by AVSI and partners with funding and technical support provided by FHI 360 through the USAID-funded Accelerated Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) Family Care subproject. ASPIRES Family Care sought to develop evidence and programming guidance for matching contextually appropriate economic interventions with specifically targeted households to reintegrate separated children into families and prevent unnecessary separation of children from their families. As a sub-project of ASPIRES, FARE provided a practical context for learning by AVSI Foundation and partners together with FHI 360. This report describes the project and summarizes achievements, challenges, and learning.

The **goal of FARE was reduced unnecessary family-child separation in Uganda, with the broad development objective that targeted families would be less vulnerable and more resilient to shocks that can lead to family-child separation.** FARE was implemented in Kampala and Wakiso Districts, which host large proportions of vulnerable children including those living on the streets. The project aimed to reach 650 households, including 350 families deemed to be at high risk of child–family separation (At-risk or Prevention families) and 300 children already living outside of family care and the families to which they were returning (Reintegration)

**FARE achieved its full enrolment target for the Prevention (At-risk) families**: 350 families were identified, assessed, and enrolled in nine parishes thought to be hot spots for family-child separation. **FARE reached 94% of its Reintegration target**: 281 children were prepared and reunified with their families. However, FARE was not able to enrol all of these children and families in the project for a variety of reasons including the short project duration, high levels of mobility of identified project participants outside the project target area, and lack of interest on the part of some reunified families to participate fully. Other children ran away shortly after being reunified, rendering the household enrolment process incomplete for full participation in the project. Of the 281 children reunified with their families, only 268 children from 255 households decided to participate fully in the community and household level activities offered by the project after reunification, subsequent to full consent by the caregiver and the index child. **Overall, FARE worked with 605 (350 prevention and 255 reintegration) families**; 93% of enrolment target reached.

In order to achieve the project goal, FARE aimed to achieve three **intermediate results**:

1. Quality, appropriate case management helps reintegrating children and families and families at high risk of separation identify needs and access support and services;
2. Targeted families are less vulnerable and more resilient to shocks that can lead to family-child separation;

3. Children are nurtured and protected in targeted families and communities.

FARE offered a menu of economic strengthening and family strengthening activities in which Prevention and Reintegration families could choose to participate, guided by a specific Household Development Plan (HDP) that took into account the uniqueness of each family's needs and resources and the accessibility of these activities to families. **Economic strengthening** activities included cash transfer, accompanied by training in microenterprise selection, planning and management (SPM), for a small number of the most economically vulnerable families; village saving and loan associations (VSLA), with SPM training for some groups; apprenticeships for youth and, later in the project, training on "community skills".[1] **Family strengthening**[2] activities included home visiting and counselling by project social workers for all families (ideally on a monthly basis for reintegrating families and on a quarterly basis for at-risk families), training on parenting skills for caregivers, training on life skills and interactive dialogues for adolescents, community dialogues on topics of interest, and recreational activities.

Regular assessment of each household was carried out by project staff on an eight-month frequency, using monitoring tools such as the Ministry of Gender, Labour and Social Development's Household Vulnerability Assessment Tool (HVAT), which covers six domains prioritized by Uganda's National Strategic Plan of Interventions for Orphans and Vulnerable Children (OVC). A caregiver and index child[3] from each household were also regularly assessed, generally on the same interval, using the child and caregiver status integration tools to ascertain progress in domains thought by practitioners and suggested in the literature to be associated with stability and retention of children in family care.

The project timeline was 33 months, with direct activities lasting 30 months.[4] FARE reunified separated children and their families between January 2016 and September 2017. Most economic strengthening and family strengthening activities with reintegrating and at-risk families took place between September 2016 and March 2018.[5]

**Summary of performance on selected indicators:**

- 93% (167 of 180) of the children reunified between January 1, 2016 and March 31, 2017 (and therefore potentially able to have at least 12 months of exposure to FARE

[1] Community skills are group based, practical trainings on production of household items demanded on the local market.
[2] Family strengthening are protection and psychosocial related interventions that are delivered at family level to bolster or reinforce all the other interventions delivered by the project.
[3] One child in selected households was identified as an index child for monitoring purposes.
[4] See Appendix 1 for project timeline.
[5] Considering the ASPIRES research agenda, FHI360 requested FARE not to launch activities until all baseline data had been completed. Given that some children were reunified earlier than others, some households faced a gap of many months before activities began. This could have contributed to less than expected enthusiasm for participation in community level activities.

post-reunification) remained in family care for a year against the project target of 95%.

- 95% of children in prevention families remained in family care throughout the life of the project against the project target of 100%.
- 124% loans to savings ratio recorded in VSLA groups against the project target of 150%.
- 58% of the direct participants increased their household income by 30% against the project target of 50%.
- 84% improvement in parent–child relations among reintegration caregivers and 94% improvement among prevention caregivers and children against the project target of 60%.
- 43% of the youth who were trained through apprenticeships were employed against the targeted 60%.

**Summary of Conclusions**

The FARE project has demonstrated that preventative resilience-building effort at the household level is a good approach, with family strengthening and economic strengthening interventions both of great relevance. Support for families where separation has already occurred is much more difficult, the household needs are likely to be greater and perceptions of stigma are real. It is too early to tell whether participating households are in fact more resilient to shocks as they may arise in the future. The Theory of Change which suggests that economic assets, stronger family relationships, and effective social networks through peer groups such as VSLA should build resilience capacities is based on growing evidence and makes sense in this case. Yet, the FARE project recognizes that the challenges facing the targeted communities are great and the context is ever changing. The FARE project benefitted from partnership with implementing partners (IP) which were already deeply committed to the issues of child-family separation, though other partnerships may have enhanced outcomes.

The FARE project had important achievements as well as challenges that limited achievement on some desired outcomes. These challenges are themselves important contributions to the learning agenda around child-family separation and reintegration which should be taken into consideration in future program design.

# PROJECT BACKGROUND

The Family Resilience (FARE) project was led by AVSI Foundation, a non-governmental organisation that has implemented development programs in Uganda for more than 30 years in the areas of education, health, food security, agriculture, and livelihood in both the development and emergency contexts. AVSI works towards sustainable development and strives to respond to the real needs of people.

In November 2015, AVSI Foundation, in partnership with Retrak, a leading organisation working to support reintegration of children living on the streets and those that have fallen outside family care, was awarded the FARE project by FHI 360 through its USAID-funded Accelerated Strategies for Practical Innovation and Research in Economic Strengthening (ASPIRES) Family Care subproject.[6] ASPIRES Family Care is tasked with learning and developing the evidence base related to how economic strengthening (ES) interventions can help separated children return to family and remain in family care and help prevent family-child separation.

In support of this effort, the **FARE project aimed to prevent separation of children from highly vulnerable families, and to reintegrate children who had fallen outside family care, especially those on the streets and children in government remand,** and to facilitate learning from the experience through its own monitoring, evaluation and learning processes and cooperation on FHI 360-led evaluation research and learning activities. AVSI was eager to draw on its experience from its Sustainable Comprehensive Responses for Vulnerable Children and their Families (SCORE) project, a seven-year USAID funded project that aimed at reducing vulnerability of orphans and vulnerable children (OVC) and their families in 35 districts of Uganda, to address the needs of the FARE target population. FARE also offered an opportunity to expand the use of Retrak's Standard Operating Procedures: Family Reintegration (SOPs), which had been accepted and recommended for use by for Uganda's Ministry of Gender, Labour and Social Development (MGLSD). The initial two-and-a-half-year FARE award was later extended by one more quarter, making it two years and nine months.

## THEORY OF CHANGE

FARE's Theory of Change rested on the concept of different pathways through which families would move from vulnerability to greater family resilience, starting from an understanding of the specific drivers of child-family separation.

[6] ASPIRES provides technical assistance to US Government agencies and their implementing partners to advance and scale up high quality interventions in the areas of consumption support, money management and income promotion through research. USAID's Displaced Children and Orphans Fund (DCOF) supports the ASPIRES Family Care subproject.

Children and youth leave home under different circumstances, with some running away to the streets, others trafficked from villages to urban centers, and others sent by relatives to child care institutions.

**The Theory of Change considered that if families were provided a combination of economic and family strengthening interventions, the drivers of child family separation would be reduced; families would become more resilient to shocks and would be able to foster a healthy environment for children to remain in family care.**

*Figure 1 Drivers of Child-Family Separation*

RETRAK-identified drivers of separation

- 63% emotional abuse
- 57% poverty at home
- 57% physical abuse
- 50% death of parent
- 23% lack of food
- 20% inability to attend school
- 13% child labor

(Source: Retrak Uganda 2012)

The two main pathways to enhance family resilience were a) the relationships and environment within the family and b) the economic stability of the family. Separate hypotheses were put across for reintegration and prevention of separation.

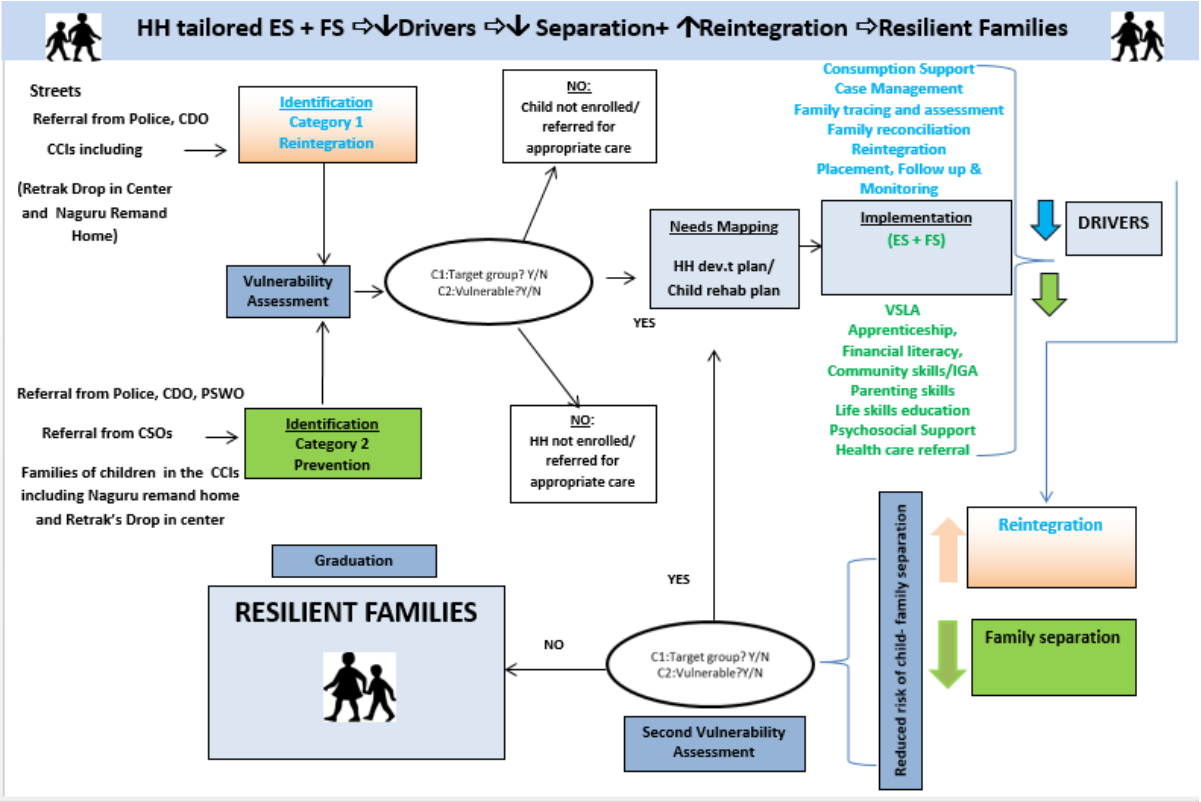
The **reintegration hypothesis** was that families that are more resilient to shocks and have positive environment of relationships and care for children are better equipped to receive separated children back home and enable them to stay. The assumption was that children being prepared for reunification would be cared for in child care institutions using appropriate SOPs and therefore the children would benefit from strong case management, attachment therapy, and best practices for transitional care. Children's preparedness to return to their families would be ensured by addressing children's basic needs (such as food, clothing, medical and shelter) at the center and children's active engagement in various activities ranging from life skills training to counselling therapy.

The **prevention hypothesis** was that economic strengthening interventions take stress off household resources to allow healthier family relationships and better provision of the necessary care for children to prevent child-family separation.

The interaction of both the "soft" family strengthening activities—parenting education and counselling, life-skills training, community dialogues—and the concrete access to increased financial resources and skills via economic strengthening activities, would bolster the family unit, both preventing separation and enabling durable reintegration.

Figure 2 below is a graphical description of the steps taken with identified children and at-risk families in FARE from Identification to Assessment to Needs Mapping and Interventions geared to reducing the drivers of separation and re-separation.

*Figure 2 Illustration of the Project Theory of Change and Intervention Approach*




## TECHNICAL APPROACH

FARE's household - centered approach to unnecessary child-family separation sought to explore a Theory of Change around resilience capacities of families.[7] The Theory of Change was based on AVSI's and Retrak's years of experience in Uganda and articulated the hypothesized pathways to address drivers of child-family separation and increase resilience factors and capacities to enable families to meet their own needs.

### DELIVERY MODEL

AVSI Foundation led and coordinated FARE and provided technical leadership in the areas of economic strengthening, family strengthening and monitoring and evaluation. Retrak provided technical leadership in reunification and reintegration.

Two other implementing partners (IPs) were selected and brought in as FARE implementing partners. Companionship of Works Association (COWA) is a local Ugandan non-governmental organisation that operates in Naguru Remand Home, a government facility that houses juvenile offenders. Fruits of Charity Foundation (FCF), a local child care institution, operates in Wakiso District.

[7] FARE has used "household" and "family" interchangeably, recognizing that a household can at times include members of more than one natural or biological family.

Case management and activity implementation was primarily handled by Retrak, FCF and COWA with technical support from AVSI. COWA and FCF worked with at-risk families primarily in Wakiso District while Retrak worked with at-risk families mainly in Kampala District. Retrak, COWA and FCF reunified children and families in both Kampala and Wakiso and provided ongoing support to them. Intervention targets were with and for each implementing partner. AVSI conducted site visits and organizational capacity assessments and aimed to create a conducive partnership in which each IP could bring its experience and range of resources to the table. Guided by a project logic organized around three intermediate results/objectives, IPs provided targeted families case management support and opportunity to participate in economic strengthening and family strengthening activities offered by the project. Table 1 below summarizes the intermediate results and related activities.

*Table 1 FARE Interventions Aligned to the Intermediate Results*

| **IR 1: Quality appropriate case management[8]** | **IR 2: Targeted families have increased economic resources and capacities[9]** | **IR 3: Children are nurtured and protected in targeted families and communities** |
|---|---|---|
| • Street outreaches<br>• Support for children at centers:<br>  – child care plans<br>  – provision of basic needs<br>  – catch-up education<br>  – life skills education<br>  – psychosocial support<br>• Family tracing and assessments<br>• Reconciliation dialogues<br>• Follow up visits<br>• Household development plans | • Cash transfers<br>• VSLAs<br>• Selection planning and management of enterprises (SPM) training<br>• Apprenticeships for youth<br>• Community skills training | • Parenting skills training<br>• Life skills training for adolescents<br>• Community dialogues and outreaches<br>• Referrals<br>• Interactive learning sessions for children and youth<br>• Psychosocial support<br>• Family and individual counselling<br>• Home visits |

The project further engaged a cross section of partners, mainly local government officials, police, lower local council representatives and other community-based structures to identify beneficiaries, support implementation of activities and ensure sustainability of interventions.

[8] Retrak's standard operating procedures (SOP) provided the experience and evidence base for the programming guidelines under IR 1. To view the SOPs, contact Retrak: https://www.retrak.org/content/uploads/2015/05/Retrak-Family-Reintegration-SOPs-revised-Apr-2015.pdf.

[9] AVSI resources and manuals provided the tools and curricula for most activities under IR 2 and IR 3.

## TIMELINE

Following a refinement period in which AVSI selected IPs, reviewed technical design issues, and prepared working tools (November 2015 – January 2016), activities to identify separated children began. FARE reunified separated children and their families between January 2016 and September 2017. Identification of at-risk households required additional steps, as described below, and took place between April and June 2016. Baseline data collection began in July 2016; the exercise was straightforward for at-risk households but took longer for reintegration households (July 2016 – July 2017).

Most economic strengthening and family strengthening activities with reintegrating and at-risk families took place between September 2016 and March 2018.[10] End line data collection took place between January and March 2018, as the project was winding down for the June 30, 2018 close date. See Appendix 1 for FARE Project Timeline.

## WORKFORCE

Each implementing partner organisation had full-time staff including a project manager, data officer, social workers and Community Based Trainers (CBTs). The social workers and CBTs were frontline workers who handled daily delivery of interventions with the beneficiaries and were supported by the rest of the partner team. Social workers provided the direct counselling to children, youth and caregivers and were responsible for the development of Household Development Plans, assessments and referrals for both reintegration and prevention households. CBTs were responsible for mobilizing, training and supporting VSLAs from start-up through to registration with local authorities. CBTs arranged apprenticeships and led the process of placement of youth into apprenticeships, including follow-up support. In the second half of the project, some appropriately-skilled CBTs also assisted social workers by making supportive visits to families.

In total, 13 social workers and 9 CBTs delivered the FARE activities in the field; COWA had two of its social workers doubling as CBTs. The average caseload assigned to a single social worker was 46 households.

AVSI supported the IPs with 6 staff: 2 Project Officers, 3 Technical Advisors for family strengthening, economic strengthening, and reintegration (from Retrak) and 1 Monitoring, Evaluation and Learning Advisor.

*Key Reflection:* FARE learned that follow-up and support to families in both categories required adequate staffing and training to be able to attend to the sensitive and often complex issues that were emerging from beneficiaries at family and personal level. FARE noted that some families often required frequent visits from the social workers to be able to

[10] As mentioned previously, FHI360 requested FARE to postpone start of activities until all baseline data was collected.

keep abreast of specific challenges, in particular among reintegration families. AVSI would recommend a smaller case load for social workers in similar projects in the future.

*Table 2 FARE Case Management Workforce*

| | # reintegrating HHs | # at-risk HHs | # social workers | # CBTs |
|---|---|---|---|---|
| Retrak | 154 | 170 | 5 | 6 |
| COWA | 66 | 110 | 4 | 2 (doubled as social workers) |
| FCF | 35 | 70 | 4 | 1 |
| | **255** | **350** | **13** | **9** |

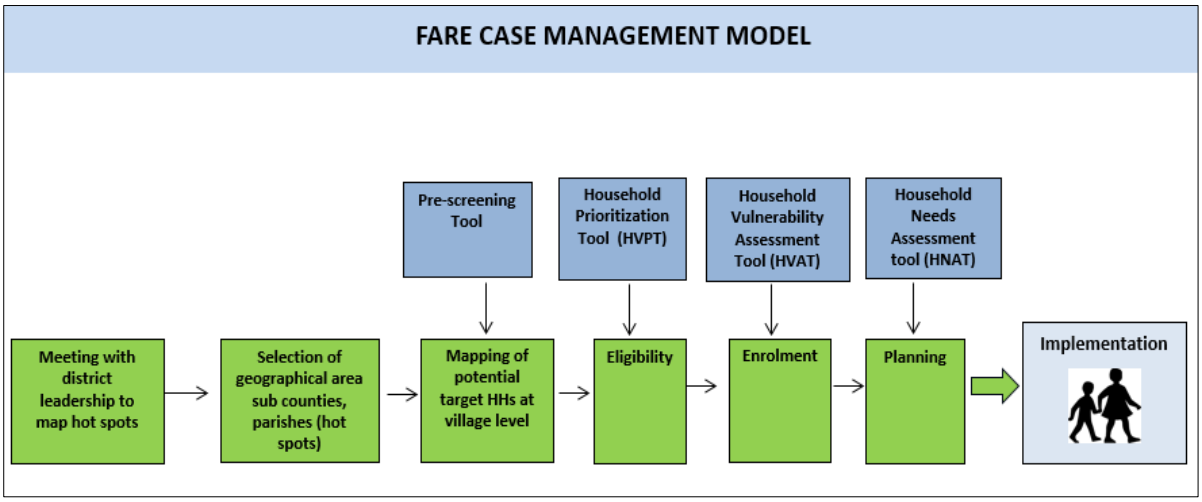
# PROJECT PARTICIPANTS

## TARGETING AND SELECTION OF PROJECT PARTICIPANTS

FARE project had two categories of participating families with different targeting, selection and enrolment processes. To identify a**t-risk (Prevention)** families, a process was carried out in "hot spot" parishes that were selected from Kampala and Wakiso Districts. Through a screening process, households were carefully identified for risk factors considered possible drivers of separation. The process for **Reintegration** families started with the separated child; family participation depended on the willingness and ability of a separated child to reunify with his or her family in Kampala or Wakiso.

## AT-RISK OF SEPARATION FAMILIES (PREVENTION FAMILIES)

*Figure 3 At-Risk Household Identification Process*




### Mapping Hot Spots

In February 2016, FARE held consultative meetings with the district leadership of Kampala and Wakiso Districts, including the Director of Gender and Community Based services under Kampala City Council Authority (KCCA), coordinator of OVC services, Probation and Social Welfare Officers (PWSOs). In Wakiso, discussions with the Chief Administrative Officer (CAO), Community Development Officer (CDO) and selected heads of departments and

political leaders took place to seek guidance on locations with the highest burden of child-family separation, so called "hot spots". Four sub-counties were selected, two in Kampala (Central Division and Makindye Division) and two in Wakiso District (Nabweeru and Ndejje Divisions).

Additional data was gathered from KCCA and Retrak for the past five years, which indicated specific areas where most reunification cases occurred. FARE also utilized data from the DOVCU project which was closely working with Naguru Remand Home.

The PSWOs and Uganda Police also shared records on child separation. Taking both data and advice from local consultations, AVSI identified nine parishes in the 4 sub-counties for the project. MGLSD requested that FARE use its recently revised OVC household identification, prioritization and monitoring tools in the project, adapting them as required, rather than developing new tools.

**Pre-Screening**

Before identification of beneficiaries, AVSI led an orientation of all project staff and the community leaders that were to participate in household assessments on the specific vulnerabilities the project sought to address. FARE adopted and modified the MGLSD's OVC Pre–Identification and Registration Form for community leaders (the chair and members of the village or neighbourhood Local Council 1) to use in identifying potentially vulnerable households for further assessment (Appendix 2). MGLSD vulnerability assessment areas include: children's enrolment/attendance in school, illness and disability, shelter, access to basic needs, situation of abuse or violation of children's rights, household head and presence of an orphan. The FARE modification was done in conjunction with FHI 360 to expand on and highlight assessment areas thought by practitioners and in the literature to be associated with family-child separation[11] including:

- Domestic violence
- Abusive care
- Child neglect
- Child involvement in child labour
- Child in contact with the law
- Child drug use
- Previous separation of a child in the household because of one or more of the mentioned factors.

[11] These areas were identified through review of the literature and discussions with Retrak and the CRS-led 4Children/KCHPF project. See Laumann, Lisa. 2015. Household Economic Strengthening in Support of Family-Child Separation and Children's Reintegration in Family Care, Washington, D.C.: FHI 360.

At MGLSD's request, FARE requested Local Council 1 chairs to conduct the pre-screening exercise. Households assessed as having any of the bulleted items above were identified so that FARE could screen them further. The pre-screening exercise at community level ensured that the right target group was screened, with some limitations (see Reflection, below). The involvement of community and opinion leaders in the screening process made the exercise participatory and transparent. These community members helped in identifying the families the project aimed to engage.

**Household Prioritization**

Pre-screening of households was followed by a household prioritization exercise using the version of the MGLSD's Household Vulnerability Prioritisation Tool (HVPT) adapted for FARE (Appendix 3). The MGLSD tool includes 16 questions organized under six core program areas (CPAs) in the MGLSD's National Strategic Plan of Interventions for Orphans and Vulnerable Children: economic strengthening; food security and nutrition; health, water, sanitation and shelter; education; psychosocial support and basic care; and child protection and legal support. FARE adaptations included adding questions about children in contact with the law, child labor, repeated adult abuse of drugs or alcohol, and children from the household not living with the household. The tool helped to validate pre- screening information to be able to determine the most affected HHs and confirm those eligible for inclusion in FARE as at-risk-of-separation families. HHs with vulnerabilities in any one of the first four core program areas (economic strengthening; food security and nutrition; health, water, sanitation and shelter; education) and the last core program area (child protection and legal support) were selected into the program.

At the end of the prioritization process, 350 families selected in the pre-screening process were confirmed for enrolment.

**Enrolment**

FARE defined enrolment as the completion of baseline data collection for a household. The 350 families selected to participate were assessed by project social workers between June and October 2016 using an adapted version of the MGLSD's Household Vulnerability Assessment Tool (HVAT, Appendix 4). The HVAT is also structured around the six CPAs referenced above. FARE adaptations included additional questions under the economic strengthening, psychosocial support and basic care, child protection and legal support domains. The HVAT assessment gave insight into the greatest needs of households and provided other socio-demographic data.

FARE also used project-developed Child Integration Status Tools (CIST, Appendix 5) and Caregiver Integration Status Tool (CGIST, Appendix 6) to assess status and progress of an index child and caregiver in each household in domains thought to be associated with retention of children in families: social well-being, parent-child attachment, community belonging, emotional well-being, care and protection and, for children, enjoyment of

education.[12] The index child was generally a child between 8 and 17 years whom social workers felt to be the most vulnerable to separation; the average age of index children from at-risk HHs was 11.9 years.

Data from the HVAT, CIST and CGIST formed the information basis upon which development of individualised HDPs (Appendix 7) was made. Each family was requested to give consent to participate in the project and research.

*Key Reflection*: FARE followed a systematic process to pre-screen and later conduct HH prioritization. The HVAT was conducted on only those families that were prioritized to be at high risk following a verification process at HH level. Once the FARE social workers started working in the communities, they noted that many more families with similar circumstances had not been included at the point of pre-screening. While the social workers were confident in the tools to select at-risk households, they recommended that pre-screening needs to be thorough enough to generate a comprehensive list of families with the risk factors in a given location. One suggestion was to expand the spectrum of stakeholders participating in the pre-screening phase, including religious leaders, youth representatives, and other local council leaders.

## IDENTIFICATION OF REINTEGRATION BENEFICIARIES

The process of identification of separated children for the reintegration category took a different approach. The target was children below 18 years from Kampala or Wakiso and who had separated from their families and were interested in returning to family care. Children who met these criteria were eligible to enrol in the FARE project.

**Entry Point: Residential Care Facilities**

The main strategy was to work with established residential child care institutions connected to the IPs, namely Naguru Remand Home, three Retrak centers and FCF center. Secondly, FARE also received referrals by Police or PSWOs. All three FARE IPs had direct access to these children on a daily basis by virtue of their work and this helped to identify those who were eligible for the project.[13] Project staff connected to the centers worked with children

*Children arrive at one of the transitional care centers operated by Retrak*

[12] FARE tracked school enrolment as well as enjoyment of school. The latter indicator, while clearly subjective, reflects a child's positive (or negative) education experience. Negative school experiences, such as violence or embarrassment due to a family's inability to provide materials or pay school fees, may contribute to a child's decision not to remain in school.

[13] The partners had other sources of support that enabled them to assist children who were not eligible for participation in FARE.

to prepare them to return to family care and provided follow-up support to these children and their families.

- **Retrak** has three drop-in/residential centers for street-connected children. Through street outreach work (during the day and at night) conducted by a staff member, and referrals from police and PSWO, children are encouraged to come to the centers and participate in a process of eventual return to a safe and loving family and community. Work at the centers to prepare children to return to their families includes counselling, giving of life skills, play of sports and other games, catch up education, music and drama shows These actions are aimed at restoring hope, and nurturing broken dreams, building positive character for the child.
- In Seguku, Wakiso District, **FCF** operates a children's home that takes care of abandoned, lost, abused, and neglected children who were found by the center on the street or referred by the Police, PSWO or the community members for temporary custody. As a part of FARE, FCF developed its focus on and capacity with respect to supporting the reunification and reintegration of children with their families, including preparing for children's return to family.
- **COWA** has a long history of collaboration with the MGLSD and is housed at Naguru Remand Home, a government juvenile detention facility. It provides educational, psychosocial and income skills support to children in detention. It also accompanies children at the center to court sessions and works to ensure that cases involving children are heard without delay. Social workers attend court sessions to offer emotional support since some children have no close family members attending their hearings. As a part of FARE, COWA identified children in remand who were from Kampala and Wakiso and strengthened its capacity to support them to reunify and reintegrate with their families upon completion of their sentence or release from detention.

**Assessment**

At Retrak and FCF centers, children who had made up their mind to return to their families began a process of assessment and support. Some of these children were present in the centers at the start of the project, while others arrived during the course of the project. Guided by the Retrak reintegration SOPs, a social worker was assigned to prepare each child. The child was assessed using the Child Needs Assessment Tool and supported to create a Child Development Plan (CDP, Appendix 8). Support in the centers is further described in the later section on program performance by intermediate results. Between January 2016 and August 2017, FARE supported 281 children from Kampala and Wakiso to reunify with their families. FARE stopped its reunification efforts in August 2017 so that it could focus attention on ensuring that already-reunified families could access project activities for at least eight to 10 months.

**Enrolment**

Ultimately, FARE reunified and enrolled into the project **268 children from 255 families** in the project. Unlike at-risk families, which were concentrated in four targeted sub-counties, reintegrating families were scattered in **19 sub-counties**, including the four selected for prevention activities. FARE collected baseline data from reintegrating families using the FARE-adapted version of the MGLSD HVAT and the CGIST and CIST. Initially, FARE planned to enrol families 30 days after reunification of a child, so that the child could settle well prior to data collection. However, since the FARE-adapted HVAT tool did not receive ethics board approval until May 2016, FARE collected data for the 86 families reunified between January and June 2016 during the period of July - October 2016, after it finished data collection for at-risk families. By then, 13 reunified families had moved out of the target districts. FARE also found that a number of changes had taken place within the 30 days post-reunification; for example, some children returned to the streets during that period, others would be sent to live with relatives outside the target districts, while other families simply lost interest in the project. FARE revised its approach to allow concurrent HVAT assessments and HDP at reunification; this expedited data collection and the planning process, and eventually reduced loss of households from the project since enrolled households got quickly started on interventions.

*Key Reflection:* Overall, FARE project was successful with steps in targeting, assessing, and enrolling its project participants. The exercise enabled identification of the right target participants, although the processes were more challenging for reintegrating families than for at-risk families. A specific design consideration for future implementation is to follow reunification quickly with support activities.

## PROFILE OF PROJECT PARTICIPANTS

FARE project worked with 605 families, inclusive of 2,974 HH members at baseline. Despite the drop in the number of HHs in the course of project implementation from 605 to 473, we noted that the household membership increased to 3,109 members for the remaining 473 households assessed at end line, likely due to births and new members joining or returning to the households as a result of better capacity to meet basic needs and provide stability.

*Table 3 Basic Features of FARE Households at Enrolment*

| | Baseline |
|---|---|
| **Household membership** | |
| At-Risk | 350 HHs; 1,946 members |
| Reintegration | 255 HHs; 1,028 members |
| **Children as Percent of Household Members** | |
| At-Risk | 64% (1,245/1,946) were children |
| Reintegration | 59% (607/1,028 were children |
| **HH Head, by Gender** | |
| At-Risk | 17% male; 83% female |
| Reintegration | 44% male; 56% female |
| **Average HH Monthly Income** | UGX 143,237 (USD $38) |

| | |
|---|---|
| **HH Source of Income** | • 30% of families' main source of income was petty trading.<br>• 29% was casual labor.<br>• 20% was informal jobs.<br>• 6% of HHs had no source of income.<br>• 5% depended on remittances while the remaining earned through formal job employment, peasant farming, commercial farming and formal businesses. |

**Child Vulnerabilities**

With the help of the HVAT, FARE project collected socio-demographic information on children living in at-risk and reintegration families to understand their vulnerabilities. The following demographic data was collected: Age, sex, parenthood status of the children in the family, school attendance, school enrolment status, disability, chronic illness, immunization, birth registration, HIV status among the main areas. The information was gathered for all the children living in a project target household using a household roster.

The summary shared below is a representation of the situation of all the children living in the FARE supported families (including the index children), at baseline:

- 24% were orphans either without one or both parents, and this was the main vulnerability factor.
- 23% had dropped out of school at time of baseline.
- 20% of children who had reached school going age were not enrolled in school.
- 6% had a chronic illness.
- 3% had a disability.

**Average age of index children**

Index children in FARE households were mostly in the range of 11-13 years.

The average age of reintegrated children was 13.1 years; 13.6 for males and 12.3 years for females. The average age of the index child in at- risk families was 11.9 years; 11.8 for males and 12 years for females.

## PARTICIPATION AND RETENTION OF FAMILIES IN THE PROJECT

While FARE planned to reach both at-risk and reintegrating families with tailored combinations of ES and FS interventions drawn from FARE's menu and based on HDPs, this proved to be challenging and the level of participation differed across the two target populations. The average number of interventions for at-risk HH was 5.57 and, post-reunification, for reintegrating families was 3.93 (as indicated previously, pre-reunification support could be extensive).

FARE was able to reach 99% of at-risk and 100% of reintegrating HHs with FS interventions, but participation in ES interventions was lower: 86% of at-risk families and 55% of reintegrating households received one or more ES interventions. When end line data were

collected, 84% at at-risk and 74% of reintegrating households were still active in the project. 16% of at-risk families had dropped out or been lost to follow-up, whereas 26% of reintegrating families had dropped out. The reasons for drop-out were diverse across the two sub-populations. Social workers reported that busy schedules, high mobility, and lack of interest were among the causes. Some of the challenges FARE encountered in reaching and retaining participants in the project are highlighted below.

**Busy and highly mobile family members with little time for project activities**

Working with highly vulnerable families made project implementation quite challenging. Caregivers and some youth tended to be busy and highly mobile; project staff spent a great deal of time trying to track them down and interact with them. Families reintegrating children were selected to participate in the project primarily because a child had been reunified; some were more economically active and less economically vulnerable than at-risk families enrolled in the project. Often, their time availability was low, which affected their interest in participating in activities. Staff found that at-risk families were more stable, less transient and more receptive to the project interventions than reintegrating families.

**Household mobility**

Participant households also moved a lot and staff spent considerable time locating them. From the available data collected, 16% of at-risk households and 27% of reintegrating households reported to have shifted once or more than once during project period. At-risk and reintegrating families shifted residence an average of 1.28 and 1.38 times, respectively. Some families moved outside of Kampala and Wakiso Districts and could no longer be supported; some were referred to other projects.

**Time lags between data collection, HDP preparation and activity roll out**

FARE's plan (influenced by ASPIRES's research needs) called for participants to be identified, then baseline data collected, then HDPs to be developed and then activities to start. Some at-risk HHs may have been demotivated during the 60 days on average that elapsed between data collection and the HDP process. Reintegrating HHs reunified early in the project would have faced an even longer gap, since FARE did not start to collect baseline data until after it completed data collection for at-risk HHs, and then faced challenges in completing the process, as explained above. As time went on, FARE was able to speed up its processes for reintegrating families by combining the HVAT and HDP planning process.

**Group-based interventions not accessible to scattered households**

FARE planned its interventions, a number of which were group-based interventions, before it could know where reintegrating families would be located. The scattering of reintegrating HHs made participation of these families in planned group activities difficult, since group activities took place in parishes where at-risk participants lived. FARE had anticipated that VSLA would be its highest coverage ES intervention, but these groups were formed in only nine parishes. It was not feasible to plan group-based interventions around one or two

reintegrating families. Better results were registered under the FS component because, in addition to community-based group activities, it included a number of interventions that were conducted with individuals or the entire HH at home such as home visits, counselling, referral to other services, and family dialogues. This increased the opportunities for HH participation in project activities.

**Low motivation and perceived stigma**

Some FARE direct target families did not take interest in the project activities, mainly at the onset, even though they had given their consent to participate. Social workers observed that low motivation was due to high expectations of immediate direct material or monetary benefits, severe destitution and the pressures of urban living, demanding work schedules, and impact of project activities on daily routines. In other cases, family concern about stigma associated with being involved in a project for vulnerable people or having a street connected child or a child who had been in conflict with the law in the family led to low interest to take part in the project activities. The severity of the stigma towards children in conflict with the law varied from household to household, but a fear that even children who had committed petty offences could have mixed with juveniles charged with more violent crimes was prevalent. Some families did not fully accept children who had committed offences against family members. Social workers reported that some parents held strong opinions that the child was a curse. During the course of implementation, the FARE project team noted gradual change in attitudes and perceptions and subsequent increase in participation. Through tailored trainings, AVSI regularly provided social workers with a platform to discuss complicated child/family cases to build confidence and new techniques that would enable social workers to handle similar cases.

*Key Reflection:* The FARE team became aware of the above challenges and found ways to adapt the delivery model to better respond to the situation and context of participating households and mitigate some of the challenges. In future programs, attention should be paid to providing interventions as quickly as possible after identification of a household and to catching any delays or uneven trends in participation as early as possible for most effective course correction.

Some examples of adaptations to address participation issues included the following. Center-based life skills training using AVSI's ten-module *Life Skills Education for Adolescents and Youth: Facilitator's Manual* kept running to accommodate children arriving at the centers at any time, in contrast to the community level trainings that required a certain number of children to kick off. Likewise, the reintegration caregivers were scattered, requiring caregivers to travel long distances to attend the weekly parenting sessions in at-risk parishes. FARE organized one-week, non-residential parenting skills training workshops closer to these caregivers to increase participation and completion. This compressed

schedule allowed parents to take care of their home and business while still participating in the workshop for a few hours a day.[14] The project also noted that FARE-initiated VSLAs could not serve a majority of reintegrating families since these families were scattered geographically, and it was operationally not viable to form VSLA around every FARE beneficiary. In a number of areas where reintegrating members resided, there were no existing saving groups to which families could be referred. As an alternative, FARE introduced community skills training for small scale production of basic household items.

## MONITORING, EVALUATION AND LEARNING

FARE's Monitoring, Evaluation and Learning (MEL) component was developed to monitor and assess project processes, outputs and outcomes; support learning by AVSI and partners; and provide quantitative longitudinal data related to ASPIRES Family Care's research objectives. The project's M&E plan identified 22 key output and outcome indicators, as well as a series of process indicators that it would use to report on program performance. The HVAT, CIST and CGIST provided the quantitative longitudinal data used by both AVSI and ASPIRES Family Care (Appendix 9).

The FARE MEL Advisor and the Program Manager ensured that all members of the project team were oriented on research ethics, the data collection and management systems and SOPs. The MEL Advisor managed the project's longitudinal research data with close support by the Program Manager and experts at FHI 360. The MEL Advisor had the responsibility for ensuring that data collection, storage and analysis was conducted in line with the project SOPs. AVSI maintained a central archive for storage of all project records including the longitudinal research data and soft copies of the activity data. The rest of the information collected was decentralized at IP level.

FARE project used the EpiData package provided by FHI360 to enter all the research data and sent completed files regularly to FHI360. The records were double entered by two different individuals to ensure that any errors were detected and cleaned. Three sets of longitudinal research data were collected: baseline, midline and end line at 8-month intervals. Each wave of data collection for at-risk households took three to four weeks, depending on the availability of family members to be interviewed (it sometimes took several calls and visits to access and interview participants). All the performance outcomes contained in this report are based on the baseline and end line data sets. FHI 360 is also separately analysing these quantitative data.

[14] This training approach allowed the curriculum to be covered in a more condensed format, rather than spread out in weekly sessions over a longer period of time. The modality was agreed upon with the participants as a way to increase completion rates. The social workers were able to travel to and from the communities and their homes and central offices on a daily basis. Participants were supported with transport refunds.

*Key Reflection:* Project social workers collected all longitudinal project data (baseline, midpoint and end line). Engagement of the project social workers for data collection was considered beneficial to project implementation as the exercise allowed case managers to get first-hand information from the beneficiary HH members. This facilitated building of rapport for subsequent interventions, it was cost effective and allowed collection of accurate data during subsequent assessments since the case managers had good level of knowledge of the families and were able to probe better in cases of lack of clarity. This greatly reduced the risk of misrepresenting facts. Although using social workers to collect data was effective in a number of ways, it was also time-consuming and reduced their time for other activities. This was especially true for Retrak because of its bigger caseload.

## PROJECT LEARNING

During the project period, AVSI undertook a learning activity to **assess the utilization of the cash transfer support (CT), and appropriateness of the mode of delivery.** The assessment was determined to be non-research by Mildmay Uganda Research and Ethics Committee (MUREC) and the FHI 360 Protection of Human Subjects Committee (PHSC) who reviewed the activity objectives and intent. The non-research data collection protocol was also submitted to the Uganda National Council of Science and Technology for review.

Guided discussions facilitated project implementers' sharing of implementation experience from the different project activities. This was largely coordinated by the AVSI-USA team that provided technical guidance to FARE project. **The reflection discussions resulted in the production of three reflection notes focused on the concept of resilience, cash transfers, and use of the HDP as a case management tool**.[15]

The main qualitative research and learning was led by the ASPIRES team. In addition, ASPIRES conducted process evaluations of the cash transfer and VSLA interventions, with support from FARE.

[15] See these reflection notes at http://www.avsi-usa.org/fare.html.

## PERFORMANCE BY INTERMEDIATE RESULT (IR) AREA

This section of the report describes, by intermediate result area, how FARE was implemented and its achievements.

### INTERMEDIATE RESULT 1: QUALITY, APPROPRIATE CASE MANAGEMENT HELPS REINTEGRATING CHILDREN AND FAMILIES AT HIGH RISK OF SEPARATION IDENTIFY NEEDS AND ACCESS SUPPORT SERVICES.

To deliver interventions under this intermediate result, five main strategies were used. These included:

- Provide care and facilitate decision–making,[16] tracing preparation and needs identification to reunify children and their families. This included most of the center-based activities and followed the Retrak reintegration SOPs.
- Develop and follow-up on use of tailored CDP and later HDP with reintegrating children and their families.
- Identify and enrol families at very high risk of family-child separation.
- Develop and follow-up on use of tailored HDP with families at high risk of separation.
- Ensure referrals for critical services that are not offered by the project.

A few case management activities are highlighted below due to their pivotal role in supporting and promoting achievement of the project objectives.

#### PREPARATION OF CHILDREN AND FAMILIES FOR REUNIFICATION

Case management activities for reintegrating children that were conducted at the child care transitional centers included development of the Child Development Plans (CDPs) as a roadmap (with identified needs, planned actions, and responsible parties) to support the child to rebuild his/her life. Activities aimed at preparing the child to transition from life on the street or in conflict with the law to life in a family environment and community were similar in all of the centers and included counselling, catch-up education, life skills sessions and psycho-social activities conducted by FARE implementing partners. COWA, operating at Naguru Remand Home, offers additional support to children in conflict with the law including accompanying them to the courts, but these activities were not directly supported by FARE.

[16] Based on years of experience with reunification of children with families, Retrak has understood the importance of supporting children to make their decision to return home; reunification is not forced on any child. One-on-one counseling and involvement in group activities in a protected environment facilitate this process.

Other case management activities included family tracing and pre-visits to establish if families were prepared to receive the child and provide ongoing care, as well as to check on the general situation of the family. Reconciliation dialogues with the families and community members were held to facilitate hearing of any complaints. If needed, a mediation process was initiated in cases where the child had committed serious misconduct or had been engaged in committing petty or big offences. Social workers led the process with close support by PSWO from the divisions or the local council leaders. These parties played a key role in reconciliation of the aggrieved parties to ensure that the child was well received and supported to reintegrate in the family and the community.

*A social worker at a Retrak center during a counselling session with a child*

## HOUSEHOLD DEVELOPMENT PLAN

The HNAT tool facilitated identification of HH needs and resources and enabled the social worker to engage all family members to develop a household development plan (HDP) to establish household priorities and guide ongoing activities by family members and social workers. Completion of the HDP required that the HVAT was complete due to the complementary nature of the two case management tools. The initial HDP exercise was generally completed within two months post-baseline for at-risk families, prior to the launch of community-based activities in October-December 2016. Reintegrating families were less stable and more transient than at-risk families, and it took longer to complete HDPs for this category of beneficiaries, due to incompleteness of some crucial baseline data, mainly resulting from the absence of the index child. In some cases, children were sent far away to their ancestral villages to live with other relatives immediately after reunification. A few children went back to the streets. FARE project opted to introduce activities to some of the reintegration families without formal HDPs based on the observation of family needs. In these cases, the HDP was developed while the family members were already engaged in activities in order to reduce time lost. **FARE project completed HDPs for all the 350 at risk of separation families and 200 (78%) of the 255 reintegrating families**. Social workers monitored and updated HDPs during home visits.

## HOME VISITS

Home visits enabled social workers to check on the child and family's well-being, identify needed interventions, conduct activities and refer cases that required other services that

were not provided by FARE project. FARE set and used a monthly standard frequency for home visits for all reintegrating families and a quarterly standard for at-risk families. Home visits were helpful to the project team as they enabled collection of updated developments within each household. The standards were hard to attain in the initial stages of project implementation due to the high beneficiary to social worker caseload and competing project activities; however, it was later improved when FARE involved other community-based support structures like CBTs and more project staff in the activity.

Below are some of the outputs under the different activities carried out for beneficiaries.

*Table 4 Selected Key Outputs under Objective 1*

| # | Activity | Achieved |
|---|---|---|
| 1.1.1 | Conduct day and night street outreach | 106 outreaches (89 daytime outreach visits, 17 night-time visits) |
| 1.2.2 | Assess children and develop child care plans at the centers | 200 child care plans developed |
| 1.1.5 | Conduct family tracing and pre-visits | 281 families of separated children traced |
| 1.1.8 | Conduct assessments to determine if reunification is in best interest of the child | 327 assessments conducted |
| 1.1.6 | Conduct reconciliation dialogues with families | 189 dialogues conducted |
| 1.2.1 | Support reintegration families to develop HDPs | 200 HDPs developed |
| 1.4.1 | Support at-risk families to develop HDPs | 350 HDPs developed |

*Key Reflections:* FARE project staff have had internal reflections to evaluate the learning around implementation of the case management model. Key reflections are listed below.

1) **Plan for an adequate workforce to support reintegrating HHs, both in terms of caseload as well as training and support.** FARE staff noted that it was very important to properly plan caseload management for effective follow-up of project beneficiaries. The initial case load planning for reintegration families had not been properly matched with the number of families and at the start, FARE had fewer social workers to follow-up of reunified children, although this target group required constant support. The same target beneficiaries presented with unique problems in terms of settlement pattern, history of separation, level of vulnerability, and lack of interest in activities. Continuous support mechanisms should be in place for social workers to share challenges and find adequate solutions in a timely manner.
2) **HDPs are useful but require regular mentoring of case managers to effectively use them as a programming tool.** In the future, the creation of an improved system that allows social workers to record, analyse and interpret HDPs for systematic follow up on agreed actions by the family and the project social worker would increase the usefulness of the tool. A tracking system must be harmonized with other important project data collection tools like HVAT and home visit forms to improve utilization of existing

information on the household for effective case management. FARE produced a Reflection Note on this topic.[17]

## INTERMEDIATE RESULT 2: TARGETED FAMILIES/HOUSEHOLDS HAVE INCREASED ECONOMIC RESOURCES AND CAPACITIES

To achieve this objective, the FARE project employed the following strategies which are described in the section below, followed by key lessons and main project challenges:

- Stabilize household consumption of selected destitute families through provision of cash transfer (CT).
- Increase household assets and access to resources by forming, training, and supporting VSLA groups with participating families.
- Increase participant household earning potential by building skills related to financial literacy and enterprise selection, planning and management, as well as community skills.
- Build adolescents' vocational and life skills to increase their job entry through apprenticeships.

### CASH TRANSFER SUPPORT TO SELECTED DESTITUTE FAMILIES

PEPFAR's OVC guidance suggests that cash transfers directed for consumption support and smoothing may be an appropriate intervention for families in destitution (those generally unable to pay for basic necessities, lacking predictable income but carrying debt, having few liquid assets, and/or experiencing food insecurity).[18] While the PEPFAR guidance describes aspects of destitution, there is no standard way to measure it. Based on a literature review and ASPIRES' recommendation, the initial project design included consumption support in the form of cash transfers (CTs) for the most destitute households in both targeting categories.

Drawing on AVSI's recent experience with the SCORE project, AVSI estimated that 10-15% of project beneficiaries would be classified as destitute and in need of consumption smoothing support and budgeted accordingly. FARE planned to pilot an untested ASPIRES Family Care-developed tool using selected HVAT items[19] to identify destitute households. A test of the ASPIRES tool on a sample of at-risk households indicated that the tool was not immediately useful for the identification needs of the project. FARE then used the Progress Out of

[17] http://www.avsi-usa.org/uploads/6/7/4/2/67429199/note_3_-_fare.pdf
[18] PEPFAR. 2012. Guidance for Orphans and Vulnerable Children Programming.
[19] This tool was designed in an attempt to come up with an objective, attribute-based way to determine if households were destitute or not. Items included safe and stable shelter, hygiene, ability to pay for basic needs, main source of income, current monthly income, savings, main source of food, and number of meals per day. It was tested in FARE, but it could not be revised and improved quickly enough to be used in the project, given the need to start project activities quickly.

Poverty Index (PPI) data collected at baseline to assist in the task. Analysis of this data found that about 40% of at-risk households were living on less than USD $2 per day—more than the project had budgeted to support with the cash transfer intervention. The project selected 80 families, 49 reintegrating families and 31 at-risk families with the lowest PPI scores (13% of all families), to receive the CT.

FARE provided a monthly transfer of UGX 70,000 (about USD $18) to each of the 80 families for six months via mobile money payment. More details on the process are included in the AVSI CT guidelines (Appendix 10). Prior to the start of CT disbursements, all selected recipients were given training in selection, planning, and management of enterprises (SPM). While the CT was unconditional, the training was one way of promoting productive use of the CTs.

Overall, 72% of the targeted at-risk families who received a CT recorded more than a 30% increase in income over the course of the project as compared to only 56% of the at-risk families who never received a CT. **The results for the reintegrating families, however, are very different.** Only 37% of reintegrating families who received a CT realized an income increase of 30% or more, while 36% of reintegrating HHs who never received CTs also increased their incomes by 30%, a very minimal difference created among those who received and those that did not in terms of incomes. The small change in the latter beneficiary group is attributed to the reduced opportunities to participate in other economic strengthening interventions like VSLA, which the at-risk HHs living more closely together were able to form and use to boost their household incomes.

*Stories of Change: Cash Transfer*

**Case 1: Samalie**

Samalie is a 33-year-old mother of three who is living with HIV. Before she joined FARE, she used to survive on prostitution. She was going through a difficult life after testing HIV positive. Afraid she would be stigmatized in her community once others learned about her status, she sent her eldest son (12 years) to live with her father in her home village due to the insecurity that she felt and worries about taking care of three children with her uncertain health condition and low income. Samalie was selected to participate in FARE project and due to her dire situation was considered for the cash transfer intervention. Samalie used the money to pay school fees for her children and to buy medicines for herself and her young son, who had been hospitalized at that time. She also bought some livestock for her elder son in the village to breed as an IGA, paid house rent and concentrated on building savings in *Fena Tukole* VSLA group. Her savings grew to UGX 302,000 (about USD $81) and she received several loans from her group to solve needs such as purchasing more livestock, paying schools fees, and paying house rent. Samalie's life changed greatly because of the CT and she admits that, "I no longer have to worry about emergencies in my life. I do not have to sell my body for rent! I was able to join a savings group and contribute weekly in my group. Today I am a respectable woman in my community." Samalie has given up prostitution and looks at the future positively; she cares for her children and all of them are in school.

**Case 2: Maria**

Maria, is a single mother of 6 children. Before the start of the FARE project, her major income source was making and selling snacks. Her business was poor due to low capital and high expenses incurred in meeting family needs. Through the FARE project, she was trained in SPM as part of her preparation to receive cash transfers. She realized that after the SPM training, she had all the skills needed to continue with the IGA but lacked working capital. When she received the CT, she applied the managerial and planning skills she acquired from the training and resumed her snack making IGA. "I resumed my snack business using UGX 50,000 (USD $13) and I continued adding the same amount from the money I used to receive every month through cash transfer support. I did this for three consecutive months until I accumulated capital of UGX 150,000 (USD $40)''. With the cash transfers she received, she was able to join Jolly VSLA group where she saves at least UGX 4,000 (USD $1) on a weekly basis. Maria is able to meet the consumption needs of the home and cater for medical bills with ease.

**Important considerations for cash transfers with destitute families from the FARE experience[20]**

**Targeting**

- FARE noted that there was a very thin line between HHs classified as destitute and the other project participants, so determining who should receive a CT, which was one of the key economic strengthening components, was not easy.
- FARE noted that CTs were appropriate for both beneficiary populations and caused immediate positive psychosocial and economic impact on the household members.

**Amount**

- FARE gave a uniform amount of UGX 70,000 to all households irrespective of their sizes. From the interactions with staff through reflections on implementation of CTs and from preliminary findings from the CT assessment conducted by FARE to the recipient households, both staff and beneficiaries commented that the amount was too low for larger families and suggested that CT disbursement should be given according to the size of the family. CTs would benefit families more if they took into account the household size.

**Duration**

- FARE had a relatively short duration of CT, 6 months. Social workers recommend the duration to be longer (at least 9 - 12 months) to sustain the changes or gains created at HH level and allow the HH to fully embrace other project opportunities.

**Outcomes**

- FARE noted that CTs were a very strong component of the project in helping to get destitute families to participate in other project interventions. CTs offered an initial stabilizing effect to the family's long-standing unmet needs. They served as great relief to families and created renewed hope to take charge of their needs and situations and later became an incentive to take part in such other project interventions as VSLAs, parenting sessions, and attending community dialogues.
- CT utilization can be enhanced with good preparation of the recipients. In the case of FARE, training in SPM were offered to all recipients prior to disbursement of funds to equip them with knowledge and skills on sustainable utilization and from the onset prepare them for eventual end of the CT. Ongoing mentorship support and guidance from project social workers at individual HH level on utilization was another strong

[20] See ASPIRES Family Care's process assessment of the CT experience in FARE and a parallel project in Uganda, ESFAM, at https://bettercarenetwork.org/library/strengthening-family-care/household-economic-strengthening/aspires-family-care-process-assessment-cash-transfers-for-family-child-reintegration-and-prevention.

support service that promoted prudent CT use in the best interest of the children living in the family. With a longer duration, other support services, like financial literacy, business mentorship and coaching, if well integrated, could further enhance use of CTs.

### VILLAGE SAVINGS AND LOANS ASSOCIATIONS (VSLA)

In the FARE project design, VSLA was planned to include at-risk and reintegrating HH participants, as well as other community members to build household assets in order to meet consumption needs and increase access to capital for investment in livelihoods. Drawing on AVSI's previous experience from the SCORE project, the initial design was for group composition to include 40%-50% community members and 50%-60% of direct beneficiaries. The original target of 59 groups was later revised to 29 after observing challenges with the participation of the reintegration beneficiary group.

FARE project formed 29 VSLA groups reaching 321 FARE families. Among at-risk families, there was 90% participation (315 of 350 at-risk families), but only 2% participation among reintegration families (6 of 255 reintegration families). The low uptake of the intervention among the latter category was due to the scattered nature of HHs making it hard to group them, even though some were willing to take part in the activity. Moreover, a number of them had no alternative VSLA groups in their areas to join.

At-risk project participants had better participation even from households that FARE considered to have low ability to save, due to the poor economic situation in the family. The high uptake of VSLA among at-risk households was greatly influenced by the effective mobilisation done by the FARE project staff and CBTs, elaborate orientation of community members and the closeness of HHs making it easy to form convenient groups in proximity to the saving points which encouraged participation.

*Members of Mazima Nabwenkanya VSLA in Kisenyi at the weekly saving meeting*

Overall, social workers reported that participation in a VSLA had visible effects on a number of families. FARE staff observed increased ability of families to access soft loans to start-up IGAs, pay for school needs and support access to other basic needs like health care using group welfare funds. This attracted more individuals from both targeted households and the community to join a VSLA after witnessing the benefits at share-outs at the end of the first saving cycle.

By end of the project in March 2018, the 29 FARE-supported VSLA groups had accumulated total savings of UGX 224,103,500 (USD $60,568). Of this amount, UGX 78,184,500 (USD $21,130, 35%) was saved by the direct project participants. On average, each direct participant saved UGX 243,565 (USD $67) whereas non-project participants, who were likely less poor, saved UGX 266,275 (USD $74). Table 5 provides additional detail.

The VSLA methodology allows for group members to borrow from the pooled funds and repay at an interest rate agreed upon by the group; this generates additional returns for members while also giving them access to loans. It is encouraged by the trainers and reinforced by most VSLA groups that loans be taken for investment in productive activities. Based on AVSI's previous experience with successful VSLA among highly vulnerable yet economically active populations in Uganda, FARE project set the target of 150% loan-to-saving ratio by the end of the project. By the time of first saving cycle share-out, the overall loan-to-saving ratio was at 110.5% (122% for direct project participants and 104% for indirect participants), below the target. The relatively low level of borrowing was mainly due to limited knowledge about viable IGAs to invest in at the start of the saving cycle. SPM training was introduced in the second saving cycle and reached 26 out of 29 VSLA groups. Some families experienced business setbacks like confiscation of their business merchandise by City Council authorities, especially those operating as road-side vendors.

*Table 5 Cumulative VSLA Performance Data*

| Planned Activity/Indicator | TOTAL |
|---|---|
| Number of VSLA groups | 29 |
| Number direct beneficiary members | 321 |
| Number of indirect beneficiary members | 548 |
| Amount of money saved in VSLAs by direct beneficiaries | 78,184,500 UGX (USD $21,130) |
| Average savings per direct beneficiary member | 243,565 UGX ($67) |
| Amount of money saved in VSLAs by indirect beneficiaries | 145,919,000 UGX (USD $39,438) |
| Average savings per indirect beneficiary member | 266,275 UGX ($73) |
| Total amount of money saved in VSLAs | 224,103,500 UGX (USD $60,568) |
| Total amount of money borrowed in VSLAs | 247,656,400 UGX (USD $66,934) |
| Total amount of money borrowed by direct beneficiaries | 95,636,500 UGX (USD $25,848) |
| Total amount borrowed by indirect beneficiary members | 152,019,900 UGX (USD $ 41,821) |
| Percentage of savings loaned out by VSLA (loan to savings ratio) | 110.5% |
| Percentage of savings loaned out for direct beneficiaries | 122% |
| Percentage of savings loaned out for indirect beneficiary members | 104% |
| Average amount of money saved by VSLA[21] | 8,539,876 UGX (USD $2,308) |

[21] Derived by dividing the total cumulative savings by the number of VSLA groups.

To support continuity of VSLA groups operation beyond the project period, AVSI and IPs identified and trained 24 community-based Village Agents, who are available to support the formation of new groups and continue providing existing groups with ongoing mentorship support on a fee-for-service basis that will be agreed upon by members and the groups.

**Adaptations to the VSLA approach**

- Attendance at meetings: 70% for quorum was not viable, as participant's schedules were very complex. Many members were busy looking for money to sustain their families and to save, and some of them had seasonal businesses that had peak seasons that made it difficult to attend meetings (e.g. trapping, preparing and selling grasshoppers as a snack).
- The recommended seating arrangement (to allow all members to see what is happening and transact in order) was not fully observed in some groups due to lack of appropriate and secure meeting spaces.
- Members minimized fining individuals who failed to save since it would deter participation of the poor. Moreover, VSLA worked as a conduit for other project interventions – therefore imposing fines would have been detrimental.

*Stories of Change: VSLA*

**Mary and Jane**

Mary is a single mother of two adolescent girls who survived on the sale of pump water at the onset of project. She is now a member of Victory VSLA. She testified that "The saving group model helped me take my adolescent children to secondary school due to the quick loans. They would have otherwise gotten pregnant as is the norm in this community. I am able to borrow money from the group whenever I need.''

Another member, Jane, commented, "We do not need to go out to Kakajjo to get money from loan sharks and we do not need other microfinance institutions; we can save our own money."

**Unexpected Positive Outcomes**

In Kwagalana VSLA, members testify to making friends, building confidence, raising self-esteem, and learning to appreciate people's behaviour. Zavuga Consolata, L.C 1 Chairperson for Katwe-Base area, observed, "VSLAs gave women the opportunity to get income and start up their own IGAs, thereby increasing their ability to care for their children. There is more happiness in homes due to a reduction in the number of domestic violence cases reported daily at this office.'' This was also confirmed by members of Tweyambe VSLA group. They appreciated the model for bringing development which has helped reduce their dependence on their husbands, which was a main cause of violence in many homes. In addition, group members had planned and paid for their adult literacy trainings every afternoon to enable each of them learn to read, write and speak English. Each member voluntarily made a contribution of twenty thousand shillings for a literacy trainer for a 6-month training.

In addition, VSLAs helped individuals to improve their personal image. Grace is a member and group secretary of a FARE-supported VSLA formed under FCF. Grace operates a charcoal selling IGA and would turn up for VSLA meetings unkempt and covered with charcoal dust. The group records were very untidy. Following individual and group mentorship and support, Grace was determined to change her personal image. She started coming to meetings very clean, and recently testified to her group members, "I'm happy to be part of VSLA because it enabled me to work on my image; I'm now respected in the community unlike before, due to my appearance."

**Key considerations for savings and loans programs[22]**

FARE's project experience implementing VSLA with the urban poor generated important lessons and recommendations, including those below.

**Targeting**

- To encourage participation of ultra-poor families in VSLA, a CT is a big incentive. This enables households to offset their pressing needs and gradually create conditions in the home that facilitate joining a VSLA.
- Overall, we noted that VSLA groups for destitute participants essentially operated the same way as the groups of the active poor in past projects, although they did require some adjustments and a little more mentorship and monitoring support to make them stronger. In general, the literacy level of VSLA members was low. Project participants often shied away from leadership positions.

**Timing and Training**

- VSLA groups ran 8-12 months to complete a saving cycle and VSLA groups may require different durations to attain group maturity (assessed on a number of parameters). It is very important for projects with a short implementation cycle of 1-2 years to consider introducing business skills training to VSLA members as soon as they start saving to allow groups to take advantage of the essential support packages like SPM and financial literacy that strengthen VSLA operations, especially in boosting member savings and borrowing and allowing prudent spending.

**Safety**

- For VSLA groups operating in slum areas, it is important to encourage early bank linkages due to high risk of theft of member savings.

**Reaching Reintegration Households**

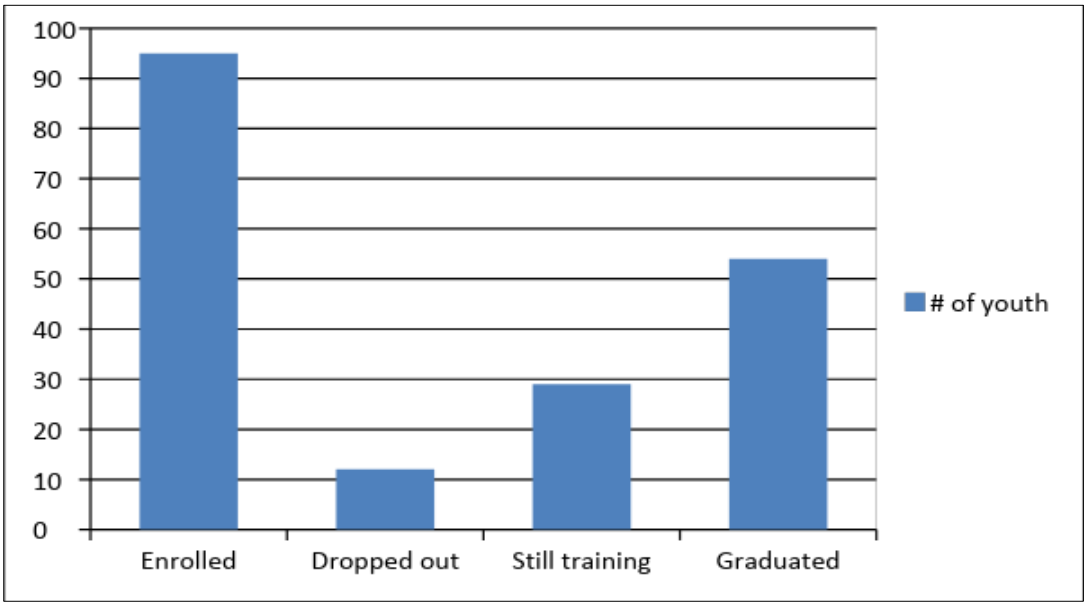
- It was important for VSLAs to be flexible in addressing beneficiary needs without compromising principles. See Adaptations to the VSLA box above for examples.
- VSLA as a project intervention was generally not logistically feasible for reintegrating families, who turned out to be very geographically scattered, making it hard to form VSLA groups around each of them. A longer project duration might have allowed for gradual identification of a sufficient number of participant households and other members from their communities to form VSLA groups. Within the FARE timeframe, these families would have benefitted more from individual, household-tailored project interventions like CTs, apprenticeships, community skills trainings, and individual business development services through mentorships and coaching for those operating enterprises.

[22] See also ASPIRES Family Cares process assessment of the VSLA experience in FARE and ESFAM at https://bettercarenetwork.org/sites/default/files/ASPIRES%20Family%20Care%20Process%20Assessment%20-%20VSLA .pdf.

## APPRENTICESHIP TRAINING FOR YOUTH

Apprenticeship is an on-the-job skills training process during which a trainee is placed to work under the supervision of a master artisan on a short-term basis to learn a specific trade or skills set. The duration depends on the type and level of skill to be attained but is usually between 6-9 months, depending on the learner's ability to master and perfect the skills being passed on to them. FARE adopted the SCORE apprenticeship model. Besides apprenticeships, FARE project also worked through accredited vocational training institutions to offer training opportunities for a few youth in different technical fields. Apprenticeships were intended to support 15-17-year-olds from both at-risk and reintegrating families. Through its apprenticeship program, FARE supported training a total of 95 youth (64 male, 31 female); of these, 59% (56) were from at-risk families and 41% (39 youth) were from reintegration households. A market assessment exercise was conducted to identify the most viable trades in the area. The following skills were identified and guided placements: hair dressing, motor vehicle mechanics, motor cycle repair, welding, shoe making, tailoring, computer repair, carpentry and brick-laying. Apprenticeship training was also reinforced by life skills training as an add-on support for some youths. By the end of March 2018, 54% of the youth enrolled had completed their training and of these 43% were employed against the set project target of 50% for employment.

*Figure 4 Apprenticeships by March 2018*




As seen in Figure 4, 12% of the youth dropped out before completion of the training for different reasons, mainly change of residence or identification of other quick employment opportunities. FARE had 31% of the youth still in training due to late placements and longer learning periods. FARE ensured that all the training costs for continuing youth were fully covered and artisans, youth and caregivers were part of the activity transition to ensure that youth will be supported to complete their training.

Apprenticeship trainings have resulted in youth employment through the use of the Earn as You Learn model (EAYL) adapted from the AVSI Skilling Youth Project (SKY), which involves a youth earning from commissions while still in training. Among the youth who had completed an apprenticeship by the end of the project, 43% succeeded in finding employment.

Besides the livelihood outcomes made possible through apprenticeship, the intervention served as a child protection option as the youth were kept busy and active under guidance from a responsible adult, the master artisan. The regular support visits and counselling by FARE project social workers and adult guidance provided by the master artisans, in addition to the life skills training, facilitated behaviour change and building of resilience in trainees.[23] In addition, social workers reported that the intervention restored hope for a normal and productive life for children who had dropped out of school and had no means and hope of going back to mainstream formal education.

[23] Note that life skills training was delivered in different ways. Reintegration youth received it while at a center, while other youth participated in community level life-skills workshops targeting older children and youth of prevention households.

*Stories of Change: Apprenticeship*

**Case 1: Gilbert**

Gilbert, 16 years, is a youth with special needs coming from an at-risk household. Due to his learning difficulties, his parents turned him into a child labourer who sold sugarcane on the roadside. Through the FARE project, Gilbert has been empowered with shoe making skills and now produces sandals which he sells for between UGX 15,000 (USD $4) and UGX 20,000 (USD $5).

*Gilbert - youth trained in shoe making under supervision by a master artisan*

**Case 2: Jonathan**

Jonathan was once remanded to Naguru Remand Home where he was supported with several activities including life skills training and counselling. After his release, he was placed in an apprenticeship in welding and metal fabrication, and upon completion, he was retained by Sonko Metal Works. On average, he now earns UGX 15,000 (USD $4) per week after deducting his daily transport and meals. He explained to his social worker, *"With that money, I save UGX 5,000 per week, help my family by contributing to family expenses and sometimes work on personal needs as they arise. My family members are so happy for me for what I am now. I see a bright future ahead of me. I will work hard and raise some money to start up my own workshop. My caregiver promised to support me to acquire a piece of land where I shall start my workshop. I want to be self-employed in five years."*

*Jonathan producing at the metal fabrication site*

**Case 3: Jefferson**

Thanks to his apprenticeship, Jefferson, also formerly remanded at Naguru Remand Home, has improved his life and is able to make a living working at COWA's Vocational Center where he was retained after training due to his good conduct and hard work. He is able to operate different types of machines and equipment. Jefferson adapted to a new routine and hard work, learned skills, plus gained from the parental guidance from the master artisan.

***Jefferson trained as machine operator.***

**Considerations related to apprenticeships**

As in other activities, there were some challenges related to implementation of the apprenticeship activity which gave FARE the opportunity to reflect on how to improve the FARE project design for the future.

- Late placement of youth into apprenticeship made it operationally difficult for the youth to be fully monitored towards graduation and post-graduation since courses last between 6-12 months. This mainly affected the reintegration youth who enrolled on the project on a rolling basis. To minimize this occurrence for future programs, FARE recommends that identification of youth eligible for apprenticeship needs to start early, in this case with the first HDP. It is also important to ensure that the preparatory activities preceding youth placement like market skills assessment, life skills training for youth, career guidance, and engagement of caregivers take place early, ideally before placement of the youth in an apprenticeship. When possible, these activities would allow for timely clarification of roles and responsibilities and the levelling of expectations.
- Some reintegrating youths who were used to getting quick money found their apprenticeships slow to produce tangible benefits, resulting in their dropping out. To mitigate this issue in the future, life skills training before placement of youth in apprenticeship seems to be an important strategy that builds commitment and ownership. Future projects could also offer skills trainings that run for a shorter duration of 3-4 months as an alternative to longer training programs of 6-9 months, allowing for higher completion levels. Post-graduation monitoring support could be facilitated in these cases as well.
- There were isolated cases of poor cooperation resulting from lack of caregiver interest in apprenticeship and this affected both material and moral support to children. These caregivers viewed the youths as a cheap source of labour at home. To mitigate the above problem for future programs, FARE recommends organizing regular dialogues with caregivers, youths and artisans to increase awareness on the importance of youth skilling and the advantages for the economic situation of the family and the life of the youth. These meetings with caregivers would give space to discuss responsibilities of the different stakeholders, any gaps that might affect a youth's ability to complete the training, and plans for monitoring and support. Social workers should continue the same discussions during home visits to the families.

## DEVELOPMENT OF OTHER MARKETABLE SKILLS

FARE project provided training on enterprise Selection, Planning and Management (SPM) to all the CT recipients to encourage them to take up investment options as a long-term strategy. SPM was also offered to 26 of the 29 VSLA groups (90%) established by FARE. SPM is a five-module training that can be scheduled to meet the needs of participants. For VSLA groups, SPM was often integrated into the weekly savings meetings which were extended to

cover an SPM module. A workshop model was used for Cash Transfer recipients with content delivered in 4 to 5 hour sessions over a couple of days.

FARE added a community skills training activity to the Economic Strengthening (ES) menu to allow families that had missed out on the other group ES interventions to receive a concrete support. Community skills trainings are short, practical hands-on trainings that promote production of highly needed goods and services for home consumption. A market assessment exercise led to the identification of bar soap, black books (student copy books), paper bags, reusable sanitary pads, and a local millet drink as highly marketable goods in Kampala and Wakiso. Community skills trainings were delivered on skills for making of black books and millet drink as per the choice of individuals targeted. Trainings in community skills were conducted from December 2017 to February 2018. The activity was meant for project beneficiaries that had not fully participated in other economic strengthening interventions mainly VSLA, CTs and apprenticeships.

FARE project reached **203 direct beneficiaries out of its target of 150 with community skills**; 118 from reintegrating households and 85 from at-risk households. In addition, 24 community members were also involved. To support the chances of community skills translating into sustainable businesses, individuals were encouraged to organize into smaller groups to pool resources, facilitate bulk production, and ease marketing. By the end of the project, 9 community skills groups had been formed and were operating businesses, mainly in black book making.

## INTERMEDIATE RESULT 3: CHILDREN ARE NURTURED AND PROTECTED IN FAMILIES AND COMMUNITIES

To achieve this objective, the FARE project employed the following strategies:

- Provide psychosocial and parenting support to targeted children and caregivers through counselling, family dialogue, discussion of plans and related means.
- Build targeted adolescents' (10-13 and 14-17) competencies and skills to become informed, healthy and productive citizens through life skills.
- Strengthen parenting practice of targeted caregivers and other community members through a five-module parenting skills education package.
- Offer targeted caregivers and other community members opportunities to discuss important topics through organizing and facilitating community dialogues, plus referral services through community outreach activities connected to these dialogues
- Support the well-being and emotional resilience of adult and child community members through psychosocial activities (purposeful recreational activities and brief interactive learning sessions)

## COUNSELLING

Counselling helped families deal with their fears, anxiety, and stress, and work towards improving their psycho-social and emotional social well-being. Counselling targeted both children and the primary caregiver plus other family members that were considered to be of great support to the children in the family. It was an essential intervention requiring professional skills to support caregivers and children each with their needs and challenges, while maintaining a relationship that promoted participation in project activities and enabled caregivers to acknowledge their parenting gaps and other social and economic problems that they needed to address to ensure that drivers of separation were minimized. In some cases, counselling involved other family members; this ensured more adult support to the child and sometimes facilitated reconciliation in cases where children had serious disciplinary issues. By counselling family members, social workers got an in-depth understanding of the complexity of the family needs. Counselling contributed to the improvement of child and care giver emotional well-being.

*FARE family during a home visit.*

## LIFE SKILLS TRAINING FOR ADOLESCENTS

FARE project offered life skills training using AVSI's ten-module *Life Skills Education for Adolescents and Youth; Facilitator's Manual* for at-risk and reintegrating adolescents of 10-14 years and 15-17 years. The curriculum intends to equip youth with the skills needed to deal effectively with the demands and challenges of everyday life. The training approach facilitates a process of self-reflection, sharing of experience, and setting of personal goals. This was an important activity for adolescents in the project and was useful for both target groups.

Life skills trainings were organized mainly during school holidays for the at-risk beneficiaries, at the community level, and all children within the specified age group residing in a beneficiary household were mobilized to take part in the trainings. Other children from non-target families within the same age groups were also encouraged to join these groups. Groups were started based on schedules agreed upon with adolescents to make it easy for them to participate. FARE project supported 328 target at-risk youth who were in and out-of-school with life skills trainings.

For the reintegrating children, life skills training was conducted while children were still living at residential care centers and the sessions were open to all adolescents present at the center to join as this was seen as one way through which children would be influenced

to make a decision to leave the streets. It was challenging to ensure full completion of the modules by the reintegrating children as they kept on dropping in at centers and going back to the streets and some were reunified before they could complete the training.

### PARENTING SKILLS

Parenting skills training was an important activity that strengthened the capacity of caregivers by equipping them with knowledge and skills to deal with different behaviours and personalities of children. FARE used the SCORE parenting skills education package which aims to build caregivers' resilience to cope with the challenges of raising their children. The five modules (with about 40 hours of content) include: appreciating the parenting responsibility, appreciating your child, parent-child relationships, positive discipline and authoritative parenting-a positive approach. Overall, 1,105 individuals participated in the parenting trainings, 626 (57%) of them were direct target project participants and the rest were other community members. More than one adult in a family could attend the sessions, as the trainings were intended to pass on positive parenting skills to adults within the family to be able to positively parent children.

### REFERRALS TO OTHER SERVICES

Referrals were another avenue to support families to access needed services not offered by FARE project. These were done both at the community level for at-risk families and at the centers for children who were still in residential care institutions. The main referrals were for general health care, HIV screening and care, mental health checks, child protection, and education. We noted that referrals made for children during their stay in the centers worked very well due to the strong relationships built by the FARE partners and other service providers to support care for children outside family care, while the project was less successful at making referrals at the community level due in part to weaker relationships with service providers; collaboration with new stakeholders in the different areas should have been further strengthened. Education referrals were particularly difficult due to the costs and few other services or programs that can provide education support.

*Key Reflection:* Overall, all interventions planned under this strategy, including family and community dialogues, outreach, referrals for critical services and psycho-social services, were useful in improving the relationship environment within family and at community level. Through these activities, the project managed to support families to reduce anxiety and stress. Beneficiaries have attested to a number of changes in their own parenting styles and improvement in youth behaviour.

# PROJECT PERFORMANCE OUTCOMES

This section of the report presents the main project outcomes according to the core project indicators aligned to the two main project areas, economic and family strengthening. The section next presents additional project outcomes derived from data analysis on areas of interest related to the project's Theory of Change. Lastly, a brief highlight of the graduation outcomes of project beneficiaries in line with the project Theory of Change and within the context of MGLSD OVC management unit as aligned to the HVAT is presented. Outcomes against all project indicators are available in Appendix 9.

## OUTCOMES RELATED TO THE PROJECT CORE INDICATORS

### 1.0 GENERAL OUTCOMES

In this section, outcomes from the project core indicators as per the project monitoring plan are presented. Data comes from three main project data tools used at baseline and end line: the Household Vulnerability Assessment Tool (HVAT), Child Integration Status Tool (CIST) and the Caregiver Integration Status Tool (CGIST). The results included in this section are for 293 at-risk families and 180 reintegration families whose baseline and end line data was collected. The CIST data presented is for 274 at-risk and 158 reintegration children for whom the project collected both baseline and end line data. The period of assessment was 10-12 months from baseline to end line data collection (FARE project timeline, Appendix 1).[24]

HVAT household data indicate that at-risk of separation families participated more in project economic strengthening and family strengthening interventions, with an average of 5.57 interventions as opposed to the average of 3.93 interventions accessed after reunification by reintegration families.

#### 1.1 Improvement of vulnerability score

**Target:** improvement by 25% of vulnerability score in 65% of households supported by the project.

**Measurement:** The improvement was assessed based on the changes in the six domains or core program areas (CPAs) used to measure household wellbeing. The assessment areas included: economic strengthening; food security and nutrition; health, water, sanitation and shelter; education; psychosocial support and basic care and child protection and legal support.

[24] As mentioned previously in this report, attrition of beneficiary households during the life of the project and before end line was due to various reasons for drop-out including households who moved out of the project area.

**Results:** By end line 76% (223 HHs) of the 293 at-risk families improved their vulnerability score by 25%, while only 31% (55 HHs) of the 180 reintegrating HHs reached the threshold.

**Discussion:** The difference in the proportion of at-risk and reintegrating households achieving the desired change could have been influenced by their levels of participation in project activities as earlier highlighted in sections of this report.

## 2.0 ECONOMIC STRENGTHENING OUTCOMES

Under the economic strengthening domain, we explore outcomes related to the core project indicators as listed below and further presented in the various graphs/tables. The outcomes presented in this section only show changes of the direct project participants and do not include data for the other community members who took part in the project.

### 2.1 Percent of targeted families that improved their economic vulnerability score

**Target:** Reduce economic vulnerability of 65% of targeted project participants.

**Measurement:** The results shared under this indicator are from CPA 1 of the HVAT: sources of HH income, current monthly income, HHs savings, possession of assets and skills (for productive purposes). No threshold was set for reduction; any slight reduction was captured.

**Results:** By end line, of the 293 at-risk families that were assessed, 212 families (84%) had reduced their economic vulnerability by an average of 6.6 points. For the reintegrating beneficiaries, of the 180 HHs whose data was analysed, 59 HHs (58%) had reduced their economic vulnerability score by an average of 3.9 points.

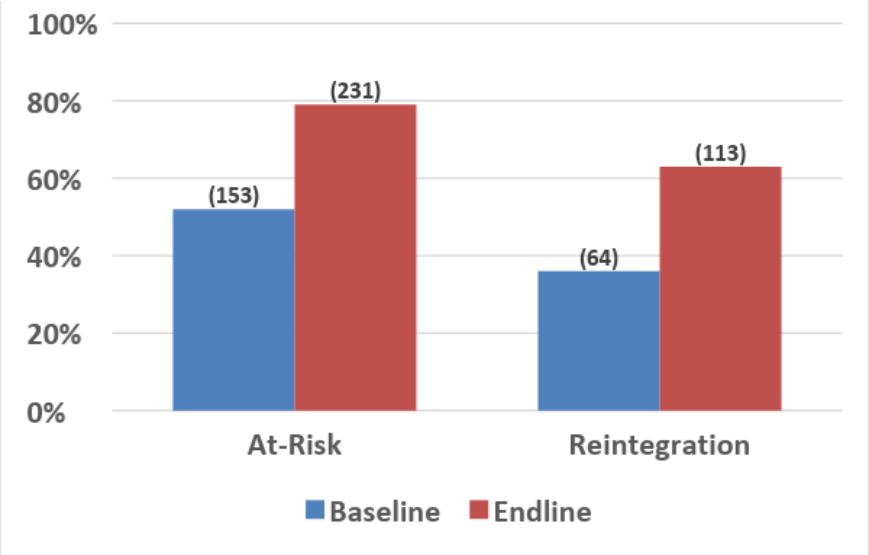
### 2.2 Percent of targeted prevention and reintegration families that reported consistent ability to pay for recurring expenses (food, shelter, water, health care and education) in the previous three months.

**Target:** FARE did not set a threshold to measure this indicator at baseline.

**Measurement:** The ability to pay for recurrent expenses was measured based on the number of HHs that scored 7-9 points in HVAT question 1.5A; the question sought to find out the households' ability to consistently pay for items like food, shelter, water, health care, and education without eroding their HH productive assets over the last three months.

**Results:** There was an increase in the number of families reporting consistent ability to pay for recurring expenses. Out of the 293 at-risk families, the number increased from 153 (52%) to 231 families (79%) at end line. A similar trend was noted among the reintegrating families, where out of the 180 families assessed, 64 HHs (36%) reported consistent ability to pay at baseline and 113 HHs (63%) at end line.

*Figure 5 Households Reporting Consistent Ability to Pay for Recurrent Expenses*




### 2.3 Percent of targeted families that increased their monthly family incomes by at least 30% in 12 months

**Target:** 50% families to have a 30% increase in monthly household income by the end of the project

**Measurement:** Data were collected with the HVAT, CPA 1, self-reported monthly income

**Results:** By the end of the project, 170 (58%) of the 293 at-risk HHs assessed had increased their income by 30% whereas 41 HHs (23%) of the 180 reintegration HHs assessed had increased their income by 30%.

**Discussion:** At-risk households were reached with ES activities largely as planned and demonstrated increased income on average. The lower than expected proportion of HHs demonstrating the desired change among the reintegration target group might be partly explained by the challenge of reaching some project participants with planned activities; only 55% of this target group were reached with ES interventions, and some of these were introduced close to the end of the project. Reintegration HHs also couldn't participate in VSLA and other group interventions due to their geographical dispersion.

### 2.4 Percent of targeted families that increased their savings held over 12 months

**Target:** The performance target was to have 50% of families' increase their savings held over a year.

**Measurement:** FARE M&E plan didn't include a threshold for this indicator and an increase of any size in savings held by a family from baseline to end line has been reported.

**Results:** Both categories of project participants recorded an increase in savings. Among at-risk HHs, 82% of HHs (241 of 293) increased the savings they held. The increase was much

lower among reintegrating families with 49% of beneficiaries (89 of 180) reporting an increase from baseline to end line.

**Discussion:** The difference in outcomes is not unexpected given the opportunity of at-risk HH to engage in VSLA and the low levels of opportunity for reintegration HHs to participate in VSLA.

## 3.0 FAMILY STRENGTHENING OUTCOMES

Under the family strengthening domain, we explore outcomes related to the core project indicators as presented below and further illustrated in the various charts and graphs. The outcomes are extracted from sections of the HVAT, CIST and CGIST. The CIST and CGIST were used to monitor child and caregiver well-being and focused on domains thought to be associated with the retention of children in family care, namely enjoyment of education, parent-child attachment, community belonging, emotional wellbeing, social wellbeing, care and protection.

### 3.1 Percent of targeted families that improved their child protection and psychosocial vulnerability score

**Target:** Improvement of child protection and psychosocial vulnerability scores for at least 50% of all households, with no threshold of change for the combined score.

**Measurement:** To measure change in psychosocial and child protection vulnerability, FARE used the combined results from HVAT CPA 5 and 6 collected at baseline and endline. CPA 5 data were collected to understand the psychosocial state of HH members, such as where they seek help in case of difficulties and how and where they access basic care. CPA 6 data included information about HH knowledge of what to do in case their children become victims of abuse or violence, birth registration status for children in the family, methods used to discipline children, whether any children in the family had left home and reasons for this, and whether any child in a FARE HH was experiencing any form of abuse.

**Results:** Out of the 293 at-risk families assessed, 176 (60%) reported an improvement of child protection and psychosocial scores; for the 180 reintegration families, 49 (27%) had an improvement on both indicators. For both at-risk and reintegration HHs that reduced their scores in the two areas (child protection and psychosocial), the greatest change was registered in CPA 6, incidence of child abuse, neglect, stigma and discrimination, substance abuse and drugs. Contributing to this change was reduction of child exposure to physical abuse, child labour, sexual abuse, stigma and discrimination, neglect, conflict with the law and abuse of alcohol and drugs, followed by improvement in methods of discipline of the child and having people to approach outside the HH for emotional support in times of need.

FARE also analysed data for households whose child protection and psychosocial score did not improve. The worst average scores were in the areas of birth registration, availability of material support and children leaving home for negative reasons.

**Discussion:** In some cases, FARE project had no direct planned interventions to address the existing gaps on these areas of vulnerability. For example, support for children to access birth registration was not a key project activity and was done only on a small scale.

### 3.3 Percent of children assessed to have a positive integration status

**Target:** 75% of at-risk and reintegration children have positive integration status by the end of the project

**Measurement:** Positive integration status was measured by the proportion of index children scoring positive responses in the six domains of the CIST: child protection, enjoyment of education, social well-being, parent child attachment, community wellbeing, and emotional well-being. To each question under these domains, children could strongly disagree, disagree, agree or strongly agree. All surveyed children who responded agree or strongly agree on all items within all domains of the child integration tool were reported to have had positive integration outcomes.

**Results:** Improvement in at-risk HHs was higher than in reintegration HHs but still under the target, with the proportion of children demonstrating positive integration status increasing from 8% (35) of children out of 274 at baseline to 49% (134 children) at end line. The proportion of reintegrating children with positive integration status was 11% (17) at baseline and at end line had slightly improved to 15% (23) of the 158 children assessed.

**Discussion:** Results under this indicator may be affected by the proportion of index children not in school; index children not in school were scored as "strongly disagree" and could therefore not be counted as having positive integration status. Additionally, it is important to note that most of the questions under the six domains of the CIST measured behavioural, attitude and perception issues which take time to change and in some cases are influenced by external factors to the individuals that were being assessed. For example, a child who is trying to make an improvement in his/her behaviour, if not well supported by adults around him/her at school, community or at home, may not realise the desired changes and rank poorly on this indicator.

### 3.4 Percent of at-risk HHs in which no primary separation of any child occurred

**Target:** FARE project performance standard was to ensure that no child in family care (0%) would be lost to the streets or fall outside of family care during the implementation of the project.

**Measurement:** For at-risk families, the monitoring of separation in this case was on each and every child living in the family present at both baseline and end line assessments, using HVAT, CPA 6, 6.1C and 6.1D.

**Results:** Within at-risk families, 15 of the 293 HHs assessed (5%) experienced a separation with a child outside family care **while 278 families (95%) had no separation with a child**.

**Discussion:** While there were some separations**,** this result is a positive sign that the FARE project managed to contribute to the reduction in the risk of separation among targeted families, as child-family separation is a very real risk for targeted families, and yet a large majority of families avoided that outcome. Without a counterfactual for comparison, it is impossible to fully attribute the lack of separation to the impact of FARE but an association can be implied. FARE noted more commitment on the part of at-risk families, when compared to reintegration families, to acknowledge the challenges at HH level that could drive children to the streets, for example inadequate provision for basic needs due to poverty, inability to attend school, inadequate meals, and poor communication skills among parents and adolescents. On most occasions, caregivers were more open to discuss the challenges they faced and commit to improve.

### 3.5 Percent of children who remained in family care 1 year after reunification.

**Target:** The performance threshold for reintegration HHs was set to have 95% of children reunified with their families remain in family care for one year.

**Measurement:** Project monitoring tools tracked the status of reunified children in family care for at least one year.

**Result:** 93% (167 out of 180) of children reunified between January 1, 2016 and March 31, 2017 and tracked at end line remained in family care for a full 12 months post-reunification.

Of those tracked for 9 -11 months post-reunification, 85% (17 out of 20) remained in family care as measured at end line.

Of those tracked for 7-8 months post-reunification, 82% (9 out of 11) remained in family care as measured at end line.

**Discussion:** This result is very positive, as Retrak had previously reported sustained reintegration success rates not exceeding 85% for the years preceding 2015. For the reintegration households, special focus was put on monitoring the retention of reunified children in family.

Reintegration families seemed more fragile than the at-risk families. The FARE implementing team began the journey of raising awareness and supporting a process of self-discovery by the caregiver, the child and other family members responsible for the child in the household mainly to build positive attitudes and understanding of the underlying causes of the problem, but not all caregivers and separated children were receptive to dialogue about the challenges and factors that could have led to a child's initial separation. Based on observation and informal discussions with children, social workers suggested several factors that seemed to contribute to the re-separation of children from their families:

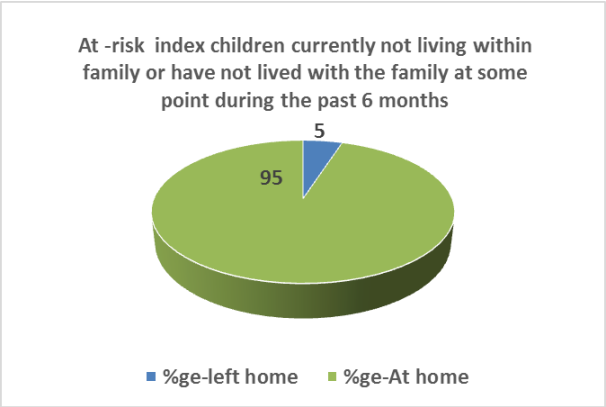
- Continued mistreatment of a child at home after reunification (e.g., denial of food, verbal insults, harsh punishments).

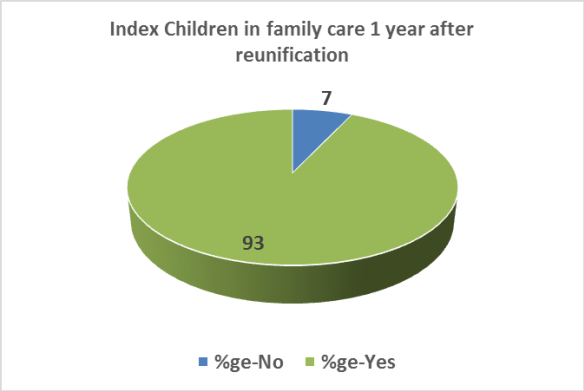
- Ongoing severe poverty and caregivers' inability to meet the child's basic needs (e.g., for adequate food and/or schooling) and children's expectations to have those needs addressed. FARE's difficulty in reaching some reintegration HHs with appropriate and adequate economic interventions in a timely fashion may have contributed to this.

- Disinclination of some caregivers to embrace the project approach and content. For example, some parents were uncooperative with the FARE project social workers, making the continued follow up and support complicated or were not interested in changing their parenting style. FARE also noted that there was a problem of "absentee" parents who left early in the morning for work, returned home late and had little time to know what was happening in their children's lives.

- Children's behaviour. Some of the children committed crimes and ran away due to fear of the consequences. Social workers felt that peer influence in a poor social environment may have contributed to this behaviour. Some juveniles at Naguru Remand Home said they preferred to return to detention since they were assured of food and shelter and had friends there, in contrast to their experience at home or on the street.

*Figure 6 Status of Index Children in Family Care by March 2018*




### 3.6 Percent of index children enrolled in school

**Target:** No target was set.

**Measurement:** Questions on school enrolment for children of school going age were included in the HVAT CPA 4 question 4.1 and the HH summary in sub-section 0.28. The results presented here are for index children obtained from the HH summary where school enrolment status for each child living in the family was reported at baseline and end line. The analysis focuses on index children because household membership was very fluid.

It should be noted that at baseline 95% of index children from at-risk HHs were of school-going age (6-17 years) while among reintegration HHs 98% of the index children were of school-going age.

**Results:** Index **c**hildren from both at-risk and reintegration households showed slight improvements in school enrolment. Among at-risk households 30% of index children were not enrolled at baseline, while 28% were not enrolled at end line. Among reintegration households, 37% of index children were not enrolled at baseline, falling to 32% at end line. In both cases, girls' enrolment was consistently higher than boys.

**Discussion:** FARE recognized that household inability to pay for school fees was likely an important potential driver for child-family separation. A number of children indicated during family visits and counselling sessions that they had left home because their parents failed to meet their school needs and many of them were interested in returning to school. FARE provided catch-up education to children in the Retrak and FCF centers and Naguru Remand Home, but it did not have a specific education intervention for reunified families or those at risk of separation. It was able to facilitate scholarships for some children through referral and it focused some community dialogue sessions and interactive sessions with children on the value of education and role of parents in ensuring that children were supported to go to school with the necessary school materials.

FARE hoped that its economic strengthening interventions would increase household financial capacity and that family strengthening interventions would strengthen families' commitment to education, facilitating children's enrolment in and attendance at school. FARE social workers reported that large families with limited incomes lacked the resources to keep all children in school. A number of families faced the challenge of accrued arrears of school fees which needed to be paid prior to a school allowing a child to return to the classroom. Preliminary findings from the FARE CT assessment indicate that 91% of the recipients ranked education as the highest expenditure made with the cash provided, suggesting that these families were willing to pay for education when they had the resources.

School enrolment is a particular challenge for older youth who have spent many years out of school; it is hard for them to catch up, adjust to the normal school routine and feel comfortable with other students, who may be much younger. Furthermore, while on the street, youth get exposure to making quick money and may become unwilling to forego that income. These factors lower the interest of older youth to return to formal education. The offer of structured apprenticeships and technical training was greatly appreciated by older youth who were uninterested in returning to formal school.

### 3.7 Percent of children who feel a sense of enjoyment of education

**Target:** No threshold was set but any improvement/increase in the domain score was reported. Assessment of enjoyment of education was made on only the index children of

school-going age from primary school level onwards. Any index child who was not currently enrolled in school was not asked this question and was automatically given the lowest possible score.

**Measurement:** Questions in the enjoyment of education domain related to whether the child cares about school, the child cares about learning, the school cares about and encourages children, the school enforces rules fairly and the child is eager to do well in school and other activities; data source CIST with index children and HVAT for school enrolment numbers.

**Results:** At baseline, 62% of index children attending school reported positive responses to all items on the enjoyment of education domain while this figure went to 94% at end line. The trend was very similar across reintegration and at-risk children.

**Discussion:** This indicator relates to the quality of children's educational experience and their motivation. FARE did not have activities related to the school environment, but it is possible that the project's family strengthening activities had some effect on children's interest in school and eagerness to perform well and on the extent to which parents got involved in children's learning and prioritized providing school materials.

### 3.8 Percent of children with positive social well-being

**Target:** There was no threshold set to measure level of positive social well-being, and any positive improvement was captured.

**Measurement:** This area was monitored using a set of questions administered to the child to find out about different aspects of their lives which included if the child had positive friendships, how they resolve conflicts without any one getting hurt, if they had anyone to help out with home chores if they were sick, if they had someone to do something enjoyable with and whether they had friends who set good examples. The questions were asked to the index child using the CIST. Children were determined to have positive social well-being if they scored 15-20 out of the 20 possible in this section 2 of the CIST.

**Results:** Of the 274 at risk children assessed at baseline, 222 (81%) reported positive social well-being. This increased, with 270 children (99%) reporting positive social well-being at end line. For reintegrating children, of the 158 children whose information was collected and analysed at baseline and end line, 113 (72%) had positive social wellbeing at baseline and 141 (89%) at end line.

**Discussion:** We note that, as in other outcomes, the changes were greater among children in at-risk households. Baseline values for this indicator were quite high, an unexpected result for the reintegration children, who were living in child care institutions or the remand home. This could have been influenced by the support and positive experience offered by the centers and the relationships with the social workers.

These changes speak to the strong case management approach that was developed and utilised in the project. Children were engaged through activities like life skills, interactive sessions, psycho social activities, which were intended to influence positive behaviour, build strong relationships, influence good decision making while other activities with the rest of the family members were implemented to reinforce the changes.

### 3.9 Percent of children who feel a sense of attachment with their parents

**Target:** No target was set for this indicator.

**Measurement:** The percent of children with strong positive attachment to their parent or caregiver was determined by asking the child a set of questions. The questions included the following: does the child spend time with parent doing things together in the way she/he enjoys, does the family give her/him love and support, does the family talk with the child about things that matter to the child, does the family have awareness on the whereabouts of the child and what they are doing, and lastly does the child feel comfortable sharing their thoughts and feelings with their parents. Any child who scored 15 - 20 out of 20 possible in this section of the CIST was reported to have strong (positive) sense of attachment with their caregiver(s).

**Results:** Out of the 274 children from at-risk families whose CIST was analysed**,** 214 (78%) demonstrated attachment with their caregivers at baseline, and at end line it went up to 263 (94%). Among reintegration children, the baseline value was 70% (110) of the 158 children and 85% (134) at end line.

**Discussion:** Both groups demonstrated improvement on this indicator, although the reintegration children remained slightly lower than the at-risk group. The results are attributed to the combination of interventions given to both the children and caregivers to promote positive communication through parenting trainings, dialogues on the needs and rights of the child and parental responsibility, and increased capacity of parents to provide for basic needs of the children.

### 3.10 Percent of children who feel safe and supported in their home, school and neighborhood

**Target:** The performance threshold for this indicator was 80% for both at risk and reintegration children.

**Measurement:** The sense of safety and support was determined by asking the index child in the home to respond to the following statements: I feel safe at home, I feel safe at school, I have a safe neighbourhood, I have someone to turn to for suggestions if I have a problem, I say no to things that are dangerous or unhealthy.

**Results:** Among at-risk children, 75% (206 out of 274) reported feeling safe and supported at baseline; by end line the number had increased to 265 children (96%). Among reintegrating

households, 55% (87 out of 158) reported feeling safe and supported at baseline; by end line the number increased to 73% (115), just below the targeted threshold.

**Discussion:** This is a particularly interesting outcome within the context of preventing unnecessary separation/re-separation of children from their families as it relates directly to one of the main drivers for separation; the feeling of safety and being supported at home, school and in the neighbourhood.

FARE attributed the changes highlighted to the different project interventions that were conducted in the community to raise awareness on child protection issues at community and household levels and through the different interventions supported in creating a safe and conducive family environment for the children. Among the main activities with children were life skills that equipped children with knowledge and skills on building positive relationships, decision making, and personal responsibility. Interactive learning sessions too played an important part as children were encouraged to discuss their fears, or protection concerns which were later followed up by social workers at family level through counselling or during family dialogues or during community dialogues if the highlighted issues by children were found to affect a substantial proportion of children.

In addition, prior to reunification of a child, FARE project conducted a number of activities to prepare the community and family to receive an integrating child. Depending on the need and reasons for separation, several pre–unification visits to the child's home were conducted, counselling, family or community dialogues were all done to ensure that a child returned to a safe, loving and secure home. Preparatory work with children prior to reunification may also have contributed to change over time in their responses to questions in this domain.

## FARE IN THE CONTEXT OF THE MGLSD CONCEPT OF GRADUATION FROM PROJECT SUPPORT

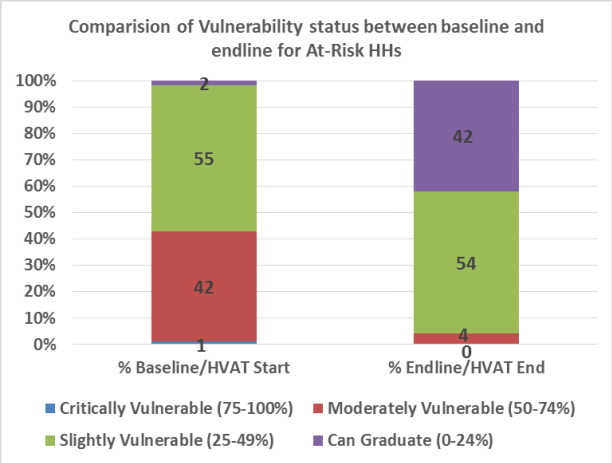
The FARE project included the concept of graduation—the transition of project participants out of vulnerability and into ability to take on their own destinies without having to be handed over to another project—in its project theory of change. It had intended to consider graduation utilising an approach similar to AVSI's SCORE Project's Furaha Graduation and Resilience Model; however, that model requires a longer period of implementation and post-graduation project monitoring than was possible under FARE. At the time of the project, MGLSD guidance was that OVC project beneficiaries can be graduated off project support after as short an intervention period as 6 months, as long as there is improvement attained as per the MGLSD measures assessed through the HVAT. Moreover, the MGLSD model does not require post-graduation monitoring to confirm if the graduation status is maintained. With this in mind and having utilised an adapted version of the MGLSD's HVAT,

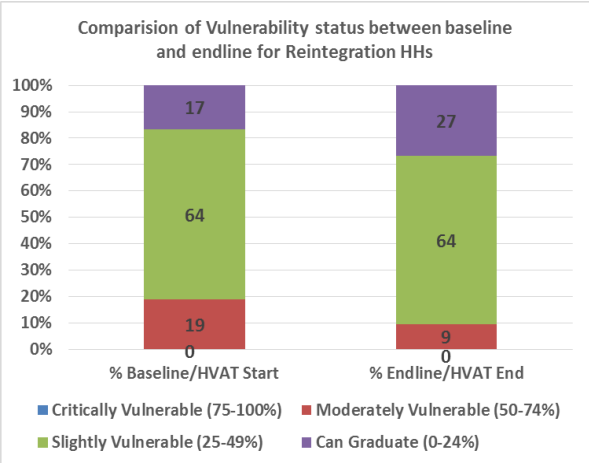
FARE was able to analyse participant household data against the yardstick of the MGLSD's vulnerability status classifications.

The MGLSD classification methodology adds a household's score in each of the six HVAT domains (economic strengthening; food security and nutrition; health, water, sanitation and shelter; education; psychosocial support and basic care and child protection and legal support) and then calculates the domain score as a percentage of the total possible domain score. It then adds the percentage score for each domain and divides the result by the number of domains for a total score expressed as a percentage. Domains are thus weighted equally. Lower scores represent a lower level of vulnerability. The method then divides the percent score range into quarters and proposes that households scoring from 75%-100% are critically vulnerable, those scoring 50%-74% are moderately vulnerable, those scoring 25%-49% are slightly vulnerable and those scoring 0%-24% are able to graduate from project assistance. It is important to note that MGLSD classification may understate vulnerability or not capture economic vulnerability the way FARE approached it. According to the Ministry's assessment used, there is no clear and straightforward definition of destitution. Through close interaction with participating households, FARE project staff recognized that many of the participants were living on the edge of survival, but few were categorized as critically vulnerable by the Ministry standard. Similarly, FARE selected the households for economic and child protection vulnerability, but this was not reflected in the classification.

The following charts show how FARE households classified into various MGLSD vulnerability categories using baseline and end line HVAT scores.

*Figure 7 Comparison of Vulnerability Status using MGLSD Measure*




Among the at-risk HHs using the MGLSD methodology, we observe that, at baseline, the majority of HHs were in the moderately or slightly vulnerable categories, with only 5 HHs matching the MGLSD threshold for graduation. At end line, the distribution of HHs had shifted, so the majority were slightly vulnerable (n=158) or ready for graduation (n=123), with only 12 qualifying as moderately vulnerable and none as critically vulnerable.

Among reintegrating HHs, we noted that at baseline none could be classified as critically vulnerable using the MGLSD methodology and 30 already qualified as ready for graduation. As with at-risk HHs, the majority of reintegrating HHs could be classified as slightly vulnerable (n=115) or ready to graduate (n=48) at end line. Results for reintegrating HHs were more static using the MGLSD yardstick than were those for at-risk HHs; fewer reintegrating HHs were able to transition from one MGLSD vulnerability category to a better one than at-risk HHs, and some reintegrating HHs transitioned to a more vulnerable category.

Interestingly, the assessment using the MGLSD methodology did not detect the high levels of critical vulnerability and extreme deprivation encountered by the FARE social workers. The assessment in both MGLSD and AVSI's Furaha Graduation and Resilience contexts was not focused on assessing vulnerability to separation but broad household vulnerability in various aspects as described in the HVAT.

## REFLECTIONS ON THE PROJECT THEORY OF CHANGE

According to the Theory of Change, the assumption was that if the drivers of separation are reduced, it would translate into prevention of family-child separation and ensure that children reunified with family are retained in family care. This was to be achieved by using a case management approach, with interventions tailored to each individual household/child based on their needs. The HDP tool would enable identification and prioritization of families' needs and planning and action to address those needs. This approach would allow implementation of a combination of activities relevant to the household problems and build ownership among family members. In the initial stage of project design, AVSI identified some key assumptions and expected challenges. In this section, we present those underlying assumptions and initial considerations, and offer our reflection in light of the results reported above and from staff reflection.

**Reintegration Assumptions**

1) The number of children who can be reintegrated depends on the willingness of the child to go through the preparation and later on the reintegration process. The project has used best estimates from recent data, but the actual numbers reached could vary given the different factors at play.
2) Reintegration of children into family care is costly, long and variable given the unique characteristics of each case. Based on Retrak's experience in Uganda, FARE assumed that the SOPs guiding reintegration would lead to success rates similar to Retrak's recent trends which reached 85% success rate in supporting the reintegration of children from the street, as measured after 1-year post reunification.
3) Separated children who are reunified with families outside of the target districts will be absorbed by Retrak or other local and community-based partners to ensure reintegration support and other households services.
4) FARE social workers and community-based volunteers, as well as "team around the child" structures, will conduct regular follow-up visits to children after placement to ensure proper adjustment and support to the family to enable successful placements. This long-term perspective of close engagement with reintegrated children and families is possible due to the commitment of AVSI and Retrak to these communities and the close partnerships with local organizations and structures.
5) The majority of the proposed economic strengthening activities are group based. This may pose logistical challenges when attempting to group reintegration category families for activities with the rest of community members in the area. The choice of only two districts of Wakiso and Kampala is in keeping with maintaining a small implementation area to enable the benefits of close proximity of activities. In addition, initial community awareness on the importance of group-based activities will enhance group self-selection and formation.

The FARE experience confirmed that the Retrak SOPs for reintegration are appropriate in most cases; 93% of the reintegration cases did not relapse; 13 households did experience repeat separation.[25] The nature of receiving street children and children in the juvenile court system or remand homes makes project planning and targeting difficult and unpredictable. For example, implementing partner, COWA had multiple cases of youth who were being prepared for reintegration, only to find that the judge ruled that they could not be released. The project timelines, in particular for data collection such as baseline survey, were difficult to synchronize with the variable and sensitive timeline of preparing children and families for reunification.

AVSI and its IPs likely underestimated the potential spread of reintegrating households across and beyond the two districts and the project work force was not sufficient to ensure the expected level of intensity of community-level activities following reintegration. FARE project design did not include alternatives for economic strengthening (in particular alternatives to VSLA) until later in the project.

**Prevention and Long-Term Community Resilience Assumptions**

6) Appropriate tools and methodologies will be developed and appropriately tested and calibrated to identify households at-risk of child-family separation. Based on historical data of specialized partners, such as Retrak, COWA and the police, existing measures of household vulnerability could be adapted to catch household characteristics that could be predictive of child-family separation.
7) At the end of the FARE project, targeted communities in Wakiso and Kampala districts will be more resilient. In addition, community structures like the child protection committees, leaders, village savings and loans association groups, community based VSLA trainers, legal volunteers and para-social workers will provide a community resource network, allowing for continuity of FARE project best practices and achievements, consequently reducing the incidence of child family separation.

The measured improvements in household savings, income and measures of child well-being signify improved resilience capacities for the prevention household. The 29 VSLA groups are expected to continue operation, with village agents available to continue providing support. The FARE project team was hopeful that as a result of these interventions, the community and specifically the identified at-risk households will have fewer cases of unnecessary child-family separation than before the intervention.

As discussed earlier in this report, the FARE project team, with the support of FHI 360, opted to use standard tools such as the FARE-adapted version of the MGLSD's HVAT to identify,

[25] As reported above, numbers are based on HH for which the project had both baseline and end line data, therefore does not include all HH reached by FARE.

screen and assess household and child vulnerability, after modifying the tools to identify the specific vulnerabilities that the FARE project was to address. There is no straightforward and objective way to know whether the project succeeded in achieving the right level of targeting. Presumably, the factor of being vulnerable to child-family separation varies, with some households being closer to a "breaking point" and others with some underlying characteristics that could bring them to that point sooner or later.

Once the FARE project team was in the field engaging with households, the social workers confirmed that the tools did manage to allow for identification of highly vulnerable households with certain risk factors, and characteristics of "desperation" and "destitution." At the same time, they acknowledged that the need was immense, and the number of potentially eligible households in the targeted communities was larger than the project's scope. Was the net cast for at-risk households wide enough to prevent the most likely cases of unnecessary child-family separation? The only way to answer that question would be a comprehensive, census-like survey. FARE project data do tell us that the households chosen were highly vulnerable due to poverty.

**Costing Assumptions**

8) The FARE direct project cost per beneficiary household intentionally was relatively low from the design, in part so that a quick infusion of external resources would not distort the building up of family resilience, which to a large extent hinges on the family's capacity to protect and grow assets, generate income and make good financial decisions. The FARE team is convinced that over the long-term this is the best approach, yet this may constrain the degree of change of living conditions within each household in the short-run, which may have an impact on the willingness of a child or youth to remain living with his/her family in the long-term. The project has emphasized livelihoods skills through the ES groups and quality of relationships through parenting skills training to mitigate this constraint.

The FARE costing analysis has not yet been completed. The results reported above, along with social worker observation, suggest that reintegration households, in particular, may have required increased investment, particularly in terms of the time of social workers or other support people, in order to motivate them to participate as actively as possible in the project and see the desired improvements in household economic assets and reductions in vulnerability scores. Future projects might consider providing opportunities for additional analysis of the amount of cash transfers and their duration for optimized results.

**Core Program Design Assumptions**

9) Families and communities shall remain open and willing to receive and care for children especially the ones targeted for reintegration and will participate actively in the project activities.

10) That community interventions such as VSLA will successfully attract and integrate other community members to enable group formation.
11) Identified households will have the necessary motivation and interest to engage with the project staff and participate in activities to improve their family well-being.
12) Using AVSI's recent and positive experience in the SCORE project, social workers will be trained and guided to work with households to develop customized household development plans that respond to unique needs and opportunities.
13) Family strengthening interventions will interact with the results of economic strengthening interventions to improve the overall well-being of households and the relationships between caregiver and child.

Overall, AVSI and the FARE project team found that the planned activities were able to be implemented according to plan with a few exceptions. The dense urban environment of the selected areas of Wakiso and Kampala presented certain challenges for the implementation of activities, as mentioned in the report above. Practical issues such as time availability, scheduling, and choice of venue for activities were more challenging than had been expected. The level of motivation of some participating households was lower than expected and required considerable attention of social workers. Social workers noted marked differences in the attitudes and motivation of reintegration households to participate in training or other activities; one main factor was the stigma attached to having street children or children in trouble with the law connected to the family.

An interesting dynamic was observed and captured in the FARE Reflection Note #2 on cash transfers: the economic strengthening activities, namely cash transfers, had important psychological and relational repercussions that seem to have enabled participants to engage in group activities and increase their motivation to achieve the goals of the project for themselves.[26] The FARE project staff are convinced of the inter-related dynamic of family strengthening activities (counselling, parenting and life skills training, for example) and economic strengthening activities, yet are unable to offer a precise description of the interactions of the two streams of outcomes.

Reflecting on assumption #11, AVSI found that the household development plan approach was under-utilized as a planning tool across the three implementing partners, partially due to institutional preferences and practices before FARE and inconsistent follow-up and tracking of the use of the tool. FARE Reflection Note #3 addresses this issue.

**Assumptions about the Context**

14) The number of children and young people living on the streets and in child care institutions will remain roughly the same upon project start as in the preceding five

[26] http://www.avsi-usa.org/uploads/6/7/4/2/67429199/avsi farenote2.pdf

years of experience accumulated by Retrak and other partners, with no dramatic surge or decline.

15) Wakiso and Kampala districts contain the village of origin of a large percentage of separated children in the care of Retrak and other partner organizations, thus allowing for a close institution-community partnership to support reintegration and follow-up.
16) Child care institutions in Uganda perceive the pressure to begin or improve processes for reintegration of children into family care and a sufficient number will be willing to participate actively in the project.
17) No significant economic or political shocks will exacerbate the vulnerability of beneficiary households in such a manner as to disrupt achievement of project targets.

These context related assumptions all held, with the partial exception of number 15, which was addressed above under Reintegration. AVSI found the child care institutions brought in as implementing partners on the project were eager to learn and improve practice on reintegration. No significant changes to the political, economic or social context were noted during the project implementation period. Besides the dispersion of families, both target populations were highly mobile as they searched for better opportunities due to extreme poverty. The project constantly lost households; in the short period of two and a half years, 13% of at-risk families and 27% of the reintegration families left the project, although some were later contacted and brought back into the project.

## OVERALL PROJECT ACHIEVEMENTS

The FARE project was ambitious in its goal and resulting design which aimed to both prevent unnecessary child-family separation and repair damaged bonds while reintegrating children from the streets or institutional care back into family care. FARE aimed to build family unity and resilience over 30 months, tackling the economic side—extreme poverty—as well as the relationship environment in target families—neglect and abuse. FARE operated in a research-driven environment which imposed certain requirements and timelines that reduced the flexibility which might have allowed an implementer to respond to unique needs and timelines of adoption and change.

**FARE nearly reached enrolment targets and most performance targets, despite constraints**

Given this bold agenda and these constraints, the FARE project achieved or nearly achieved most targets and contributed in a meaningful way to the learning agenda around economic strengthening as a means of prevention child-family separation and re-separation. FARE worked with 605 (350 prevention and 255 reintegration) families; 93% of the enrolment target of 650 households was reached. The challenges faced and described in this report are in and of themselves important contributions to the learning on this important topic.

**At project end, hundreds of children are in family-care with improved well-being**

After FARE interventions, 278 families identified as being high-risk for child-family separation remained intact and most improved their level of savings, income, and ability to meet basic needs and relationships with the children in the family. Only 15 families experienced a separation, with a child leaving family care. Of the children reintegrated into 180 households for which we have complete data (12 months follow-up), only 13 relapsed into re-separation, and the remaining 167 households remained intact. Less than 5% of the at-risk households assessed at baseline and endline experienced separation after FARE project interventions. Time and funding limitations prevented having a counter-factual or baseline against which to compare this result. Furthermore, children feel safer at home and in their community than they did at the beginning of the project.

**At project end, vulnerable households are actively saving and investing, a key resilience factor**

Household savings increased significantly and the 29 VSLA groups established have good chances to endure due to the training and support received; 321 direct project participants were supported to join a VSLA and were able to save USD $67 each on average in one year and a half; other community members also benefited. VSLA groups had matured to the point that members began taking out loans to meet consumption needs and invest in productive activities.[27]

**At project end, three IPs have gained important case management experience and continue to serve their communities**

The FARE project contributed to building staff capacity in systematic case management at three IPs, specifically focusing on effective reunification and reintegration support after children have returned home to ensure that they remain in family care. The three IPs have transitioned out of the FARE project and continue to operate and serve their target beneficiaries with other funding and through other partnerships.

**At project end, dozens of youth have gained market-relevant skills and a good percentage are employed**

Not only have youth from FARE participating households benefitted from life-skills training and counselling, 95 (64 male, 31 female) were given the unique opportunity to build marketable skills through apprenticeship. By the end of March 2018, 54% of the youth enrolled had completed their training and of these 43% were already employed.

[27] Tracking of loan utilization through the VSLA has not produced data which can be analysed. FARE social workers report that loans taken were used primarily to pay school fees and for livelihoods related investments.

## CONCLUSION

The FARE project has demonstrated that preventative resilience-building efforts at the household level is a good approach, with family strengthening and economic strengthening interventions both of great relevance. While the results lack a counter-factual for full attribution, the data and targeting approach suggest that child-family separations could very well have been prevented because of FARE. Community-level engagement ***before*** separation is easier, and families tended to be more responsive and less affected by conflict or stigma and interventions can be more geographically consolidated. Support for families where separation has already occurred is much more difficult, the household needs are likely to be greater and stigma is real. Many cases of child-family separation are intertwined with abuses of different kinds and conflict, often inside the home or with neighbours. Coupled with the geographic dispersion of households receiving reintegrating children, this segment of the target population was difficult for the FARE team to serve the way it had initially envisioned.

FARE is unable to determine whether participating households are in fact more resilient to shocks that may arise; assessing post-project resilience is beyond the scope of the project. The Theory of Change, which suggests that economic assets, stronger family relationships, and effective social networks through peer groups such as VSLA should build resilience capacities, is based on growing evidence and makes sense in this case. Yet, the FARE project recognizes that the challenges facing the targeted communities are great and the context is ever changing.

The FARE project benefitted from partnership with IPs which were already deeply committed to the issues of child-family separation. Given the ambitious goals of the project, particular in terms of support for reintegrating households, additional partnerships with community structures may have enhanced the outcomes and enabled the identification of creative solutions to address gaps in the program design. Harmonization of tools and approaches to data collection could have been improved, as made evident in analysis of the use of the HDP. Challenges related to data collection affected the ability to monitor the project and detect implementation delays and inconsistencies early on.

While the ASPIRES Family Care project has not yet completed a costing analysis of FARE, one preliminary conclusion is that the amount budgeted for cash transfer support should be carefully analysed to ensure that it has the necessary stabilizing effect and enables full participation of the most vulnerable in project activities. Lastly, the project would have benefitted more time, not only for research but also a longer period for implementation to allow for full implementation of all activities (for example for youth to complete apprenticeships and for VSLA groups to become fully mature) and to be able to measure change.

AVSI and the FARE partners Retrak, COWA, and FCF are very grateful to USAID DCOF and FHI 360 for the collaboration during the two year and nine months period working towards improving the lives of vulnerable people.

## RECOMMENDATIONS FOR THE FUTURE

**Recommendation 1: Consumption Support**

Projects targeting vulnerable and destitute families need to factor in sufficient consumption support to cater for their immediate needs, help them to offset outstanding debts and prepare them to participate in activities. It is likely that cash transfers should be provided for a longer period and be calibrated to family size.

**Recommendation 2: Staffing for Reintegration Support**

FARE learned that follow-up and support to families in both categories required adequate staffing and training to be able to attend to the sensitive and often complex issues emerging from beneficiaries at family and personal level. AVSI would consider a lower caseload for social workers assigned to reintegration cases in similar projects in the future. Also, staff should be prepared to follow reunification quickly with other project activities to ensure that motivation is kept high and other disruptions don't occur. Finally, group activities may not be a realistic way to deliver support to reintegrating children and families for logistical and cost reasons. Individualised interventions such as apprenticeships and business development services and coaching are better suited to enable participation by households scattered geographically.

**Recommendation 3: Targeting Methods**

FARE found that its pre-selection and prioritization tools brought the right kinds of families into the project, but likely did not identify all of the families that might have been eligible. The inclusion of a wider spectrum of community structures and actors (for example, youth representatives, women leaders, child protection structures and religious actors) might have led to a more comprehensive list of families for screening. Future projects might consider reviewing targeting methodologies (and tools, if required) for at-risk households to ensure that equitable opportunity for screening and level of reasonable precision are maximized, within the constraints of project capacity.

**Recommendation 4: Attention to Education Needs**

Access to education is a serious challenge for nearly all FARE project families and the family and economic strengthening interventions, but FARE interventions did not specifically and directly address this challenge. FARE had a referral component but more often education referrals were less successful than those for health and other social protection services due to the higher costs of education; referral did not solve the issue in an immediate way

because scholarship opportunities were few. The inability of a family to provide school fees seems to be a significant driver of separation. The apprenticeship approach was an important response to this need, but only for older youth. A future project with goals similar to those of FARE could consider a short-term education support either directly (through a scholarship scheme or conditional cash transfer) or through partnership with education sector partners.

**Recommendation 5: M&E and Learning**

Well after the project began, FARE planned additional learning activities related to the use of cash transfers and HDPs. Future projects should identify and clearly define and structure the areas of learning early. The project M&E system and design of data collection tools and methods should be adequately aligned to this learning agenda and the implementation timeline should take these activities into consideration, including a realistic estimate of the time needed for approval of and preparation for research activities. Project staff should reflect on monitoring results and direct experience with project beneficiaries and stakeholders to review and update the project Theory of Change on a regular basis.

# Appendix 1 - FARE Project Timeline

| | Nov-15 | Jan-Mar 2016 | Apr-Jun 2016 | Jul-Sep 2016 | Oct-Dec 2016 | Jan-Mar 2017 | Apr-Jun 2017 | Jul-Sep 2017 | Oct-Dec 2017 | Jan-Mar 2018 | Apr-Jun 2018 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Project awarded | | | | | | | | | | | |
| Work planning and M&E planning | | | | | | | | | | | |
| Refining of data collection tools | | | | | | | | | | | |
| Identification of targeted at-risk communities (9 parishes) | | | | | | | | | | | |
| Pre-selection and verification of at-risk HHs | | | | | | | | | | | |
| Ethics approval of research data collection tools (HVAT and Child and Caregiver Integration Status Tools) | | | | | | | | | | | |
| Informed consent, collection of baseline data for at-risk HHs | | | | | | | | | | | |
| Informed consent, collection of baseline data for reintegrating HHs (when did you change strategy to do baseline, HDP, etc. at the same time?) | | | | | | | | | | | |
| Midline data collection | | | | | | | | | | | |
| Endline data collection | | | | | | | | | | | |
| Final documentation, data analysis and reporting | | | | | | | | | | | |
| Identification of and support for children in Retrak and FCF centers and Naguru Remand Home, family tracing, preparation for reunification | | | | | | | | | | | |
| Reunification of separated children | | | | | | | | | | | |
| HDPs for at-risk HHs (inception, midline) | | | | | | | | | | | |
| HDPs for reintegrating HHs | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mobilization of at-risk HHs for VSLA, parenting skills training, adolescent life skills training | | | | | | | | | | | |
| Selection of at-risk and reintegrating HHs for CT intervention | | | | | | | | | | | |
| SPM training for CT HHs | | | | | | | | | | | |
| VSLA formation, training and ongoing support | | | | | | | | | | | |
| VSLA cycle 1 shareout | | | | | | | | | | | |
| SPM training for VSLA | | | | | | | | | | | |
| Community skills training | | | | | | | | | | | |
| Home visits and counseling | | | | | | | | | | | |
| Parenting skills training | | | | | | | | | | | |
| Adolescent life skills training | | | | | | | | | | | |
| Community dialogues, outreach and referral to services, recreational activities | | | | | | | | | | | |
| Wrap-up with targeted at-risk and reintegrating HHs | | | | | | | | | | | |
| Closeout activities with community and local government | | | | | | | | | | | |

# Appendix 2 - OVC PRE-IDENTIFICATION AND REGISTRATION FORM – Adapted for FARE Project

**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

**FORM 005: OVC PRE-IDENTIFICATION AND REGISTRATION FORM – Adapted for FARE Project**

**This form should be filled by before the assessment by village leaders under the guidance of the CDO and/or project staff.**

| | | | |
|---|---|---|---|
| District: | | Sub county/Division: | |
| Parish: | | Village: | |
| Date: | | | |

**(Please note that all households on this list should have at least one child 0-17 years)**

| # | Name of the Household head | Tel contact (can be for neighbor or child or LC/VHT | Household has children 5-17 years not currently enrolled in school or irregularly attending school | HH has severely disabled person | HH has member who has been very sick for at least 3 months during the past 12 months | HH live under dangerous shelter | HH has no easy access to basic needs like food, water etc. | HH has any child mother/father /child headed HH | HH cares for any orphan | HH experiences domestic violence | HH has children living under abusive care | HH in which a child is neglected | HH includes adult or child members who abuse drugs or alcohol) | HH has a child that is in child labor | HH has had a child separated due to any of the mentioned or other factors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |

| # | Name of the Household head | Tel contact (can be for neighbor or child or LC/VHT | Household has children 5-17 years not currently enrolled in school or irregularly attending school | HH has severely disabled person | HH has member who has been very sick for at least 3 months during the past 12 months | HH live under dangerous shelter | HH has no easy access to basic needs like food, water etc. | HH has any child mother/father /child headed HH | HH cares for any orphan | HH experiences domestic violence | HH has children living under abusive care | HH in which a child is neglected | HH includes adult or child members who abuse drugs or alcohol) | HH has a child that is in child labor | HH has had a child separated due to any of the mentioned or other factors |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | |

**Community members present (VHT member, LC member, para social worker, and religious leader, elder):**

**Name:** ……..…….. **Title:** ……..…….
**Name:** ……..…….. **Title:** ……..……..
**Name:** ……..…….. **Title:** ……..…….

**Process:**
The pre-screening exercise will be conducted by Chairpersons for LCI, who are the immediate leaders in their respective communities and have good knowledge of local residents. They will tick the items that apply in a particular family, supported by a FARE Project staff who will give guidance throughout the process. FARE project staff at the IPs will be deployed among the different villages so that the process takes place in different villages concurrently.

**Selection for screening:**
The FARE project staff will then screen HHs with any ticks on the right using the HVPT.

# Appendix 3 - Household Vulnerability Prioritization Tool – Adapted for FARE Project

**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

**Uganda OVC Household Vulnerability Prioritization Tool (HVPT) – Adapted for FARE Project**

This adjusted HVPT is intended to assist FARE Project in prioritizing households for enrolment into program/support. This tool should be applied to all households listed by the chairpersons LC I using the pre-screening tool by a FARE Project staff. It can also be applied to households coming from referrals. The FARE project has adapted this tool to include additional indicators associated with risk of family-child separation.

For further information in how to administer and enroll children, refer to the OVC Vulnerability Prioritization guidelines, revised for FARE.

☐ Please confirm if there is at least one child less than 18 years of age living in the household by checking this box (if yes, please administer the tool, if not, do not proceed and visit the next household on the list

| | |
|---|---|
| **A.** NAME OF IMPLEMENTING PARTNER: | |
| **B.** NAME OF COMMUNITY BASED ORGANIZATION: | |
| **C.** DISTRICT: | |
| **D.** SUB COUNTY/DIVISION/TOWN COUNCIL | |
| **E.** PARISH/WARD: | |
| **F.** VILLAGE/ZONE: | |
| **G.** HOUSEHOLD NUMBER: | |
| **H.** NAME OF PERSON ADMINISTERING: | |
| **I.** PHONE NUMBER OF PERSON ADMINISTERING: | |
| **J.** DATE OF INTERVIEW (DDMMYY): | |
| **K.** NAME AND TELEPHONE OF RESPONDENT (HH head/primary care giver): | |
| **L.** NUMBER OF PEOPLE AGED 18 YEARS AND ABOVE CURRENTLY LIVING IN THE HH: | |
| **M.** TOTAL NUMBER OF CHILDREN BELOW 18 YEARS OF AGE LIVING IN THE HOUSEHOLD: | |

**Instructions:** Please administer this section to heads of households or his/her designee. Ask each question and tick the appropriate response option. Upon completion, turn the form to the assigned program officer. Please see definitions for each question in the guidelines for OVC Vulnerability Prioritization Tool Administration.

| | Thematic areas | Response (Tick appropriately) | | Needs referral (insert X) |
|---|---|---|---|---|
| | **CPA 1: ECONOMIC STRENGTHENING** | | | |
| **1** | Is this a child headed household? | **Yes** | | |
| | | **No** | | |
| **2** | In the last 6 months, has there been at least one member of the household who has consistently had formal or informal employment or is self-employed or has a business or is engaged in economically productive activity? | **Yes** | | |
| | | **No** | | |
| **3** | The last there was an unexpected urgent household expense (e.g. emergency medical expense or house repair), was someone in the household able to pay for that expense? | **Yes** | | |
| | | **No** | | |
| **4** | Does the household head, spouse or guardian have any form of severe disability that prevents him/her from engaging in economically productive activities? (e.g. physical, speech, visual, hearing or mental handicap)? | **Yes** | | |
| | | **No** | | |
| **Economically vulnerable? (If #1 or 4 is "yes," or #2 or 3 is no, tick "yes.")** | | **Yes** | | |
| | | **No** | | |
| | **CPA 2: FOOD SECURITY AND NUTRITION** | | | |
| **5** | Has the household eaten at least 2 meals a day, every day for at least a month? | **Yes** | | |
| | | **No** | | |
| **6** | In the last month, did any child in the household go a whole day without eating anything because there wasn't enough to eat? [in case of a visibly malnourished child, tick yes and refer] | **Yes** | | |
| | | **No** | | |
| **Food security vulnerable? (If #5 is no or # 6 is "yes," tick "yes.")** | | **Yes** | | |
| | | **No** | | |
| | **CPA 3: HEALTH, WATER, SANITATION AND SHELTER** | | | |
| **7** | Does the household have a source of water for domestic use where they can fetch it to/from within half an hour? | **Yes** | | |
| | | **No** | | |
| **8** | Does the household have a stable shelter that is adequate, safe and dry? [please observe] | **Yes** | | |
| | | **No** | | |
| **9** | Is there anyone in this household who is HIV positive? *If you already know the status, then tick yes* | **Yes** | | |
| | | **No** | | |
| **10** | Does the care giver know the HIV status for all children in the household? | **Yes** | | |
| | | **No** | | |
| **Health, water, sanitation and shelter vulnerable? (If #7 or #8 is "no" or # 9 is "yes," tick "yes.")** | | **Yes** | | |
| | | **No** | | |
| | **CPA 4: EDUCATION** | | | |
| **11** | Are there any children aged 5-17 years in this household who are not enrolled in school? | **Yes** | | |
| | | **No** | | |
| | | **N/A** | | |
| **12** | Are there any children aged 5-17 in this household who are enrolled in school and have missed school for about 30 days in the last school term? | **Yes** | | |
| | | **No** | | |
| | | **N/A** | | |
| **Education vulnerable? (If #11 or #12 is "yes," tick "yes.")** | | **Yes** | | |
| | | **No** | | |

| | Thematic areas | | | Response (Tick appropriately) | | Needs referral (insert X) |
|---|---|---|---|---|---|---|
| | **CPA 5: PSYCHOSOCIAL SUPPORT AND BASIC CARE** | | | | | |
| **13** | Are there any children in this household who are withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing with friends and family? | | | **Yes** | | |
| | | | | **No** | | |
| **Psychosocially vulnerable? (If #13 is "yes," tick "yes.")** | | | | **Yes** | | |
| | | | | **No** | | |
| | **CPA 6: CHILD PROTECTION AND VULNERABILITY TO SEPARATION** | | | | | |
| **14A** | In the past 12 months (since ___), has any child in the household had the following happen to them, in or outside the household? If any item is checked, check yes.<br>[**Note 1:** if you see an obvious issue of abuse or you already know about it, then you may check yes]<br><br>Child Neglect *is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health, physical, emotional or mental development.* | | | **Yes** | **No** | |
| | | **i)** | **Repeated physical abuse** | | | |
| | | **ii)** | **Child marriage or teenage mother/father** | | | |
| | | **iii)** | **Teenage pregnancy** | | | |
| | | **iv)** | **Sexually abused** | | | |
| | | **v)** | **Neglected** | | | |
| | | **vi)** | Conflict with the law | | | |
| | | **Vii** | Child labour | | | |
| | | **viii)** | Witnessed repeated adult abuse of alcohol or drugs | | | |
| **14B** | Is any child from the HH living at a children's home/orphanage?<br>Name: _____ Location: _____ | | | **Yes** | | |
| | | | | **No** | | |
| **14C** | Is any child from the HH living at a boarding school?<br><br>Name: _____ Location: _____ | | | **Yes** | | |
| | | | | **No** | | |
| **14D** | In the past 12 months (since ___), is any child from your HH not living at home for another reason (for example, working, working for a family member, ran away, living on the street, left because of conflict in family or community, etc.)? | | | **Yes** | | |
| | | | | **No** | | |
| **15** | Is there any orphan in this household? | | | **Yes** | | |
| | | | | **No** | | |
| **16** | Is there any child in this household, who; 1) has not been registered at birth or 2) does not have a birth certificate? | | | **Yes** | | |
| | | | | **No** | | |
| **Child protection/separation vulnerable? (if any of the responses to #14A, 14B, or #14D is "yes," tick "yes"** | | | | **Yes** | | |
| | | | | **No** | | |

**Screening in Criteria:**
Select for FARE project if the HH is vulnerable in CPA 6 and at least in one of CPAs 1, 2, 3, or 4

**Final decision taken on selection:**

| | |
|---|---|
| HH selected as a FARE Project beneficiary | |
| HH not selected as a FARE Project beneficiary | |

| **Assessor's comments** |
| --- |
| |

# Appendix 4 - Household Vulnerability Assessment Tool – Adapted for FARE Project

**MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT**

**HOUSEHOLD VULNERABILITY ASSESSMENT TOOL (HVAT) – Adapted for FARE Project**

The Household Vulnerability Assessment tool (HVAT) is for assessment of families selected through the vulnerability prioritization process. This adapted tool helps to obtain in-depth baseline information about a family's level of vulnerability to family-child separation, which will be used for monitoring progression of FARE beneficiary families' vulnerability to family-child separation. The tool should be used with only households identified and prioritized using the Household Vulnerability Prioritization Tool (HVPT), and it should be administered only to families who will be supported. The tool should be applied after enrolment of families, at the end of 6 months, at the end of 12 month and at the end of 18 months or end of FARE Project.

**SECTION 0: BACKGROUND INFORMATION**

**INSTRUCTIONS**: Please administer this tool to the head of household (spouse or child in case of a child headed household). Provide background information for the household. Indicate all the required information on the members of the household, the required contact details and the Temporary HH Number assigned by A FARE project staff as indicated on the Household Vulnerability Prioritization Tool (HVPT). For each of the vulnerability categories, tick under Yes or No or Not Applicable (NA) as applicable. For Sex, indicate whether Male (M) or Female (F). For immunization and birth registration, check for immunization and birth registration certificates; while for date of birth, indicate the date, month and year. In the event that the two certificates are not available, take the information that is given. If the dates are not known, write not known. For HIV status, indicate unique codes of Positive (+), Negative (-) or Don't Know (DK).

**SECTION I: HOUSEHOLD INFORMATION**

**INSTRUCTION:** Ask each question and circle the appropriate response option. After circling the response, please write in the corresponding score to the far right hand column (labeled SCORE). At the end of each Core Program Area (CPA), add the scores for all questions and write them down under "CPA TOTAL" row.

Finally, **score all questions except 7.0.** Add up all relevant scores within each CPA and enter them under CPA Total. Compute the average SCORE for the Household by considering the scores under the different CPAs and indicate them in the table at the end accordingly.

## SECTION 0: BACKGROUND INFORMATION

| | |
|---|---|
| 0.1 District<br>…….. | 0.2 Sub-county/division/town council<br>……..... |
| 0.3 Date of interview<br>……..<br>…… | 0.4 Name and mobile contact number of HH head<br>……....<br>……. |
| 0.5 Parish/ward<br>…… | 0.6 Village/zone<br>……..…… |
| 0.7 Name of IP<br>……. | 0.8 Name of interviewer<br>……... |
| 0.9 Name & contact of sub-county CDO<br>…….<br>……. | 0.10 HH Number<br>…….<br>……..……. |

| | | |
|---|---|---|
| 0.11 Age of HH head<br>……. | 0.13 Phase of HVAT administration<br>**1.** 1st<br>**2.** 2nd<br>**3.** 3rd<br>**4.** 4th | 0.14 Sex of HH head<br>**1.** Male<br>**2.** Female |
| 0.12 Number of non-biological children to the caregiver/head of HH<br>……. | | |

| 0.15 **Marital status of HH head** | 0.16 **Education level of HH head** | 0.17 **Number of people in the HH by age group** | | |
|---|---|---|---|---|
| **1.** Single<br>**2.** Married/ cohabiting<br>**3.** Widowed<br>**4.** Separated/ divorced<br>**5.** NA (if child) | **1.** None<br>**2.** Primary<br>**3.** Secondary<br>**4.** Tertiary | **Age group (yrs)** | **Male** | **Female** |
| | | Under 1 | | |
| | | 1-4 | | |
| | | 5-9 | | |
| | | 10-14 | | |
| | | 15-17 | | |
| | | 18-24 | | |
| | | 25+ | | |

| | |
|---|---|
| 0.18 If HH is reintegrating a child through FARE, is child still resident in HH? (skip if prevention HH)<br>1. Yes<br>2. No, explain<br><br>If NO: Is child still connected to the HH?<br>1. Yes<br>2. No | 0.19 Was there any change on the HH roster that indicates a child is missing from the HH?<br>1. Yes<br>2. No<br><br>If Yes, explain ……<br>…… |

## Household summary

| 0.20 Name of child | 0.21 Sex (M/F) | 0.22 Age | 0.23 Date of birth (DD/MM/YY) | 0.24 Biological child to caregiver/HH head? | 0.25Living in HH 6 of 12 last months? | 0.26 Household member? Apply PPI rules | 0.27 Out of school (Yes/No/NA) | 0.28 Enrolled in school (Yes/No/NA) | 0.29 Child whose 1 or both biological parents are dead (Orphan) (Yes/No/DK) | 0.30 Disabled (Yes/No) | 0.31 Chronically Ill (Yes/No) | 0.32 Immunized (Yes/No/DK) | 0.33 HIV Status (+/-?DK) | 0.34 In HIV Care (Yes/No/NA) | 0.35 Birth Registration. (Yes/No/DK) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |
| Name of adult (18 +) | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
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| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |

Total people: _____ # of children 5-17: _____ # of children 5-17 currently in school: _____

Total HH members (PPI criteria): _____ # of children 6-12 currently in school: _____

## SECTION I: HOUSEHOLD (HH) ASSESSMENT

### CPA 1: ECONOMIC STRENGTHENING

| | Questions and Responses | | | | | | | | | SCORE |
|---|---|---|---|---|---|---|---|---|---|---|
| **1.1** | **Who pays for most of the HH expenses?** | | | | | | | | | |
| Option | a) Child (6-17 years) | b) Grand/elderly parent | c) Relative | d) Mother | e) Father | | | | | |
| Score | 4 | 3 | 2 | 1 | 0 | | | | | |
| **1.2** | **What is the MAIN source of household income?** | | | | | | | | | |
| Option | a) None | b) Remittances Pension, gratuity, donations | c) Casual laborer | d) Informal job / employment | e) Peasantry farming / Hiring out labour on other farms/ garden | f) Petty business | g) Formal business | h) Commercial farming | i) Formal job/ employment | |
| Score | 4 | 3 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | |
| **1.3** | **What is the current monthly HH income? (express amount in Uganda Shillings, then score according to range)** | | | | | | | | | |
| | _____ Uganda Shillings | | | | | | | | | |
| Option | a) Less than 50,000 | b) 50,000-100,000 | c) 100,000-150,000 | d) 150,000-200,000 | e) Above 200,000 | | | | | |
| Score | 4 | 3 | 2 | 1 | 0 | | | | | |
| **1.3A** | **How much money does the household have in savings?** | | | | | | | | | |
| | _____ Uganda Shillings | | | | | | | | | |
| Option | a) Less than 30,000 | b) 30,000-60,000 | c) 60,000-90,000 | d) 90,000 – 120,000 | e) Above 120,000 | | | | | |
| Score | 4 | 3 | 2 | 1 | 0 | | | | | |
| **1.4** | **Do these statements apply to this HH? (Yes/No)** | | | | | | | | | |

| | | Yes | No |
|---|---|---|---|
| 1) | Any member of the HH owns an electronic gadget (radio, phone, TV) | | |
| 2) | Any member of the HH has a functional transport means (bicycle, motor cycle, boat) | | |
| 3) | At least one member of the HH has vocational/apprenticeship/professional skills | | |
| 4) | At least one member of the HH has formal employment, is self-employed, or has a business | | |
| 5) | At least one member of the HH belongs to any financial savings and lending group | | |
| 6) | HH has access to land for agriculture | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Option | a) If 4 or more are No | b) If 3 are No | c) If 2 are No | d) If 1 is No | e) If more than 4 are yes or NA | |
| Score | 4 | 3 | 2 | 1 | 0 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| **1.5A.** | **In how many of the last three months have you consistently been able to pay for the following items without having to sell HH productive assets like land, bicycle or borrowing at very high rates of interest (more than 30%)?** | | | | | |
| | | | | **Number of months (0 – 3)** | | |
| | 1) Food, Shelter, and Water | | | | | |
| | 2) Health care | | | | | |
| | 3) Education | | | | | |
| | **Add total months (1+2+3) →** | | | | | |
| Option | a) Total = 9 | b) Total = 8 | c) Total = 7 | d) Total = 4-6 | e) Total = 0-3 | |
| Score | 0 | 1 | 2 | 3 | 4 | |

| | Questions and Responses | | | SCORE |
|---|---|---|---|---|
| **1.5B** | **If you had an unexpected shock, like a death in the family, happen tomorrow, how would you handle the expenses? (tick all that apply)** | | | |
| | Option (do not read the options below, wait for the response and then tick those that correspond) | Tick all that apply | Circle highest score | |
| | **1)** Pay with cash on hand/savings | | 0 | |
| | **2)** Seek contributions/gifts from friends, relatives, community members church help etc | | 1 | |
| | **3)** Request help from a charitable organization, CBO, NGO | | 1 | |
| | **4)** Borrow from a friend or relative or savings group and pay back later | | 1 | |
| | **5)** Look for another source of income near my home | | 1 | |
| | **6)** Reduce household spending a little | | 2 | |
| | **7)** Reduce household spending a lot | | 3 | |
| | **8)** Sell small livestock, household goods or items used in the household | | 3 | |
| | **9)** Migrate for work | | 4 | |
| | **10)** Borrow from moneylender at high interest | | 4 | |
| | **11)** Sell bicycle, land, tools or other items that help produce income | | 4 | |
| | **12)** Break up the household—send children to others to care for | | 4 | |
| | **13)** Go without food | | 4 | |
| | **14)** Engage in transactional sex or illegal activities | | 4 | |
| Score | | | | |
| | **CPA 1 TOTAL:** | | | |

| | **CPA 2: FOOD SECURITY AND NUTRITION** | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Questions and Responses** | | | | | | **SCORE** |
| **2.1.** | **Over the past [12 months (baseline)/6 months (subsequent)], what has been the MAIN source of food consumed by your HH?** | | | | | | |
| Option | a) Donated | b) Given in return for work only | c) Bought from the market | d) Home grown | | | |
| Score | 4 | 2 | 1 | 0 | | | |
| **2.2.** | **What does the family usually eat? (at least 3 times a week)** | | | | **Yes** | **No** | |
| | **1)** Energy foods; potatoes, banana, oils, posho, millet, rice, maize, bread, cassava | | | | | | |
| | **2)** Body building foods; beans, meat, soya, peas, milk, eggs, chicken, fish | | | | | | |
| | **3)** Protective and regulative foods; greens, tomatoes, oranges, pawpaw, mangoes, pineapples | | | | | | |
| Option | a) None | b) One food group | c) Two food groups | d) All food groups | | | |
| Score | 4 | 3 | 1 | 0 | | | |
| **2.3.** | **How many meals does the HH have in a day?** | | | | | | |
| Option | a) Some days no meal | b) One meal | c) 2 meals per day | d) 3 or more meals per day | | | |
| Score | 4 | 3 | 1 | 0 | | | |
| | **CPA 2 TOTAL:** | | | | | | |

## CPA 3: HEALTH, WATER, SANITATION AND SHELTER

| | Questions and Responses | Yes | No | N/A | SCORE |
|---|---|---|---|---|---|
| **3.1** | **Do the following apply to this HH? Indicate (Yes/No) (observe for yourself where applicable)** | | | | |
| | **1)** Does the HH have access to safe water within 30 minutes (half an hour) or harvests rain water for domestic use? | | | | |
| | **2)** Does the HH have a clean compound ? | | | | |
| | **3)** Does the HH have access to a public health facility within 5 kilometers ? | | | | |
| | **4)** Does the HH have a drying rack for HH utensils ? | | | | |
| | **5)** Does the HH have a garbage pit or dust bin? | | | | |
| | **6)** Does the HH have a separate house for animals? | | | | |
| | **7)** Does the HH have clean water and soap for hand washing ? | | | | |
| | **8)** Do all HH members sleep under a mosquito net? | | | | |

| Option | a) If 4 or more are No | b) If 3 are No | c) If 2 are No | d) If 1 is No | e) If all are Yes or N/A |
|---|---|---|---|---|---|
| Score | 4 | 3 | 2 | 1 | 0 |

| **3.2** | **Does the caregiver know the HIV status of children in the HH? If yes, how many are known?** | | | |
|---|---|---|---|---|
| Option | a) None known | b) Less than 50% (less than half) of the children's status known | c) 50% or more (more than half) of the children's status known | d) Yes, all known |
| Score | 4 | 3 | 2 | 0 |

| **3.3** | **Are all eligible children who are known to be HIV positive and or have TB on treatment** | | | | |
|---|---|---|---|---|---|
| Option | a) None of the children on care or treatment | b) Less than 50% (less than half of children) are on care or treatment | c) 50% (half of children) are on care or treatment | d) All are on care or treatment | e) No eligible children known to be HIV positive or have TB |
| Score | 4 | 3 | 2 | 0 | 0 |

| **3.4** | **Does the household have a stable shelter that is adequate, safe and dry (observe yourself)** | | | |
|---|---|---|---|---|
| Option | a) No stable shelter, adequate or safe place to live | b) Shelter is not adequate, needs major repairs | c) Shelter needs some repairs but is fairly adequate, safe and dry | d) Shelter is safe, adequate and dry |
| Score | 4 | 3 | 1 | 0 |

| **3.5** | **What is the type of a latrine/toilet facility used by members of your HH? (observe yourself** or ask if necessary**)** | | | | |
|---|---|---|---|---|---|
| Option | a) Bush/None | b) Public toilet for pay | c) Private needs some repair/risky state | d) Private, but shared by more than one HH | e) Safe, adequate and dry |
| Score | 4 | 3 | 2 | 1 | 0 |
| | **CPA 3 TOTAL:** | | | | |

## CPA 4: EDUCATION

| | Questions and Responses | SCORE |
|---|---|---|
| **4.1** | **How many children aged 5-17 years in this HH are not going to school or miss school regularly?** | |

| Option | a) No children attend regularly | b) Less than 50% (less than half) attend school regularly | c) 50% or more (more than half) attends school regularly | d) All attend school regularly | e) Children aged under 5 only |
|---|---|---|---|---|---|
| Score | 12 | 9 | 4 | 0 | 0 |
| | **CPA 4 TOTAL:** | | | | |

| CPA 5: PSYCHOSOCIAL SUPPORT AND BASIC CARE | | | | | | |
|---|---|---|---|---|---|---|
| | **Questions and Responses** | | | | | **SCORE** |
| **5.1** | **In the past 6 months (STATE MONTH:……..……), how often has someone in your household felt so troubled that it was necessary to consult a spiritual, faith or traditional healer, counselor or health worker?** | | | | | |
| Option | a) More than 5 times | b) 3-4 times | c) 2 times | d) Once | e) Never | |
| Score | 4 | 2 | 2 | 1 | 0 | |
| **5.2** | **Are there any children in this HH who are withdrawn or consistently sad, unhappy or depressed, not able to participate in daily activities including playing with friends and family? (Yes/No) If yes, how many?** | | | | | |
| Option | a) All children | b) Less than 50% (less than half) | c) 50% or more (more than a half) | d) None | | |
| Score | 4 | 3 | 2 | 0 | | |
| **5.2A** | **In times of need, who can you approach outside the household for emotional support? (count those mentioned)** | | | | | |
| Option | a) Nobody | b) 1 person | c) 2 people | d) 3 or more people | | |
| Score | 8 | 4 | 1 | 0 | | |
| **5.2B** | **In times of need, who can you approach outside the household for material support, such as food or money? (count those mentioned)** | | | | | |
| Option | a) Nobody | b) 1 person | c) 2 people | d) 3 or more people | | |
| Score | 4 | 3 | 1 | 0 | | |
| | **CPA 5 TOTAL:** | | | | | |

| CPA 6: CHILD PROTECTION AND LEGAL SUPPORT | | | | | | |
|---|---|---|---|---|---|---|
| | **Questions and Responses** | | | | | **SCORE** |
| **6.1** | **What would you do if any of your children experienced or became a victim of child abuse or violence?** | | | | | |
| Option | a) Nothing/negotiate with offender | b) Talk to neighbor/family only | c) Report to LC/Police/Probation, court, child protection committee, CDO, Human rights office, CSO, para social worker and VHT | | | |
| Score | 4 | 1 | 0 | | | |
| **6.1A** | **Do all children in this household have a birth certificate? (Yes/No) If no, how many do have a certificate?** | | | | | |
| Option | | a) No, Less than 50% of children have a birth certificate (0-49%) | b) No, 50% or more of children have a birth certificate | c) Yes, All children | | |
| Score | | 4 | 2 | 0 | | |
| **6.1B** | **In the past three months, have you or another caregiver used the following method of discipline with any child in your house?** | | | | Yes | No |
| | **1)** Punched, kicked or hit a child with any object | | | | | |
| | **2)** Withheld a meal to punish a child | | | | | |
| | **3)** Used abusive words/language toward the child | | | | | |
| Option | a) If two or more of the methods are checked | **b)** If at least one of the methods is checked | **c)** If all No | | | |
| Score | 8 | 4 | **0** | | | |
| **6.1C** | **Are there any children of this household, under 18 years, who are not currently living here or have not lived with you at some point during the past 6 months?** | | | | Yes | No |
| **6.1D** | **If yes, why are they not living in the household?** | | | | | |
| Option | a) If the child went to work/for a job, ran or was chased away, or caregiver doesn't know where the child is | b) If the child does not like staying in this house | c) If the child is living with relative because family cannot support him | d) If the reason is child went to school | | |
| Score | 4 | 3 | 2 | **0** | | |

| | Questions and Responses | | | | | | SCORE |
|---|---|---|---|---|---|---|---|
| **6.2A** | **Since the last assessment (STATE MONTH: ……), has any child in the HH had the following happen to them, in or outside of the HH?**<br><br>[Ask "In the last12 months" at baseline and "Since last assessment" on follow-ups]<br><br>[Note: if you see an obvious issue of abuse, or you already know about it, then indicate yes and follow appropriate reporting.]<br>Check Yes/No | | | | | | |
| | | | | | | **Yes** / **No** | |
| | | | | | **1)** Repeated physical abuse | | |
| | | | | | **2)** Involved in child labour | | |
| | | | | | **3)** Sexually abused, defiled, raped, forced into sex | | |
| | | | | | **4)** Stigmatized/discriminated due to illness, disability or otherwise | | |
| | | | | | **5)** Neglected | | |
| | | | | | **6)** Been in conflict with the law | | |
| | | | | | **7)** Child abused alcohol or drugs | | |
| | | | | | **8)** Witnessed regular adult abuse of alcohol or drugs | | |
| Option | a) If 4 or more are Yes | b) If 3 are Yes | c) If 2 are Yes | d) If 1 is Yes | | e) If all are No | |
| Score | 20 | 16 | 12 | 8 | | 0 | |
| | **CPA 6 TOTAL:** | | | | | | |

**[PLEASE DO NOT SCORE QUESTION 7]**

| | Questions and Responses | | |
|---|---|---|---|
| **7.0** | **In the last 6 months, has the household purchased any of the following assets (tick all that apply):** | | |
| | | **Tick if yes** | |
| | **a)** House (to live in) | | |
| | **b)** Residential plot | | |
| | **c)** Household items (TVs, radios, jewelry, furniture, clothing etc.) | | |
| | **d)** Agricultural land | | |
| | **e)** Business capital (tools and equipment) | | |
| | **f)** Rental property | | |
| | **g)** Other _____ | | |

**Thank you for your time!**

| **To be completed later…**<br><br>**Core Program Area** | Maximum possible score **(A)** | **HH Performance per CPA** | | | **Priority Action** |
|---|---|---|---|---|---|
| | | CPA Score **(B)** | Percent CPA Score **(C=B/A*100)** | CPA Rank | |
| **1. Economic strengthening** | **28** | | | | |
| **2. Food and nutrition security** | **12** | | | | |
| **3. Health, water, sanitation and shelter** | **20** | | | | |
| **4. Education** | **12** | | | | |
| **5. Psychosocial support/basic care** | **20** | | | | |
| **6. Child protection and legal support** | **40** | | | | |
| **HH TOTAL SCORE:** | **132** | | | | |

Economic vulnerability classification for this household: _____

**Assessor's comments:**

_____

**PPI ® for Uganda 2012**

**Important:** A PPI score must be converted into a poverty likelihood using the PPI Look-Up Table.

| Indicators | Responses | Score |
|---|---|---|
| **1.** How many members does the household have? | A. Nine or more | 0 |
| | B. Eight | 3 |
| | C. Seven | 4 |
| | D. Five or Six | 6 |
| | E. Four | 8 |
| | F. Three | 12 |
| | G. Two | 21 |
| | H. One | 28 |
| **2.** Are all household members ages 6 to 12 currently in school? | A. No | 0 |
| | B. Yes | 2 |
| | C. No one ages 6 to 12 | 5 |
| **3.** Can the (oldest) female head/spouse read and write with understanding in any language? | A. No | 0 |
| | B. No female head/spouse | 0 |
| | C. Yes | 3 |
| **4.** What type of material is mainly used for construction of the wall of the dwelling? | A. Un-burnt bricks with mud, mud and poles, or other | 0 |
| | B. Un-burnt bricks with cements, wood, tin/iron sheets, concrete/stones, burnt stabilized bricks, or cement blocks | 4 |
| **5.** What type of material is mainly used for construction of the roof of the dwelling? | C. Thatch, or tins | 0 |
| | D. Iron sheets, concrete, tiles, asbestos, or other | 5 |
| **6.** What source of energy does the household mainly use for cooking? | A. Firewood, cow dung, or grass (reeds) | 0 |
| | B. Charcoal, paraffin stove, gas, biogas, electricity (regardless of source), or other | 6 |
| **7.** What type of toilet facility does the household mainly use? | A. No facility / bush / polythene bags/ bucket, etc. or other | 0 |
| | B. Uncovered pit latrine (with or without slab), Ecosan (compost toilet), or covered pit latrine without slab | 4 |
| | C. Covered pit latrine with slab | 6 |
| | D. VIP latrine, or flush toilet | 11 |
| **8.** How many mobile phones do members of your household own? | A. None | 0 |
| | B. One | 7 |
| | C. Two | 12 |
| | D. Three or more | 22 |
| **9.** Does any member of your household own a radio? | A. Yes | 0 |
| | B. No | 7 |
| **10.** Does every member of your household have at least one pair of shoes? | A. No | 0 |
| | B. Yes | 9 |
| | **Total Score:** | |

# Appendix 5 - Child Integration Status Tool

## Integration Status tool - Child

| Child's ID: | Child's name: | Age: | Sex: 1. Male 2. Female |
|---|---|---|---|
| Assessment Date: ___/___/___ Mo/Day/Yr | Phase of Assessment: Baseline ☐ Midline ☐ End-line ☐ | | |
| Social worker's name: | | | |

To a reintegrated child: I would like you to tell me a bit about how you're doing now that you are living at home again. We want to ensure that we're supporting you in the best way possible and that we can learn about the transition which we know can be challenging.

To a child in vulnerable family: I would like you to tell me a bit about how you're doing living at home. We want to ensure that we're supporting you in the best way possible.

To all children: I'm going to ask you to tell me about an area of your life and then I will ask you if you agree or disagree with a related statement. I'd then like you to tell me if you agree or disagree a lot or a little. This will create a score on a scale from 1 to 4. You can look at this scale if it helps (show coloured version of the scales).

| No, I disagree | | Yes, I agree | |
|---|---|---|---|
| 1 = I strongly disagree | 2 = I disagree a bit | 3 = I agree somewhat | 4 = I strongly agree |
| 1 = this is never true of me | 2 = this isn't true of me most of the time | 3 = this is true of me some of the time | 4 = this is true about me nearly all of the time |

We can then plot each area on a star so you can see how you are doing, and then we can discuss further about how we might be able to help you and your caregiver. All the information you share will remain confidential. We will use your scores to help us monitor our support to you, but it will always be anonymous.

| Are you happy to continue? Yes No |
|---|

| | **1. Enjoyment of education** | | | | |
|---|---|---|---|---|---|
| | Are you currently attending school? | Yes No (if No mark all below as 1) | | | |
| | If no, tell me more about that (Probes: What is it that is stopping you from attending school)<br><br>If yes, tell me about your school? (Probes: Can you describe your school? How are the teachers? What have you been learning about?)<br><br>How would rank yourself on the following statements… | | | | |
| * | A. I care about school | 1 | 2 | 3 | 4 |
| * | B. I enjoy learning. | 1 | 2 | 3 | 4 |
| * | C. My school cares about children and encourages us. | 1 | 2 | 3 | 4 |
| * | D. My school enforces rules fairly. | 1 | 2 | 3 | 4 |
| * | E. I am eager to do well in school and other activities. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |
| | **2. Social wellbeing**<br>Tell me about the people you spend time with at home? (Probes: Which friends do you play with? What things do you like to do with your friends? Who helps you if you have a problem?)<br><br>How would rank yourself on the following statements… | | | | |
| * | A. I build positive friendships with other people. | 1 | 2 | 3 | 4 |
| * | B. I resolve conflicts without anyone getting hurt. | 1 | 2 | 3 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| | C. I have someone in my life to help with daily chores if I am sick. | 1 | 2 | 3 | 4 |
| | D. I have someone in my life to do something enjoyable with. | 1 | 2 | 3 | 4 |
| * | E. I have friends who set good examples for me | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**3. Parent-child attachment**

Tell me about your relationship with your parent/s (probes: What do you do with your parent/s? How do you find talking with your parent/s/?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I spend time with my parent(s) doing things together in a way that I enjoy. | 1 | 2 | 3 | 4 |
| * | B. My family gives me love and support. | 1 | 2 | 3 | 4 |
| * | C. My parent(s) are good at talking with me about things that matter. | 1 | 2 | 3 | 4 |
| * | D. My family knows where I am and what I am doing. | 1 | 2 | 3 | 4 |
| | E. I am comfortable sharing my thoughts and feelings with my parent(s) | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**4. Community Belonging**

Tell me about your community? (Probes: Who are your neighbours? What groups in your community are you part of? What do your neighbours ask you and your friends to help with?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I have good neighbours who care about me. | 1 | 2 | 3 | 4 |
| * | B. I am helping to make my community a better place. | 1 | 2 | 3 | 4 |
| * | C. I am involved in a church or mosque, or other community groups. | 1 | 2 | 3 | 4 |
| * | D. My community includes me and gives me useful roles and responsibilities. | 1 | 2 | 3 | 4 |
| * | E. I think it is important to help other people in my community. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**5. Emotional wellbeing**

Tell me about how you feel about yourself (How would you describe yourself? What do you see in your future?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I feel good about myself. | 1 | 2 | 3 | 4 |
| * | B. I feel valued and appreciated by others. | 1 | 2 | 3 | 4 |
| * | C. I feel good about my future. | 1 | 2 | 3 | 4 |
| * | D. I find positive ways to deal with things that are hard in my life. | 1 | 2 | 3 | 4 |
| * | E. I feel in control of my life and future. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**6. Child protection**

Tell me about how safe you feel (Probes: How safe do you feel? Do you have any worries about your/your child's safety? Have you /your child been hurt and, if so, how?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I feel safe at home. | 1 | 2 | 3 | 4 |
| * | B. I feel safe at school. | 1 | 2 | 3 | 4 |
| * | C. I have a safe neighbourhood. | 1 | 2 | 3 | 4 |
| | D. I have someone in my life to turn to for suggestions about how to deal with a personal problem | 1 | 2 | 3 | 4 |
| * | E. I say no to things that are dangerous or unhealthy. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

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## FARE Integration Status star and action plan – child

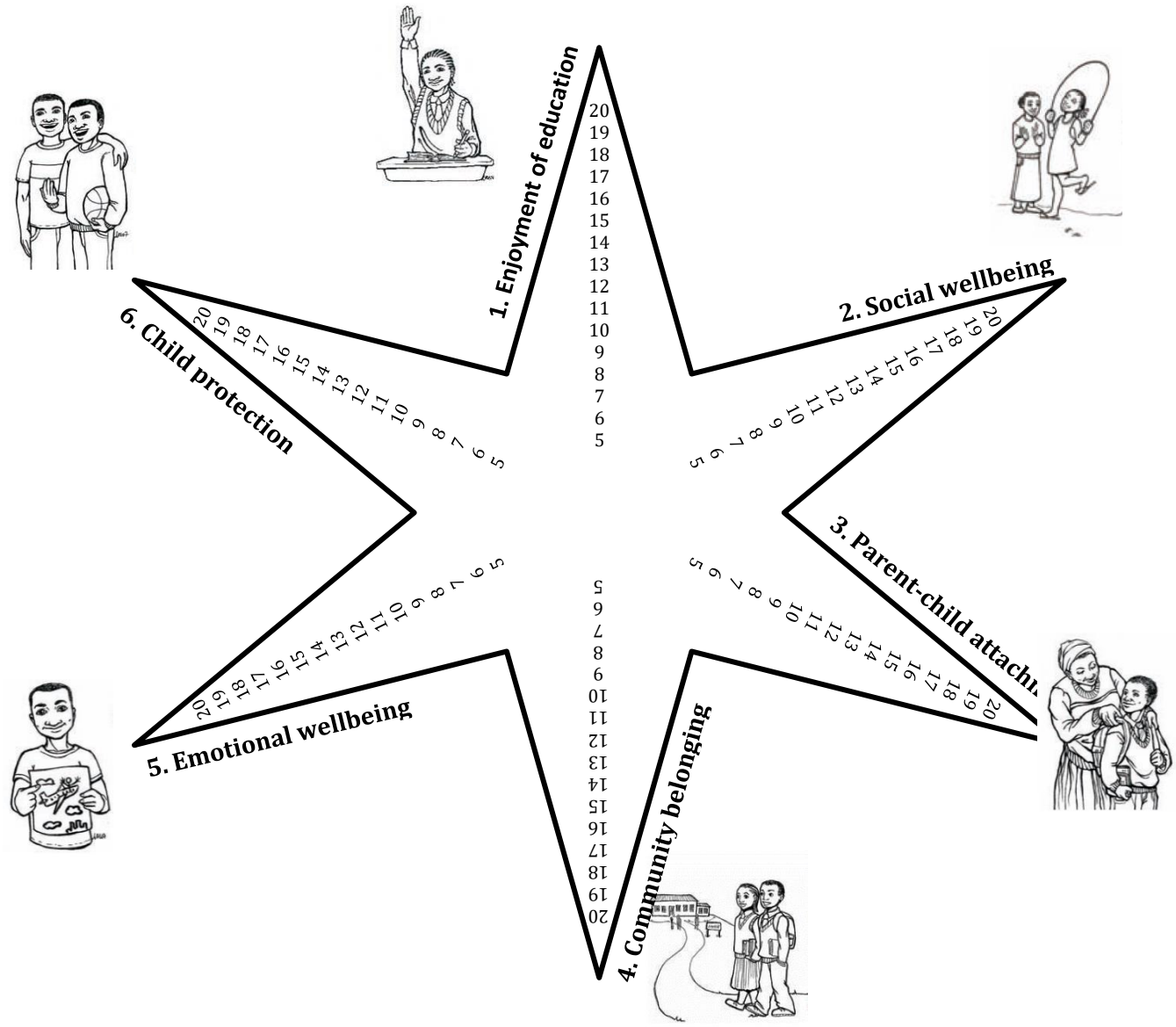
| Child's ID | Child's name |
|---|---|

Plot all the scores on the relevant points of the star and join together with line. Check with the child that this represents how they are feeling about being back at home at the moment.

Use a different colour pen to mark points and lines for different dates. This will aid comparison over time.

| Date 1: | Colour 1: |
|---|---|
| Date 2: | Colour 2: |

| Date 3: | Colour 3: |
|---|---|
| Date 4: | Colour 4: |




Use the results and discussions about the star to build an action plan together.

| **Date 1:** | **Social worker's name:** |
|---|---|

| What are the key concerns? What areas have changed or stayed the same?<br>Referring to your notes above and in discussion with the child about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
|---|---|
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |
| **Date 2:** | **Social worker's name:** |
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the child about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |
| **Date 3:** | **Social worker's name:** |
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the child about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |
| **Date 4:** | **Social worker's name:** |
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the child about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |

# Appendix 6 - Caregiver Integration Status Tool

## Integration Status tool – Caregiver

| Caregiver's ID: | Caregiver's name: | Age: | Sex: 1. Male 2. Female |
|---|---|---|---|
| Relationship of caregiver to the index child | Father ◻ Mother ◻ Grandmother or father ◻ Stepmother or father ◻<br>Uncle or Aunt ◻ Neighbour ◻ Child headed ◻ Others specify ◻; _____ | | |
| Assessment Date: ___/___/___<br>Mo/Day/Yr | Phase of Assessment: Baseline ◻ Midline ◻ End-line ◻ | | |
| Social worker's name: | | | |

**To caregiver of reintegrated child**: I would like you to tell me a bit about how you're doing now that your child is living at home. We want to ensure that we're supporting you in the best way possible and that we can learn about the transition which we know can be challenging. We would like you to think about your reintegrating child in particular as you answer.

**To caregiver of vulnerable children**: I would like you to tell me a bit about how you're doing in your family life. We want to ensure that we're supporting you in the best way possible. Please consider all the children in your care as you answer.

**To all caregivers:** I'm going to ask you to tell me about an area of your life and then I will ask you if you agree or disagree with a related statement. I'd then like you to tell me if you agree or disagree a lot or a little. This will create a score on a scale from 1 to 4. You can look at this scale if it helps (show coloured version of the scales).

| No, I disagree | | Yes, I agree | |
|---|---|---|---|
| 1 = I strongly disagree | 2 = I disagree a bit | 3 = I agree somewhat | 4 = I strongly agree |
| 1 = this is never true of me | 2 = this isn't true of me most of the time | 3 = this is true of me some of the time | 4 = this is true about me nearly all of the time |

We can then plot each area on a star so you can see how you are doing, and then we can discuss further about how we might be able to help you and your child. All the information you share will remain confidential. We will use your scores to help us monitor our support to you, but it will always be anonymous.

Are you happy to continue? Yes No

| | | | | | |
|---|---|---|---|---|---|
| | **1. Social wellbeing**<br>Tell me about the people you spend time with at home? (Probes: Which friends do you talk with? What things do you like to do with your friends? Who helps you if you have a problem?)<br><br>How would rank yourself on the following statements… | | | | |
| * | A. I build positive friendships with other people. | 1 | 2 | 3 | 4 |
| * | B. I resolve conflicts without anyone getting hurt. | 1 | 2 | 3 | 4 |
| | C. I have someone in my life to help with daily chores if I am sick. | 1 | 2 | 3 | 4 |
| | D. I have someone in my life to do something enjoyable with. | 1 | 2 | 3 | 4 |
| * | E. I have friends who set good examples for me. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |
| | **2. Parent-child attachment**<br>Tell me about your relationship with your parent/s/child (probes: What do you do with your parent/s/child? How do you find talking with your parent/s/child?)<br><br>How would rank yourself on the following statements… | | | | |
| * | A. I spend time with my child when we do things together in a way that s/he enjoys. | 1 | 2 | 3 | 4 |
| * | B. I give love and support to my child. | 1 | 2 | 3 | 4 |

| | | | | | |
|---|---|---|---|---|---|
| * | C. I am good at talking to my child about things that matter. | 1 | 2 | 3 | 4 |
| * | D. I know where my child is and what s/he is doing. | 1 | 2 | 3 | 4 |
| | E. My child is comfortable sharing her/his thoughts and feelings with me. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**3. Community Belonging**

Tell me about your community? (Probes: Who are your neighbours? What groups in your community are you part of? What do your neighbours ask you and your friends to help with?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I have good neighbours who care about me. | 1 | 2 | 3 | 4 |
| * | B. I am helping to make my community a better place. | 1 | 2 | 3 | 4 |
| * | C. I am involved in a church or mosque, or other community groups. | 1 | 2 | 3 | 4 |
| * | D. My community includes me and gives me useful roles and responsibilities. | 1 | 2 | 3 | 4 |
| * | E. I think it is important to help other people in my community. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**4. Emotional wellbeing**

Tell me about how you feel about yourself (How would you describe yourself? What do you see in your future?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I feel good about myself. | 1 | 2 | 3 | 4 |
| * | B. I feel valued and appreciated by others. | 1 | 2 | 3 | 4 |
| * | C. I feel good about my future. | 1 | 2 | 3 | 4 |
| * | D. I find positive ways to deal with things that are hard in my life. | 1 | 2 | 3 | 4 |
| * | E. I feel in control of my life and future. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

**5. Care and protection**

Tell me about how you feel about ensuring your child's safety and wellbeing (Probes: How safe do you feel your child? Do you have any worries about your child's safety? Has your child been hurt and, if so, how?)

How would rank yourself on the following statements…

| | | | | | |
|---|---|---|---|---|---|
| * | A. I have confidence that my child can say no to things that are dangerous or unhealthy. | 1 | 2 | 3 | 4 |
| * | B. I create a safe environment for my child at home. | 1 | 2 | 3 | 4 |
| | C. I am able to talk with my child whenever he/she makes mistakes. | 1 | 2 | 3 | 4 |
| | D. I have positive ways to deal with my child's difficult behaviour. | 1 | 2 | 3 | 4 |
| * | E. I try to make sure my neighbourhood is safe for my child. | 1 | 2 | 3 | 4 |
| | | Total | | /20 | |

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## FARE Integration Status star and action plan - Caregiver

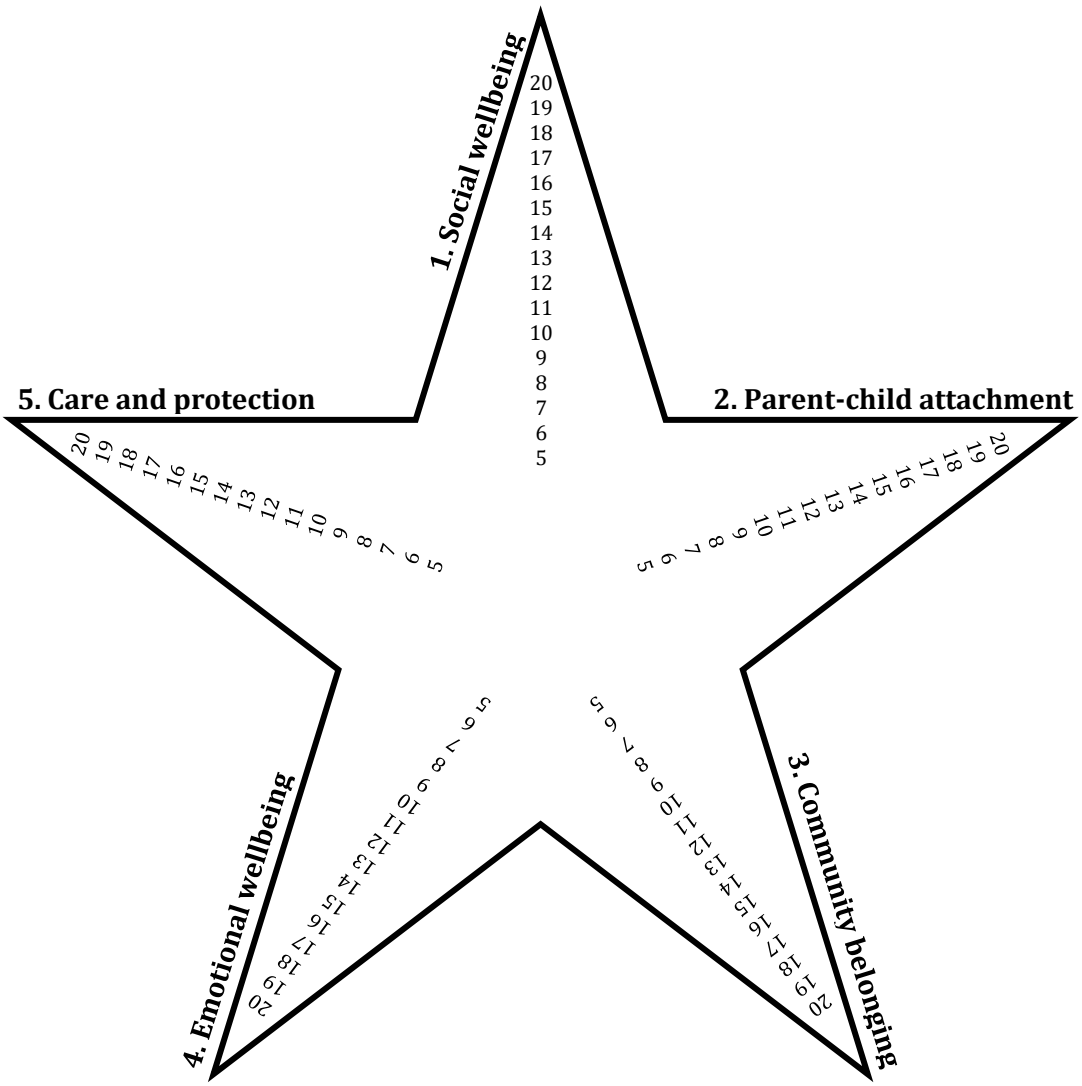
| Caregiver's ID | Caregiver's name |
|---|---|

Plot all the scores on the relevant points of the star and join together with line. Check with the child that this represents how they are feeling about being back at home at the moment.

Use a different colour pen to mark points and lines for different dates. This will aid comparison over time.

| Date 1: | Colour 1: |
|---|---|
| Date 2: | Colour 2: |

| Date 3: | Colour 3: |
|---|---|
| Date 4: | Colour 4: |



Use the results and discussions about the star to build an action plan together.

| **Date 1:** | **Social worker's name:** |
|---|---|
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the caregiver about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |
| **Date 2:** | **Social worker's name:** |
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the caregiver about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |
| **Date 3:** | **Social worker's name:** |
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the caregiver about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |
| **Date 4:** | **Social worker's name:** |
| **What are the key concerns? What areas have changed or stayed the same?**<br>Referring to your notes above and in discussion with the caregiver about the star note down the key progresses and concerns. In particular consider any scores of below 9 on the star above. | |
| **Action plan**<br>In discussion with the child make suggestions for future actions to address any outstanding issues. These could be actions by child, caregiver and project, or need for referral. | |

# Appendix 7 - Household Development Plan

**FARE PROJECT**

**HOUSEHOLD NEEDS ASSESSMENT FORM-HOUSEHOLD DEVELOPMENT PLAN (HNAT/HDP)**

| | | | | |
|---|---|---|---|---|
| **District:** | | **Village:** | | **Household Code (from HVAT)** |
| **Sub-County/Division:** | | IP: | | |
| **Parish:** | | Interviewer's Name: | | |

| DATE | NEEDS ASSESSMENT | PLANNED ACTION | BY WHOM | REVIEW OF ACTION | DATE OF REVIEW |
|---|---|---|---|---|---|
| | *Describe the needs according to the 2 areas(ES &FS) and in order of priority* | *What action is planned? ( what, for whom, how)* | *Household, project, referral* | *How well action has been completed? Has need been addressed satisfactorily? (Add further actions below as assessed to be needed)* | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | % of plan accomplished (No of accomplished activities/No of planned activities) | |

**Signed by**_____**Title**_____ **Date**____/____/____/

# Appendix 8 - Child Needs Assessment Tool/Child Development Plan

**FARE PROJECT**

**CHILD NEEDS ASSESSMENT FORM- CHILD DEVELOPMENT PLAN (CNAT/CDP)**

| | | | | |
|---|---|---|---|---|
| **District:** | | **Village:** | | **Child ID (from HVAT)** |
| **Sub-County/Division:** | | IP: | | |
| **Parish:** | | Interviewer's Name: | | |

| DATE | NEEDS ASSESSMENT | PLANNED ACTION | BY WHOM | REVIEW OF ACTION | DATE OF REVIEW |
|---|---|---|---|---|---|
| | *Describe the needs of the Child (if possible according to the 2 areas ES & FS and in order of priority)* | *What action is planned? ( what, for whom, how)* | *Child, project, referral* | *How well action has been completed? Has need been addressed satisfactorily? (Add further actions below as assessed to be needed)* | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | % of plan accomplished (No of accomplished activities/No of planned activities) | |

**Signed by**_____**Title**_____ **Date**____/____/____/

# Appendix 9 - FARE Project Performance Outcomes against the PMP Outcome Indicators

| S/N | Performance Indicator | Indicator Definition | Data Source | Target All HHs | Actual Prevention HHs | | Actual Reintegration HHs | | Actual All HHs | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | (N = 293) | | (N = 180) | | N = 473 | |
| | | | | | CIST (N=274) | | CIST (N=158) | | N = 437 | |
| **0.1** | % of targeted families that improve their overall vulnerability score by at least 25% | Number of targeted families that improve their overall vulnerability score / Total number of targeted families | HVAT all sections | 65% | 223 | 76% | 55 | 31% | 278 | 59% |
| **0.2** | % of targeted families that improve their economic vulnerability score | Number of targeted families that improve their economic vulnerability score /Total number of targeted families | HVAT sections 1-4 | 65% | 240 | 82% | 105 | 58% | 345 | 73% |
| **0.3** | % of targeted families that improve their child protection and psychosocial vulnerability score | Number of targeted families that improve their children protection and psychosocial vulnerability score /Total number of targeted families | HVAT sections 5-6 | 65% | 176 | 60% | 49 | 27% | 225 | 48% |
| **0.4** | % of reunified children placed in care between January 1, 2016 and March 31, 2017 who are still in care | Number of reunified children placed in care between January 1, 2016 and March 31, 2017 who are still in care / Total number of children placed between January 1, 2016 and March 31, 2017 | Home visit form | 90% (180 children reunified during this period) | | | 167 | 93% | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **0.5** | % of reunified children placed in care between April 1, 2017 and June 30, 2017 who are still in care | Number of reunified children placed in care between April 1, 2016 and June 30, 2017 who are still in care / Total number of children placed between April 1, 2017 and June 30, 2017 | Home visit form | No target specified (20 children reunified during this period) | | | 17 | 85% | | |
| **0.6** | % of reunified children placed in care between July 1, 2017 and August 31, 2017 who are still in care | Number of reunified children placed in care between July 1, 2017 and August 31, 2017 who are still in care / Total number of children placed between July 1, 2017 and August 31, 2017 | Home visit form | No target specified (11 children reunified during this period) | | | 9 | 82% | | |
| **0.7** | % of children assessed to have a positive integration status | No. of surveyed children who score 3 or 4 on all domains of the child integration tool / Total number of children surveyed (all reintegrating in family care and index children in families at high risk of family child separation) | CIST all sections | 75% | 134 | 49% | 23 | 15% | 157 | 36% |
| **0.8** | % of at risk HHs in which no primary separation of any child occurs | Number of children in at risk HHs who remain in family care / Total No. of children at risk families targeted. | Home visit form | No target specified | 281 | 96% | | | | |
| **1.1.1** | % of targeted families that use their tailored plans (HDPs) for at least 50% of the planned activities within 6 months | No. of targeted families that use their tailored plans (HDPs) for at least 50% of the planned activities within 6 months / Total number of targeted families that have tailored plans | HNAT/HDP | 85% | | | | | 0 | 0% |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **1.1.2** | % of reunited children that use their tailored plans for at least 50% of the planned activities within 3 months | No. of reunified children that use their tailored plans for at least 50% of the planned activities within 3 months /Total number of reunified children | CNAT | 85% | | | | | 0 | 0% |
| **1.2.1** | % of targeted prevention and reintegration families that report consistent ability to pay for recurring expenses (food, shelter, water, health care and education) in the previous three months disaggregated by cash transfer and non-cash transfer. | Number of targeted cash transfer and non-cash transfer recipient families that score 7-9 on HVAT Question 1.5A / Total number of targeted families | HVAT 1.5A | No target specified | 230 | 78% | 113 | 63% | 343 | 73% |
| **1.2.2** | % of targeted families that increase their monthly family incomes by at least 30% between assessment periods | Number of targeted families whose average monthly family incomes are increased by at least 30% between assessment periods / Total number of targeted families | HVAT 1.3 | 50% | 170 | 58% | 41 | 23% | 211 | 45% |
| **1.2.3** | % of targeted families that increase their savings held between assessment periods | Number of targeted families that increase their average savings held between assessment periods /Total number of targeted families | HVAT 1.3A | 50% | 241 | 82% | 89 | 49% | 330 | 70% |
| **1.3.1** | % of children who feel a sense of enjoyment of education | No. of children in school who score 15 or above in section 1 of the Child Integration Status Tool/Total number of school children reintegrating into family care and index children in families at very high risk of family-child separation | CIST section 1 | No target specified | 212 | 95% | 100 | 91% | 312 | 94% |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **1.3.2** | % of children with positive social wellbeing | No. of children who score 15 to 20 in section 2 of the Child Integration Status Tool /Total number of children reintegrating into family care and index children in families at very high risk of family-child separation | CIST section 2 | No target specified | 270 | 99% | 141 | 90% | 411 | 94% |
| **1.3.3** | % of children who feel a sense of attachment with their parents | No. of children who score 15 to 20 in section 3 of the Child Integration Status Tool /Total number of children reintegrating into family care and index children in families at very high risk of family-child separation | CIST section 3 | No target specified | 263 | 96% | 134 | 85% | 397 | 91% |
| **1.3.4** | % of children who feel a sense of community belonging | No. of children who score 15 to 20 in section 4 of the Child Integration Status Tool /Total number of children reintegrating into family care and index children in families at very high risk of family-child separation | CIST section 4 | No target specified | 213 | 78% | 92 | 58% | 305 | 70% |
| **1.3.5** | % of children with positive emotional wellbeing | No. of children who score 15 to 20 in section 5 of the Child Integration Status Tool /Total number of children reintegrating into family care and index children in families at very high risk of family-child separation | CIST section 5 | No target specified | 261 | 95% | 131 | 83% | 392 | 90% |
| **1.3.6** | % of children who feel safe and supported in their home, school and neighborhood | No. of children who score 15 to 20 in section 6 of the Child Integration Status Tool /Total number of children reintegrating into family care and index children in families at very high risk of family-child separation | CIST section 6 | 80% | 265 | 97% | 115 | 73% | 380 | 87% |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **1.3.8** | % targeted families in which a caregiver reports availability of emotional support in times of need | Number of targeted families in which a caregiver reports ability to access at least one person for emotional support in times of need / Total number of families targeted. | HVAT 5.2A | No target specified | 281 | 96% | 168 | 93% | 449 | 95% |
| **1.3.9** | % targeted families in which a caregiver reports availability of material support in times of need | Number of targeted families in which a caregiver reports ability to access material support from three or more people in times of need / Total number of families targeted | HVAT 5.2B | No target specified | 62 | 21% | 16 | 9% | 78 | 16% |

# Appendix 10 - Cash Transfer Guidelines

**CASH TRANSFER GUIDELINES – FARE Project:**

**Introduction:**

Cash transfers are direct, regular and predictable non-contributory cash payments that help poor and vulnerable households to raise and smooth incomes[28]. They allow non-productive households (i.e., those that cannot participate in the labor market due to physical constraints, lack of land ownership, or another asset limitation) to subsist in times of financial difficulty without having to sell off assets or take on debt. The funds transferred can then be applied toward expenses such as education, production capital, and credit. In this way, the implementation of cash transfer programs is seen a means of preventing household destitution as well as an investment in long-term economic development.

Cash transfers have been found to be an effective and sustainable way of providing immediate poverty relief with a view of reducing poverty in the long term. They are cost effective (supply side factor) – cheaper to deliver benefits than in-kind benefits and help the consumer to make a choice (demand side factor) as the recipients are in position to make choices and preferences on what they need. While the primary purpose of cash transfers is to reduce poverty and vulnerability, evidence shows that they have proven potential to contribute directly or indirectly to a wider range of development outcomes.

FARE project endorses the use of cash transfers that will be given to some of the households classified as destitute, identified through the HVAT Economic Strengthening and the PPI Scoring tools. Availability of funds limits the number of households that can be reached with this intervention. The targeted households will be entitled to receive un-conditional cash transfers which allow poor households the choice and flexibility of allocating resources to meet the needs they find most pressing.

The cash transfers will be of direct and immediate benefit to the household members as the transfers will be used to meet day-to-day household needs and requirements and to make small investments (for example, saving and borrowing through VSLA) that can help recipients develop or expand sources of income. FARE project encourages the recipients of the cash transfers to use the funds on income generating interventions and the procurement of productive assets that can have longer-term financial stabilizing effects on the household (experience from SCORE project has shown that this is possible through success stories gathered from the beneficiaries). Beneficiaries are also encouraged to join VSLA groups which provide a safety net and access to loans during family emergencies.

Ideally each beneficiary household participating in this intervention will be supported for a maximum period of six months. However, exceptional cases that may arise for support beyond the stipulated 6-month period will be looked into on a case by case basis and an extension will only be approved by the Programme Manager. For such cases, more attention will be given to the household through frequent home visits for closer mentoring and coaching most especially on the establishment of income generating activities. The extension in any case will not go for more than 2 months.

FARE expects to see the following resilience outcomes as a result of its cash transfer intervention:

- Targeted families improve their economic vulnerability score.
- Targeted families among those classified as destitute report ability to pay for sudden expenses/shocks without eroding asset base.
- Targeted families among those classified as destitute increase their average monthly family incomes by at least 30% in 12 months.
- Targeted families among those classified as destitute increase their average savings held over 12 months.

**Targeting of Beneficiaries**

[28] Cash Transfers, Evidence Paper, Policy Division 2011, UKaid Department for International Development.

FARE will provide cash transfers to some of the households considered destitute (as per FARE enrollment criteria). Characteristics of families in destitution include those having trouble providing/paying for basic necessities (like food), no discernible or predictable source of income but potentially have a lot of debts that they cannot pay, and very few liquid assets (e.g., cash savings, livestock, food/crop stores, and personal belongings that could be sold or traded for money), those classified as extremely food insecure and worth mentioning are those with children out of school (especially girls) who have destitute characteristics .

At the first step, FARE will use a calculation tool developed by FHI360 (the HVAT Economic Strengthening Scoring tool) which is in excel format to help to ascertain the destitute households. Once the scores of the questions in the table (annex 1) have been inputted, the tool will give the categorization automatically. A second categorization will be done to select the 74 most destitute households. To give a fairly equal chance for beneficiaries across the project coverage areas, 10% of at-risk households and 15% of reintegration households with the lowest PPI scores from each implementing partner will be selected for cash transfers. The targets were agreed during project design and based on previous experience from both AVSI and Retrak (the populations deemed the most destitute). FARE took into account the original targets, the availability of funds for cash transfers, and estimates of household needs.[29]

There will be two distinct selection criteria for both prevention and reintegration HHs.

1. **Prevention:**

Using the PPI scores, the 10% of HHs that score the lowest on the PPI list of each IP will benefit from the cash transfers.

With the targeting of HHs complete, no new additions for cash transfers will be considered after program roll out. It is anticipated that the enrollment exercise will be conducted between October and November 2016. The details of the beneficiaries under prevention are indicated below:

i) 282 HHs have been identified as destitute (accounting for 80.2% of the total FARE project prevention beneficiaries).
ii) The 10% of HHs that score the lowest on the PPI per IP will receive cash transfers (29 HHs).
iii) The allocation per IP is as follows:

| IP | Total Targeted At-Risk HHs | Number of Destitute HHs Identified with ES Scoring Tool | Allocation of Cash Transfer Beneficiaries |
|---|---|---|---|
| Retrak | 170 | 131 | 13 |
| COWA | 110 | 85 | 9 (rounded up) |
| FCF | 70 | 66 | 7 (rounded up) |
| **TOTAL** | **350** | **282** | **29** |

2. **Reintegration:**

FARE plans to reach 15% of each partner's caseload of families reintegrating children with the cash transfer intervention. These households will be included in the intervention on a first-come/first-served basis as households are assessed using the HVAT until the target is met. This is to enable the team to monitor and support the receiving HHs early enough (as the team is time constrained). The support for this category will end in June 2017. Consideration will be made on children reintegrated from the start of the project. In any case, each family will be

[29] The determination of the cash transfer amount was done using a simple tool developed by the TA ES with support and approval from the TA ES FHI360 (LL). The total amount per household was 70,000/= (seventy thousand Uganda shillings only). The total number of the households to benefit from cash transfer was determined by the available funds in the budget divided by the total planned transfer amount per household. Therefore, with the available list of the destitute households in the data base, the selection of the households was based on the households with low scores selected systematically.

assessed on its own merit and the IP team will make a decision after this exercise. Not all reintegrating families will receive the cash transfers. The parameters to be considered include but are not limited to factors such as those having one meal a day, female headed, caretakers being elderly or with disabilities and poor health status (chronically ill). This process will be done in consultation with local leaders and community members who are conversant with the day-to-day living conditions of the target families and who will contribute to decision making. The validation will be done both through home visits and meetings at community level. The operational context will therefore be taken into consideration.

The details of the beneficiaries under reintegration are indicated below:

i) For reintegration HHs, 15% (45HHs) of the 300 HHs qualify for the cash transfers.
ii) The allocation per IP is as follows:

| IP | % of 45 HHs Targeted with Cash Transfer | Number of HHs Targeted with Cash Transfer |
|---|---|---|
| Retrak | 50% | 22 |
| COWA | 30% | 14 |
| FCF | 20% | 9 |
| **TOTAL** | **100%** | **45** |

**NB:** The IP targets have been decided based on experience and the number of children that are being reintegrated (capacity). Retrak conducts street outreaches and can 'pull' more street connected children to its three drop-in centres, COWA works with children from Naguru Remand Home, while FCF receives the lowest number from the streets. Retrak is thus able to reintegrate the biggest number of children (and was therefore allocated a larger percentage of the (22) households to be supported with cash transfers – 50%), followed by COWA (30%), and then FCF (20%).

iii) Once the 15% (45 HHs) is reached, then FARE will stop adding new reintegration households for the cash transfer intervention.
iv) Depending on the situation (case-by-case) and project time frame, an additional number may be chosen for onward support under the reintegration HHs.

FARE will ensure that some of the targeted HHs are included in FHI 360's qualitative research pool.

### Cash Transfer Duration and Amount

A pilot exercise was conducted over a two-week period (26th September – 7th October 2016) to ascertain an appropriate monthly amount for the transfers. The focus was on learning what the HHs are able to provide for themselves and what they could not provide, and then a calculation was made on the deficit. This guided the team to come up with a meaningful cash transfer amount. The FARE team for Economic Strengthening (RETRAK, COWA and FCF) engaged both the POs and the CBTs (particularly those with experience from SCORE project) to conduct and ensure the quality of the pilot exercise. 10% of the total number of destitute at-risk HHs identified were sampled for this exercise. Data collection was done using a form designed by the TA ES AVSI Foundation and reviewed by the TA ES FHI360.

With the findings discussed and analyzed, the team agreed that a middle point be reached and used as the uniform amount as a monthly cash transfer (UGX 70,000/-, USD $21) to targeted families over a 6-month period. The findings indicated that UGX 90,000 was required for supporting each targeted household. However, upon further reflection and with reference to the national social protection programme (which provides UGX 25,000 per month to the elderly), it was found to be a bit high. The cash transfers are not meant to bring them targeted families out of poverty (per se) but to relieve the families from their dire situation. The compromise position (middle point) was reached with further calculations as follows: half of 90,000/- being 45,000/- which was seen to be on the lower end. So, the team added 90,000/- to 45,000/- and divided this by 2, bringing the estimate to 67,500/-. This was then rounded up to UGX 70,000/- which was finally taken as the amount for cash transfer per target household per month. The team decided to provide the same amount to all targeted families because they come from relatively

similar living conditions/environments (socio-economic demographics) and have similar characteristics. A standard amount will avoid or reduce conflicts that may arise due to different rates.

FARE plans to provide the targeted destitute beneficiary households with cash on a monthly basis for an initial period of six months to enable them meet their immediate, short and medium term household and livelihood needs (basic food needs, purchase of clothing, education, health, savings and establishment of an income generation for increased income). This duration is based on previous projects that AVSI has implemented and is considered adequate for the goal of stabilizing HH incomes and transitioning vulnerable children and their household members (graduate out of vulnerability). Key to this achievement will be the HH participation in other complementary program activities, in particular VSLA; selection, planning and management (SPM) of income generating activities; parenting skills and life skills, among others.

After 6 months of support, the beneficiaries will no longer receive cash but will be assessed and will receive continued support from the project. In case any household is to be supported beyond this period, the PM will review on a case-by-case basis and less support will be provided for a maximum of two more months.

A flexible approach will be used for the whole process to cater for different scenarios as they may arise.

Before each household receives the cash transfer, they will be taken through basic SPM training by the FARE project team to help them in making decisions, in particular as it relates to planning and monitoring their economic activities.

For all households identified for cash transfer support, FARE staff (economic strengthening officers at AVSI, COWA, FCF and Retrak) will complete a Cash Transfer Beneficiary Registration and Monitoring Form. This form (Annex 5) will be used to identify and register the destitute households and the information therein used for monitoring and follow-up.

Registration of the cash transfer beneficiaries will be done using the designed form attached on the guidelines. The data collected will be shared by the program managers at Retrak, FCF and COWA who will send the information to FARE Program manager at AVSI for review and submission to administration and finance to facilitate the preparation of the payment.

**CASH TRANSFER DISBURSEMENT PROCESS:**

**START-UP:**

i) Once the identification of the HHs has been completed by use of the HVAT and related tools, the TA ES will orient the program officers at the partner level (Retrak, FCF and COWA) during training to the purpose and processes (requirements, roles, amount and duration) of the cash transfer intervention.

ii) Community mobilization and sensitization: A series of meetings will be held at community level to inform the local leaders, community members and target beneficiaries about the planned intervention (cash transfer). Through these meetings, the FARE team will provide information on why the target beneficiaries will be receiving the money, for what purpose, the amount, at what interval, duration of support and to respond to any issues that may arise. By the start of implementation, all stakeholders will be in the know of the cash transfer operational framework. This will help to reduce expectations of long-term support and help prepare participants mentally for the end of the cash transfer thereby easing tensions, disputes or any conflict that may arise.

iii) After identification of target beneficiaries and the community sensitizations have been completed, the economic strengthening team at IP level in collaboration with the economic strengthening team from AVSI will organize 5-day training workshops on Selection Planning and Management (SPM) of Income Generating Activities at community level close to the beneficiaries to help them acquire skills to select an appropriate income generating activity (IGA) and manage their business. Recipients from families reintegrating children that are not located near a community-based training will be provided a transportation subsidy to participate in a centrally-located group training. This process should help to

reduce expectations of long-term support and help prepare participants for the end of the cash transfer intervention.

iv) After the training, the next activity will be the disbursement of the funds, which will be done as detailed below.

**FUNDS DISBURSEMENT:**

The FARE project will have two distinct disbursement mechanisms – through mobile money services (by AVSI Foundation) and provision of cash through the IP offices. The second mechanism applies to those who do not have mobile phones or those who prefer to receive the physical cash as opposed to getting it through mobile money. Before this is done, all recipients will be taken through a financial capabilities training (as described above) and will be encouraged to participate in VSLA groups to encourage onward savings and loans acquisition to boost their income generating interventions.

1. **Through AVSI Foundation:**

The first disbursement mechanism will be done through the established systems within AVSI Foundation, namely the use of contracted mobile money service providers (MTN and Airtel money).

The list of the beneficiaries will be generated each month by COWA, FCF and Retrak from the field and then submitted to AVSI (FARE Programme Manager) for review and approval – *Annex 2*. This is after the beneficiaries have filled the registration form (*Annex 5*) and consent form (*Annex 3)*. The approved list of the beneficiaries (indicating the monthly amount for cash and the registered mobile phone numbers) will be submitted by FARE Program Manager to AVSI finance and administration for processing of payments, after the agreement form has been signed by the beneficiary – *Annex 4*. In order to make payments on time, the approved list will be submitted to finance and administration department one week before the payment period to give room for effective implementation.

On a monthly basis before disbursement, a status report will be provided by the partners indicating the households who are still in the programme or those who may have left for one reason or another, and therefore need to be struck off the list. This will ensure that the right beneficiaries receive the funds as and when required.

Once the payment has been processed, the finance and administration department will submit the list and instruct Stanbic Bank to remit the funds to each beneficiary through their respective mobile money accounts. The beneficiaries will then go to any mobile money agent available in their locations to withdraw their money.

Stanbic Bank will then give accountability to AVSI Foundation after making all the payments in form of a report on the funds sent for the beneficiaries. The finance department will be responsible for getting the payment list from Stanbic Bank for verification and as proof of payment. This report will then be shared with AVSI's FARE Programme Manager as a form of accountability and for onward programmatic actions (monitoring and follow-up support to the beneficiaries).

The fees for sending the money via mobile money will be borne by the FARE project, so that the beneficiaries receive the exact amount planned. The recipients will therefore be informed that the first withdrawal following disbursement in each month will be added to the cash transfer amount by the FARE project, while subsequent withdrawals will be borne by the recipient (i.e. at their own cost), as it will be difficult for the project to monitor each and every transaction thereafter.

**Mobile Money (MM)**

Mobile money mechanism will allow the destitute households to receive their payments provided they have access to a personal mobile phone and are registered with a mobile money service provider (either MTN or Airtel), which are the only service providers to be used.

2. **Through Implementing Partners:**

In the event that the beneficiary household does not have a phone, does not have access to mobile money services or chooses not to use mobile money services, then the implementing partners (Retrak, COWA and FCF) will avail them directly with liquid cash, from their respective offices. The authorization will be indicated in the registration form (attached).

In this case, the Project Manager at IP level will conduct due diligence and then approve the list to be provided the cash, after reconciling the lists with AVSI, to avoid double payments. This process will be done in advance of the payments to ensure that the beneficiaries get their money on time.

This time however, the mode of payment will be delivery of physical cash from the office of the IP (finance and administration department) by project staff directly to recipients on multiple payment days to minimize risk of cash on hand and long waiting hours spent on the queue to receive payments. The recipient will receive and acknowledge receipt of the cash by signing on the payment voucher form from the respective IP offices.

For both cases, the economic strengthening team (led by the Technical Advisor Economic Strengthening) will continually provide guidance and support to ensure that the whole cash transfer process is conducted as per the guidelines provided herein. They will also be doing both monitoring through home visits and reporting their findings on a regular basis. This will enable the FARE team to quickly flag any issues as they arise, thereby eliminating or reducing any imminent risks. The beneficiaries not utilizing the cash transfer for the intended use will be supported to understand the importance of implementing the project activities according to the project document/guide so as to avoid misappropriation of resources leading to the affected households not improving and remaining in the destitute situation. The households found to be utilizing the cash appropriately will be encouraged to continue for the improvement of the household situation.

**Monitoring and Reporting**

FARE will be in position to monitor how HH use the cash through frequent home visits by the field officer (Project Officer Economic Strengthening or the Community Based Trainer) using the multi-purpose home visit form, mainly focusing on the questions relating to economic strengthening. Overleaf is the home visit form with relevant economic strengthening questions highlighted.

Participants who do not use the transfers for their intended purposes will be guided throughout the project implementation, right from the sensitization, trainings and monitoring of the activities through home visits. Frequent follow up during home visits will make it possible to handle the issues identified and solutions to the problem to jointly discussed and identify solutions avenues for addressing the problems them agreed upon .

**v) Transitioning HHs off of Cash Transfer:**

As already mentioned, frequent home visits will be conducted to all cash transfer HHs to monitor the utilization of the cash transfer. Within 15 days of delivery of the final (6 month) transfer, the economic strengthening teams at IP level supported by AVSI will use the information from the frequent home visits to understand and re-assess the status of each cash transfer beneficiary in order to catch any extremely bad cases which need to be considered for an exception, and for additional cash support. All cash transfer HHs will be prepared for this transition from the onset during community sensitization meetings, during the SPM trainings and during home visits. Deliberate continuous reminders and support to plan for household livelihoods will be made throughout the 6-month period of support.

AVSI will provide updated rosters to Stanbic Bank those using mobile money and will coordinate with IPs for those receiving the cash in person.

**Appendix 11**
**Home Visit Form**

Date of visit (DD/MM/YYYY) ____/_____/_____

Name of the Implementing Partner: _____

Household Code: [ ]-[ ][ ][ ]-[ ][ ][ ][ ]

Name of Household Head: _____

District: _____ Sub-County/Division: _____

Parish: _____ Village: _____

Has this household been visited before? (*Tick that which applies*) ☐ **Yes** ☐ **No** If yes, when **(*Date*)?**
_____/_____/_____

*And* ***what were the actions for future follow-up***?
_____
_____

Summarize the reason for the **present visit**
_____
_____

| **Findings** | **Actions/Services Provided** | **Action(s) for future follow-up** |
|---|---|---|
| | | |
| | | |
| | | |

Name and title of home visitor:
_____

**PMP Related information**

| | | Yes | No |
|---|---|---|---|
| 1 | ***(ask this in families reintegrating children only)***<br>Is (name of the child) settled and living in the family all the time | | |
| 2 | Is the care giver participating in VSLA ***(ask all)*** | | |
| 3 | Is the family receiving any consumption support? **[record details of consumption support received in the space below]**<br>***(ask all)*** | | |
| 4 | How many children in this family are attending school? **[please write the number in the thick boxes]** ***(ask all)*** | | |
| 5 | How many (if any) missed more than 30 days of school last term? **[please write the number in the thick boxes]** ***(ask all)*** | | |
| 6 | Has any child in this household enrolled in apprenticeship training? ***(ask all)*** | | |
| 7 | In case there is more than one child enrolled, how many are they? **[please write the number in the thick boxes]** ***(ask all)*** | | |
| 8 | Have you or any other member of this family participated in a community dialogues in the last three months? ***(ask all)*** | | |
| 9 | How much cash transfer amount did you receive (total amount of Uganda shillings)(**ask only households who received cash transfer)** | | |
| 10 | How much did you spend this month on:<br>• Food<br>• Clothes<br>• Shelter<br>• Health<br>• Education<br>• Income generating activities(IGA)<br>• Savings in VSLA group or other savings | | |
| 11 | What challenges have you encountered related to cash transfer) | | |
| 12 | Possible suggested solutions (**ask only households who received cash transfer)** | | |

**POTENTIAL RISKS AND MITIGATION STRATEGIES**

Cash transfers are regular and predictable funds disbursements to targeted persons. They are usually high volume of low-value, consistent payments over a given period of time. If not well designed, planned, monitored and evaluated, they can lead to programme failure. Control and accountability are critical elements of a successful cash transfer programme. The FARE project acknowledges this and has made efforts to understand, evaluate and record the potential risks to the cash transfer component and provide measures to mitigate the challenges from both administrative and programmatic lenses.

| RISKS | MITIGATION MEASURES |
|---|---|
| Marketing/eligibility criteria: errors of inclusion or leakage of program resources to ineligible households | i) FARE project has in place an objective and transparent beneficiary identification system that will be communicated to the key stakeholders – local leaders, beneficiaries.<br>ii) Proper documentation and sharing of the beneficiary lists (targeting criteria and results) with respective local government authorities for transparency purposes, while taking care of privacy and confidentiality in adopting this strategy. |
| Non-compliance on co-responsibilities (mis-use of funds) | i) Clear definition of roles and responsibilities for each household (Household Development Plan) will be agreed upon in writing.<br>ii) Close monitoring: regular recording and reporting of all beneficiaries during home visits.<br>iii) A range of measures will be used to mitigate misuse of funds – through counseling and guidance, warnings and the possibility of being dropped from the scheme. |
| Corruption prone payment system during processing of applications; making payments – amounts given, frequency, timeliness; managing the caseload; accounting for expenditure. | i) FARE will use a systematic, secure system for monitoring the distribution, collection and processing of payments to the beneficiaries (AVSI Foundation's established regulatory and institutional framework).<br>ii) In addition FARE will contract mobile money service providers to make direct payments to the recipients.<br>iii) Rigorous documentation of cash flows – signed payment acknowledgement forms. |
| Community backlash (jealousy from neighbours, stigma of targeted households, increased requests for help from neighbours, request for inclusion of others) | i) Sensitization on the project's deliverables to community members for community support and ownership of activities, combined with consultation before hand to anticipate ways the community may react to the inclusion of only certain households and to address them immediately.<br>ii) Privacy and confidentiality on the amounts given and timing. |
| Theft of cash | i) Security protocol and internal controls in place which include early reporting to the local authorities/partner and/or the nearest Police station.<br>ii) Confidentiality on the receipt of funds.<br>iii) Monthly disbursements rather than lump sum payments control the amount of liquid |

| | |
|---|---|
| | cash that the beneficiary has at a particular time and limits amounts that may be stolen (in the worst case scenario). |
| Lack of mobile money agent | Direct funds transfer to the beneficiary through the IP (Retrak, COWA or FCF). |
| Fees | AVSI FOUNDATION will pay for all the related costs incured during the transaction (sending and first withdrawal fee in each month) and encourage beneficiaries to use the nearest mobile money service provider to their household |
| Inability to participate (e.g, no phones and no friends with phones, child headed household, connectivity issue) | Direct cash payments to the beneficiary through the IP (Retrak, COWA or FCF). |
| Friend refuses to give money or demand for a cut (share) | Inform and seek advice from FARE Project staff (COWA, Retrak and FCF), local government officials (LC 1 and Parish Chiefs) and the community (religious leaders, cultural leaders). |
| Any possible risks to children | Social workers to immediately identify and report the risks |
| Unavailability of network | i) Alternative of getting funds from the IP (direct cash payment) will be explored and reconciled with AVSI accordingly. This requires sending prior information on the situation.<br>ii) Proper planning to avoid the last minute hiccups during transactions. |
| Unintended consequences – dependency created, households sell food or buy unnecessary goods | i) Close monitoring as part of the M&E system.<br>ii) FARE will modify transfer type, value or other features as needed. |
| Transparency of exit processes | FARE will begin the cash transfer with the end in mind. Support will ideally end when it is no longer needed. The processes and guidelines on the exit strategy will be communicated to all parties (particularly the beneficiaries) in advance for their information and preparation in due course. |

**Annex 1: Domains and HVAT Questions Used in Analysis of Destitution**

| Domain | HVAT questions |
|---|---|
| Ability to pay for basic needs | 1. Does the household have a stable shelter that is adequate, safe and dry<br>2. Do the following apply to this HH? Indicate Yes/No/NA (observe for yourself where applicable)<br>• Has access to safe water within 30 minutes (half an hour) or harvests rain water for domestic use<br>• Has a clean compound<br>• Has access to a public health facility within 5 kilometres<br>• Has a drying rack for HH utensils<br>• Has a garbage pit or dust bin<br>• Separate house for animals<br>• Hand washing facility<br>• All HH members sleep under a mosquito net |
| Consistency/volatility of income | 3. In how many of the last three months have you consistently been able to pay for the following items without having to sell HH productive assets like land, bicycle or borrowing at very high rates of interest?<br>4. What is the main source of household income? |
| Availability of liquid assets and savings | 5. What is the current monthly HH income?<br>6. How much money does the household have in savings? |
| Food security | 7. Over the past month (mention month), what has been the MAIN source of food consumed by your HH?<br>8. How many meals does the HH have in a day? |
| Availability of protective/productive assets | 9. If you had an unexpected shock, like a death in the family, happen tomorrow, how would you handle the expenses? |

**Annex 2: CONSUMPTION SUPPORT PAYMENT LIST:**

**Date: _____**

| S/N | Name | HH Identification Number | Contact (Personal, Neighbor, Friend or LC 1) | Registered Mobile Phone Number | Amount | Recipient's Signature |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |

**Annex 3:**

**FORM T8**

**Consent form for Transfer of Mobile Money**

Project_____

Code_____

Activity: _____

Date: _____ Venue: _____

| S/N | Name of Participant | M/F | Village / Sub-County | SIM Registration Name | Registered MM Number | Recipient's Signature |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

Prepared by:_____ Authorized by_____

**Annex 4:**

**AGREEMENT BETWEEN AVSI FOUNDATION (FARE PROJECT) AND THE BENEFICIARY RECEIVING THE CASH TRANSFER**

Disbursement N.

BID N.

**FARE FINANCIAL SUPPORT AGREEMENT FORM FOR HOUSEHOLD CASH GRANSFERS**

The FARE project has agreed to offer cash of Shs _____

(Amount in words): _____

To: _____

For (scope): _____

On this _____day of _____ 2016

The support is given under the following terms and conditions:

i) The recipients will be guided on the use of the funds, which are primarily meant for food, clothes, shelter, health, education, income generating activities and savings in the VSLA group.
ii) The FARE project staffs will make frequent follow-up visits to monitor and evaluate the impact of consumption support provided.
iii) The cash support given will be made on a monthly basis.
iv) The beneficiary is expected to keep proper records of consumption and share them during follow-up visits. They will be in position to do this after SPM training.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Program Manager | Signature | Date |
| _____ | _____ | _____ |
| Recipient | Signature | Date |
| _____ | _____ | _____ |
| Witness | Signature | Date |

**Annex 5: REGISTRATION FORM:**

**CASH TRANSFER BENEFICIARY REGISTRATION FORM**

**NAME OF THE IMPLEMENTING PARTNER:** _____

**DATE OF DATA COLLECTION** _____

**RECIPIENT'S PARTICULARS**

1. **LOCATION**

| | |
|---|---|
| District: | Parish: |
| Sub-county: | Village: |
| Household ID Number: | Physical Address: |

2. **PERSONAL DETAILS**

| | |
|---|---|
| Name of recipient | |
| National ID number | |
| Date of birth | |
| Gender | |
| Marital status | Married<br>Single<br><br>Divorced |
| Name of spouse (common law partner) | |
| Number of adult dependents | |
| Number of child dependents | |
| Number of adults working | |
| Number of adults not working | |

3. **DEPENDENTS' DETAILS**

| Name | Date of birth | Gender (M/F) | ID Number(HH) | Title (Child/ Dependent) | Schooling or not(yes/no) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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| | | | | | |

**SUMMARY**

| Age Category | Total Number |
|---|---|
| 0 - 5 years | |
| 6 - 13 years | |
| 14 - 17 years | |

**4. <u>MOBILE PHONE ACCESSIBILITY</u>**

a) Do you own a mobile phone (please tick the correct bracket)
Yes ( ) No ( )
If yes, indicate the mobile phone number……

b) Which network (please tick the correct bracket)
Mtn ( ) Airtel ( ) both ( )

c) Is it registered with MTN Mobile Money or Airtel Money
Yes ( ) No ( )
If no, when do you intend to register for mobile money services (tick the correct bracket?)
Soon ( ) Later ( )

d) Are you currently receiving any cash transfer
Yes ( ) No ( )

e) If yes, specify the source (organization/institution) and the amount……

f) Are you currently enrolled in a VSLA or savings group
Yes ( ) No ( )
If yes, with which organization/institution……

**6. List all the income generating activities in place**

1…….....

2…….....

3…….....

**7. Income Flow**

| S/N | Income Source | Estimated Amount(Uganda Shillings) | Duration(Constant/Seasonal) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**THANK YOU**

Field Officer's Name and Title (print name):_____

Signature:_____

Date:_____