EVALUATION

Uganda's SCORE Program for Vulnerable Children and Their Families

Mixed-Methods Performance Evaluation

June 2017

TRE-17-2

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ABSTRACT

Background: USAID's Sustainable, Comprehensive Responses (SCORE) project operates in 35 Ugandan districts to build economic resilience, enhance food security, improve child protection, and increase access to education and critical services. USAID/Uganda asked MEASURE Evaluation to evaluate the performance of the SCORE program based on select outcome indicators (food failure, school enrolment, child abuse/neglect, and child labour); intervention effects on those outcomes; and program strengths and challenges.

Methods: We conducted secondary data analysis of select outcome indicators, which SCORE collected annually for four years, and routine data for 21 interventions. We merged the two data sets using unique identification numbers and analysed these data using multilevel modelling. We also collected qualitative data from 157 regional and national program beneficiaries, program staff, and community and government workers.

Key findings: We found improvements in all four indicators: a 7-percent increase in school enrolment, a 50-percent decrease in food failure, a 23-percent decrease in child abuse, and a 32-percent decrease in child labour. Participation in farmer field schools and financial market literacy trainings were associated with improvements in food security; participation in horticulture sessions, community dialogues, and home visits with school enrolment; and parenting skills training with reduced child abuse. Qualitatively, we found improved finances, household relations, and health and nutrition and learned that a combination of interventions led to pathways of changes in outcomes. Beneficiaries said the SCORE program had positive effects on their lives. Areas of concern were males' resistance to female economic empowerment interventions and inadequate local government involvement for sustainability.

EVALUATION

Uganda's SCORE Program for Vulnerable Children and Their Families

Mixed-Methods Performance Evaluation

Molly Cannon, MPH, MEASURE Evaluation/Palladium (Team Leader)
Zulfiya Charyeva, PhD, MEASURE Evaluation/Palladium
Nena do Nascimento, MPP, MEASURE Evaluation/Palladium
Eve Namisango, MSc, Consultant
Ismael Ddumba-Nyanzi, MSc, MEASURE Evaluation/Palladium

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MEASURE Evaluation
University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, NC 27517 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

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Cover photo: A young woman and her child, in the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program. Source: Association of Volunteers in International Service (AVSI) Foundation

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ABBREVIATIONS

CBT	community-based trainer
CDO	community development officer
CI	confidence interval
CLV	community legal volunteer
CSOs	civil society organizations
FFS	Farmer Field School(s)
FGD	focus group discussion
FML	financial market literacy
FSN	food security and nutrition
HH	household
IGA	income-generating activity
IP	implementing partner
LG	local government
MSC	most significant change
NAT	Needs Assessment Tool
OR	odds ratio
OVC	orphans and vulnerable children
PNE	peer nutrition education
RIPAT	Rural Initiatives for Participatory Agricultural Transformation project
SCORE	Sustainable, Comprehensive Responses for Vulnerable Children and Their Families
SD	standard deviation
SES	socioeconomic strengthening
SPM	selection planning and management
USAID	U.S. Agency for International Development
VAT	Vulnerability Assessment Tool
VHT	village health team
VSLA	village savings and loan association
WASH	water, sanitation, and hygiene

EXECUTIVE SUMMARY

Background

The USAID-funded Sustainable, Comprehensive Responses for vulnerable children and their families (SCORE) project (AID-617-A-11-00001) is a $34,326,470, seven-year (April 2011 to April 2018) award that aims to decrease the vulnerability of critically and moderately vulnerable children and their households, in 35 districts in Uganda. The project is run as a consortium led by the AVSI Foundation, with subawards to CARE International, FHI 360, and TPO Uganda.[1] The project is implemented at the local level, through at least 66 civil society organizations (CSOs). SCORE uses a multisectoral and family-cantered approach, offering a menu of services to beneficiary households. SCORE develops family-specific household development plans, based on household and individual beneficiary needs—with a goal of graduating households from program support. Program staff collaborate with people in in government and community settings to implement the program.

The SCORE program has four objectives:

- **Objective 1** is "improved socioeconomic status of vulnerable children households." The following primary interventions were designed to achieve this objective: establishing and supporting village savings and loan associations (VSLAs), promoting social insurance schemes and linkages to other financial services, providing market-oriented skills development, and developing enterprise and market opportunities.
- **Objective 2** is "improved food security and nutrition status of vulnerable children and their households." This objective is achieved through such interventions as establishing and supporting farmer field schools (FFS) and urban horticulture, engaging in behaviour change communication about food consumption and nutritional practices, and mapping nutritional needs and promoting linkages with nutrition and health services.
- **Objective 3** is "increased availability of protection and legal services for vulnerable children and their households." This is achieved through such program interventions as mapping formal and traditional child protection structures in target communities, conducting targeted trainings to assess capacity gaps, administering child protection activities within the schools, holding interactive learning sessions, engaging in family visits and providing counselling and other support services, and providing legal support and referrals to individuals and families.
- **Objective 4** is "increased capacity of vulnerable households to access, acquire, or provide critical services." This objective is achieved though the following interventions: conduct dialogues and workshops for vulnerable households, train and mentor local implementing partners, map essential service delivery points, create concrete referral systems to critical services, and foster innovative partnerships with the private sector.

Purpose

The aim of this study was to assess the effects of the SCORE project on its program beneficiaries as well as to assess the strengths and challenges of SCORE program approach. The information generated will be used to inform USAID, program directors, organizations, and others on the design and implementation of future programs for orphans and vulnerable children (OVC) in Uganda, and it will contribute to global learning on OVC programs.

The study had the following objectives:

1. Assess the change over time for select outcome indicators from the SCORE Vulnerability Assessment Tool (VAT)

[1] Note that the consortium arrangement ended in the first five years, before the two-year extension.

2. Assess the perspectives of key stakeholders, beneficiaries, and community workers of the effects of the SCORE program on beneficiaries
3. Assess the strengths and weaknesses of the SCORE approach

Evaluation Questions

This study answered the following questions:

1. What is the change in the percentage of SCORE program index children who went without food because of failure to get food,[2] depending on sex/location/age group/parenthood status?
2. What is the change in the percentage of VAT index children who report being enrolled in school, depending on sex, location, age group, and parenthood status?
3. What is the change in the percentage of VAT index children who experience a form of child labour, depending on sex, location, age group, and parenthood status?
4. What is the change in the percentage of VAT index children who experience a form of child abuse, depending on sex, location, age group, and parenthood status?
5. What is the effect of service delivery interventions on children's failure to access food, education status, child labour, or child abuse?
6. What are the perspectives of key stakeholders, beneficiaries, and community workers on the impact of the SCORE program on beneficiaries, in terms of improving their overall well-being, including economic status, health status, and food security?
7. What was perceived as the most significant change in the households that the program served? What helped lead to that change? Did the household experience any negative changes?
8. What are the strengths and challenges of SCORE's main approaches to strengthen households' capacity to provide economic and social protection to vulnerable children?

Methods

We conducted a mixed-methods evaluation. To answer questions 1 through 4, we used outcomes collected from SCORE through the VAT, administered annually to an index child in every household. We had four rounds of VAT data and conducted longitudinal data analysis, working with 17,953 records that had their baseline VAT in 2011, 2012, or 2013.

To answer research question 5, we used 21 service delivery indicators that the SCORE program collects in a program database, using the same household unique identifiers as the VAT. Aggregated data for each indicator were provided for the project year (Not all service delivery services were applicable to all households, so the denominator was adjusted accordingly.

We merged the VAT and service delivery data sets by household identification number.

We conducted univariate analyses, such as frequency distribution and analysis of mean, to understand characteristics of children and distribution of outcomes and service delivery variables. We conducted generalized estimating equation models to account for the correlational nature of repeated measures. Because all outcome variables are binary (e.g., food failure yes/no and school enrolment yes/no), we used logistic regression analysis and modelled changes in outcomes over time using multilevel modelling. For each child, the observations are correlated and nested within a child. We conducted panel data/multilevel data analysis to account for this intraclass correlation and model both changes within a child and average changes across children over time. Because observations within a child over time are correlated, we used a procedure called GENMOD in SAS to accommodate for this intraclass correlation. We applied fixed effects methods, because they offer control for all stable characteristics of the children, even characteristics that are difficult to measure.

[2] These outcomes were selected based on inter-rater reliability results from a small sample of VAT test/re-test. When the larger sample is analyzed, these outcomes may change. These outcomes come directly from the VAT.

In the analysis of changes in outcomes over time, we also tested for two-way interaction effects to examine if changes in outcomes over time vary among groups of children. In the analysis of the relationship between service delivery variables and outcomes, we conducted the analysis for two- and three-way interaction effects. We tested for two-way interaction effects to examine if changes in outcomes over time vary by participation in a SCORE project intervention. And we tested for three-way interaction effects to examine if two-way interaction varies among groups of children.

We answered research questions 6 through 8 with qualitative data from 157 people collected through interviews and focus group discussions with program beneficiaries, program community workers, key stakeholders, and program staff.

All interview and FGD recordings were simultaneously transcribed and translated into English and expanded with field notes where necessary. Transcripts were imported into QSR NVivo, version 10.0, and analysed.

Findings

We found changes in outcomes for all four of the selected VAT indicators, with a 7 percent increase in school enrolment, a 50 percent decrease in food failure, a 23 percent decrease in child abuse, and a 32 percent decrease in child labour. The main intervention effects were the following: participation in FFSs and FMLs affected food security; participation in horticulture sessions, community dialogues, and home visits affected school enrolment; and training in parenting skills affected child abuse/neglect. Qualitatively, we also identified improved finances, household relations, and health and nutrition in the home and learned that typically a combination of interventions led to pathways of changes in outcomes.

Conclusions

This study attempted to examine changes in select outcomes over time, effects of service delivery interventions on those outcomes, and perceptions of the SCORE program approaches. The study design included secondary data analysis of outcomes (school enrolment, food failure, child labour, and child abuse) identified from the SCORE program's annual implementation of the VAT tool. As such, we were limited to using outcomes that performed well on the VAT inter-rater reliability. Quantitatively, this therefore reflects a partial analysis of the performance of the SCORE program. In the absence of a counter-factual (by study design), we are not able to attribute changes in outcomes to any specific program interventions.

To assess the relationships between services received and selected outcomes, we used SCORE's service delivery data, which we were able to link to the outcomes for index children. Despite this impressive data management system, the data were not designed to answer the research questions in this study. Limitations in assigning exposure to interventions resulted in a generous interpretation of exposure, and we were not able to measure the "layering" of interventions for a given child. We found limited, and in some cases, unanticipated, effects of service delivery interventions (e.g., horticulture training affected school enrolment). This could have been because of data quality challenges or perhaps varied fidelity in CSO implementation. It is impossible to explain this without understanding the pathway of the intervention to outcomes: for example, following horticulture training, did the HH plant the crop, harvest the crop, sell it, and then use the funds to send a child to school?

Qualitatively, we could identify additional improved outcomes, such as increasing socioeconomic status. Qualitative data also provided a much richer and clearer understanding of how the combination of resiliency- based interventions (FFS, FML, and VSLA) and education and sensitization efforts contributed to improved outcomes for children (with respect to nutrition, health, education, and child protection).

All beneficiaries noted the overall positive effects the SCORE program had on their lives. All stakeholders, beneficiaries, and government and community workers had a high opinion of the SCORE program. Stakeholders valued the resiliency approach of the program and the contributions of talented

staff and community workers. Respondents raised just a few areas of concern: males' resistance to female economic empowerment activities and inadequate local government involvement to create a more sustainable program model.

INTRODUCTION

The SCORE Program

The United States Agency for International Development (USAID)-funded Sustainable, Comprehensive Responses for Vulnerable Children and Their Families (SCORE) project (AID-617-A-11-00001) is a $34,326,470, seven-year (April 2011 to April 2018) award that aims to decrease the vulnerability of critically and moderately vulnerable children and their households in 35 districts in Uganda. The project is run as a consortium led by the AVSI Foundation with subawards to CARE International, FHI 360, and TPO Uganda.[3] The project is implemented at the local level through at least 66 civil society organizations (CSOs). SCORE uses a multisectoral and family-centred approach, offering a menu of services to beneficiary households. SCORE develops family-specific household development plans, based on household and individual beneficiary needs, with the goal of graduating households from program support. Program staff collaborate with people within the government and community infrastructure to implement the program.

The SCORE program has the following four objectives:

- **Objective 1** is "improved socioeconomic status of vulnerable children households." The primary interventions to achieve this involve establishing and supporting village savings and loan associations (VSLAs), promoting social insurance schemes and linkages to other financial services, providing market-oriented skills development, and developing enterprise and market opportunities.
- **Objective 2** is "improved food security and nutrition status of vulnerable children and their households." This objective is achieved through the following interventions: establishing and supporting Farmer Field Schools (FFS) and urban horticulture, behaviour change communication on food consumption and nutritional practices, and mapping nutritional needs and promoting linkages with nutrition and health services.
- **Objective 3** is "increased availability of protection and legal services for vulnerable children and their households." This objective is achieved through different program interventions, such as mapping formal and existing traditional child protection structures in target communities, conducting targeted trainings to assess capacity gaps, conducting child protection activities within the schools, conducting interactive learning sessions, conducting family visits and providing counselling and other support services, and providing legal support and referrals to individuals and families.
- **Objective 4** is "increased capacity of vulnerable households to access, acquire, or provide critical services." This objective is achieved though the following interventions: conducting dialogues and workshops for vulnerable households, training and mentoring local implementing partners (IPs), mapping essential service-delivery points, creating concrete referral systems to critical services, and fostering innovative partnerships with the private sector.

Evaluation Purpose, Objectives, and Research Questions

The aim of this study was to assess the effects of the SCORE project on its beneficiaries and to assess the strengths and challenges of the SCORE program approach. The information generated by this study will be used by the SCORE program, other orphans and vulnerable children (OVC) programs in Uganda, USAID/Uganda, and USAID Headquarters to inform future OVC programs in Uganda and elsewhere. Potential uses include modifying program guidelines or implementation or improving data collection systems.

USAID/Uganda requested that, for the quantitative data analysis, MEASURE Evaluation use data collected by the SCORE program, which collects many different types of programmatic data for routine

[3] Note that the consortium arrangement ended in the first five years before the two-year extension.

reporting and other purposes: e.g., an annual survey assessing the overall status of the household captured through the Vulnerability Assessment Tool (VAT) (Appendix A), a Needs Assessment Tool (NAT), service-delivery data that captures services provided to beneficiaries, a referral database, and a VSLA database). USAID/Uganda requested that outcomes be selected from the VAT, which collects information at the household level as well as information about an index child. The program defines the index child as the most vulnerable child in the household at the time of the first vulnerability assessment, with characteristics such as being an orphan, being out of school, having a physical disability, or suffering from a chronic illness that qualifies the household for enrolment.

This study had the following **objectives**:

4. Assess the change over time for select outcome indicators from the SCORE VAT
5. Assess key stakeholders, beneficiaries, and community workers' perspectives on the effects of the SCORE program on beneficiaries
6. Assess the strengths and weaknesses of the SCORE approach

This study answered the following **research questions**:

9. What is the change in the percentage of index children who go without food, because of a failure to get food,[4] among index children in the SCORE program, depending on sex, location, age group, and parenthood status?
10. What is the change in the percentage of VAT index children who report being enrolled in school, depending on sex, location, age group, and parenthood status?
11. What is the change in the percentage of VAT index children who experience a form of child labour, depending on sex, location, age group, and parenthood status?
12. What is the change in the percentage of VAT index children who experience a form of child abuse, depending on sex, location, age group, and parenthood status?
13. What is the effect of service-delivery interventions on access to food, education status, child labour, or child abuse?
14. What are key stakeholders, beneficiaries, and community workers' perspectives of the impact of the SCORE program on beneficiaries, in terms of improving their overall well-being, including economic status, health status, and food security?
15. What did beneficiaries perceive to be the most significant change (MSC) in the households served by the program? What helped lead to that change? Were there any negative changes in the household?
16. What are the strengths and challenges of the main approaches used by SCORE to strengthen household capacity to provide economic and social protection to vulnerable children?

Qualitative data collection took place in 2016, with secondary data analysis occurring in 2016 and early 2017. MEASURE Evaluation conducted the study with support from local qualitative data consultants. The team worked closely with USAID/Uganda and SCORE staff on study design, identification of indicators, and interpretation of findings.

[4] These outcomes were selected based on inter-rater reliability results from a small sample of VAT test/re-test. When the larger sample is analyzed, these outcomes may change. These outcomes come directly from the VAT.

METHODS

To answer research questions one through five, the Mission asked us to use secondary data collected by the SCORE project from the data sources previously mentioned. We answered research questions six through eight with qualitative data that MEASURE Evaluation collected from program beneficiaries, program community workers (peer nutrition educators, community legal volunteers, farm school facilitators, and school educators), key stakeholders, and program staff. Though quantitative and qualitative components of the study aimed to provide answers to different research questions, after completing the analysis, we reviewed and compared our findings from both components and used some of the findings from qualitative research to explain our findings from the quantitative component.

We present the methods by the data-collection methods, first presenting the quantitative data analysis methods, followed by qualitative methods.

Secondary Data

To answer research questions one through four, related to changes in select VAT outcomes, we conducted longitudinal data analysis, to take advantage of all data that the SCORE project collected on the same households over time. This design allows one to detect changes in outcomes both at the group and individual levels, and it allowed us to observe temporal order, which is not possible with cross-sectional studies. Because we observed the households repeatedly, the longitudinal study has more power than cross-sectional observational studies in terms of being able to exclude time-invariant, unobserved, individual differences (Cohen, Manion, & Morrison, 2013).

VAT Data

For program outcomes, we selected indicators from the SCORE program's VAT, which is administered annually (Appendix A). The VAT captures basic demographic and socioeconomic information about every household enrolled in the program, and it captures protection, food security, education, and guardianship information about an index child in each household.[5] The program encourages subsequent VAT administration with the same respondent over time, though other household adults can answer the questions if the original respondent is not available. For this evaluation, there were up to four rounds of VAT data available.

The VAT includes 32 questions, responses to some of which are expected to change over time because of program interventions; whereas others, such as sex and disability status, are static. Other questions may not address factors directly affected by interventions, such as source of water. To select the evaluation outcomes, MEASURE Evaluation determined the inter-rater reliability of VAT indicators for 1,055 pairs of VAT responses from a test and re-test conducted by the SCORE project. Table 1 presents the kappa values and an interpretation of the value for each of the categorical variables in the VAT. Kappa values represent strength of agreement between the assessments for each indicator. Low kappa values indicate that the agreement is weak; higher kappa values indicate that the agreement is strong. We used the following ranges to interpret the kappa values: < 0.20—poor agreement; 0.21–0.40—fair agreement; 0.41–0.60—moderate agreement; 0.61–0.80—good agreement; and 0.81–1.00—very good agreement (Altman, 1991). We suggested eliminating any indicators with an interpretation of fair or poor as outcomes of interest for the SCORE evaluation, because of data quality concerns. We also suggested eliminating indicators highlighted in blue (because the program did not have specific interventions addressing these outcomes) and pink (because these indicators were not changeable by program interventions).

Table 1. VAT variables, Kappa values, and interpretation

VAT variable	Kappa value	Interpretation
Main source of drinking water	0.62	Good
Have latrine facilities	0.57	Moderate
Parenthood status for the index child	0.75	Good
Child has a disability	0.56	Moderate
Child has a chronic disease	0.58	Moderate
Guardian's age	0.71	Good
Guardian has a disability	0.48	Moderate
Guardian has a chronic disease	0.65	Good
Assessor's general impression	0.33	Fair
The child has been involved in the following: child labour/street child/child mother	0.48	Moderate
The child has been involved in the following forms of child abuse or neglect: psychological abuse/physical abuse/sexual abuse/child neglect	0.42	Moderate
Child drinking/drug use	0.38	Fair
Know anyone for legal assistance	0.33	Fair
Child eats energy foods	0.18	Poor
Child eats body-building foods	0.23	Fair
Child eats protective and regulative foods	0.27	Fair
Number of meals per day for the child	0.45	Moderate
There are times when household/child goes without meals due to failure to get food	0.48	Moderate
How often child has times without food due to failure to get food	0.42	Moderate
Index child goes to school	0.54	Moderate
School absenteeism	0.38	Fair
Health-seeking behaviour when a child is sick	0.43	Moderate
Household (HH) main source of income	0.44	Moderate
Main contributor to HH income	0.71	Good

From the remaining list of indicators, the Mission selected four for MEASURE Evaluation to include in our analysis[6]: food failure, school enrolment, child labour, and child abuse. We treated each VAT outcome indicator as a binary variable (yes/no) for a given VAT year. See Table 2 for full outcome variable definitions.

[6] Despite concerns that both child protection-related indicators (child labor/street child/child mother and psychological abuse/physical abuse/sexual abuse/child neglect) were not mutually exclusive and were measuring multiple constructs, USAID and MEASURE Evaluation agreed to use them in the analysis, given the emphasis of child protection in the SCORE project.

Table 2. Definitions of final outcome variables

Variable name	Variable type	VAT question used to create the variable
Food failure	Binary (yes/no)	There are times when household/child goes without meals due to failure to get food.
School enrolment	Binary (yes/no)	The child goes to school.
Labour	Binary (yes/no)	The child has been involved in the following: child labour /street child /child mother.
Abuse	Binary (yes/no)	The child has been involved in the following forms of child abuse or neglect: psychological abuse/ physical abuse/sexual abuse/child neglect.

Service-Delivery Data

To answer research question six, we consulted service-delivery data that the SCORE program collects and enters in a program database using the same household unique identifiers as the VAT. In discussions with implementers of the SCORE program, we identified 21 service-delivery activities. Aggregated data for each indicator was provided for the project year (Year 1, October 2011 through September 2012; Year 2, October 2012 through September 2013; Year 3, October 2013 through September 2014; Year 4, October 2014 through September 2015). Not all services were applicable to all households, so the denominator was adjusted accordingly. Most service-delivery data were taken from the service-delivery database, except for referrals, which were taken from the referral register and data on child-friendly school attendance, which were taken from the NAT. The NAT is a needs profiling tool that facilitates the household development planning process. It is compiled by a trained social worker in collaboration with the household members. Table 3 provides the list of service-delivery variables, including the numerator and denominator.

Table 3. List of service-delivery variables for a program year

	Indicator	Numerator	Denominator
Socioeconomic strengthening	Proportion of enrolled households participating in a VSLA activity	Number of enrolled households participating in at least one VSLA activity (e.g., a meeting)	All enrolled households
	Proportion of enrolled households with at least one individual involved in an apprenticeship	Number of enrolled households with at least one person age 14 to 35 participating in an apprenticeship	Any enrolled household that indicated a need for an apprenticeship plus those who participated in an apprenticeship regardless of need
	Proportion of enrolled households participating in a financial market literacy (FML) training session	Number of households participating in at least one FML training session	All enrolled households participating in at least one VSLA activity in the same year
	Proportion of enrolled households participating in a selection planning and management (SPM) session	Number of enrolled households with at least one person participating in at least one SPM session	All enrolled households participating in at least one VSLA activity in the same year

	Indicator	Numerator	Denominator
	Proportion of enrolled households participating in a community skills training session	Number of enrolled households with at least one person participating in at least one community skills training session	All enrolled households participating in at least one VSLA activity in the same year
Food security and nutrition	Proportion of enrolled households participating in an FFS training	Number of enrolled rural households with at least one person participating in at least one FFS training session	All enrolled rural households
	Proportion of enrolled households participating in a horticulture session	Number of enrolled households with at least one person participating in at least one horticulture session	All enrolled households
	Proportion of enrolled households participating in a cooking demonstration	Number of enrolled households with at least one person participating in at least one cooking demonstration	All enrolled households
	Proportion of enrolled households participating in a nutrition dialogue session	Number of enrolled households with at least one person participating in at least one nutrition dialogue	All enrolled households
	Proportion of enrolled households with a completed referral for a malnourished child	Number of enrolled households with a completed referral for a malnourished child	Number of enrolled households with a referral initiated for malnutrition
Child protection	Proportion of enrolled households with a completed referral for child protection	Number of enrolled households with a completed referral for child protection	Number of enrolled households with a referral initiated for child protection
	Proportion of enrolled households with a completed referral for legal support	Number of enrolled households with a completed referral for legal support	Number of enrolled households with a referral initiated for legal support
	Proportion of enrolled households with a completed referral for birth registration	Number of enrolled households with a completed referral for birth registration	Number of enrolled households with a referral initiated for birth registration
	Proportion of enrolled households participating in a community dialogue meeting related to child protection/legal support	Number of enrolled households with at least one person participating in at least one community dialogue	All enrolled households
Access to critical services	Proportion of enrolled households participating in a community dialogue session that is not related to child protection and nutrition	Number of enrolled households with at least one person participating in at least one community dialogue not related to child protection and nutrition	All enrolled households
	Proportion of enrolled households participating in a life skills training session	Number of enrolled households with at least one person participating in a life skills training session	Enrolled households with at least one person from age 10 to 35
	Proportion of enrolled households living in a location with a child-friendly school	Number of enrolled households with an index child attending a child-	Number of enrolled households living in a location with a child-friendly school

	Indicator	Numerator	Denominator
		friendly school	
	Proportion of enrolled households with a completed referral for education	Number of enrolled households with a completed referral for education	Enrolled households with a referral initiated for education
	Proportion of enrolled households participating in a parenting skills training session	Number of enrolled households with at least one person participating in at least one parenting skills training session	All enrolled households
	Referrals not related to child protection and malnutrition	Number of enrolled households with a completed referral for child protection and malnutrition	Number of enrolled households with a referral initiated for child protection and malnutrition
	Proportion of enrolled households receiving a home visit[7]	Number of enrolled households receiving at least one home visit	All enrolled households

Preparation of Data Files: VAT

There were 28,736 records in the initial data set that we received from SCORE. The number of VAT survey assessments for each record ranged from one to four. We cleaned data by removing outliers, such as entries for which the date of birth was later than the survey date. To see changes in outcomes over time for the same index child, we kept only those records in the data set that had two or more VAT survey assessments and only those records that had the same last and first name for the index child at all VATs. As a result, we excluded 8,275 records that had only one VAT survey assessment and 2,445 that had differences in child names across VATs. For this evaluation, we worked with 17,953 records that had their baseline VAT in 2011, 2012, or 2013. Please see Table 4 for more information about the number of observations in the data set provided by SCORE and the final VAT data set used in the evaluation. VAT 1 is the baseline survey that occurred at the time of enrolment. Thus, 3,204 (17.8%) of the 17,953 HHs had their baseline survey in 2013.

Table 4. Number of observations in the SCORE project data set and in the final data set used in the evaluation

VAT survey assessment	Number of observations in the initial data set from SCORE	Number of observations in the final data set used in the evaluation	Years of interview
1*	28,736	17,953	2011, 2012, 2013
2	14,584	12,751**	2013
3	18,554	16,234	2014
4	17,516	15,286	2015

*VAT1 is the baseline year. The baseline survey occurred at the time of enrolment. Thus, 3,204 of the 17,953 HHs had their baseline survey in 2013.

** VAT2 survey assessments were conducted in 2013. The second VAT survey for those households that were enrolled in 2013 took place in year 2014 or 2015. Some of the households enrolled in 2011 or 2012 had their second survey in 2014 or 2015.

Among 17,953 households, about ten percent completed two VAT assessments (10.5%, n = 1,891); one-third completed three VAT assessments (32.3%, n = 5,806); and almost 60 percent completed all four VAT assessments (57.1%, n = 10,256).

[7] We also tried to include a variable on psychosocial support, but because it has a broad definition, and because it was not recorded in the first two years of the program, we excluded it from the analysis.

For the analysis of moderating variables, we created new categorical variables from the VAT1 responses for the following: rurality, with categories for urban and rural residence; parenthood status, with categories for children with both parents alive or not (single or double orphan or parent[s] absent); and age groups at first VAT assessment, with categories for index children ages 0–9 and 10+ years old. We reshaped the data file to a long format to prepare it for merging with the service-delivery data.

Preparation of Data Files: Service Delivery

Upon receiving the service-delivery data set from SCORE, we recoded missing values for service-delivery indicators to zeros and created binary categorical variables for having received or not received services at each year of service delivery. Thus, participation in one training session or home visit within a year was recorded as "Yes" for receiving services.[8, 9] We attempted to set indicator thresholds to establish exposure, but were unable to do so, because of data quality challenges (e.g., the SCORE database does not track completion of a program curriculum for all curricula, and community-based organizations counted the number of sessions differently). Then we reshaped the data file to a long format to prepare it for merging with the VAT survey data.

Merging the VAT and Service-Delivery Data Sets

We merged the VAT and service-delivery data sets by household identification number. While SCORE sent us the VAT data set by calendar year, service-delivery data were presented by fiscal year (from October 2011 through September 2012), because that is the project reporting year. For the analysis, we linked data from the VAT calendar year with service-delivery data from the corresponding fiscal year. For example, for households that had their vulnerability assessment in 2014, we linked their VAT data from that year to the service-delivery data from October 2013 to September 2014.

Data on child-friendly school attendance was part of a separate data set, so we added a response for each index child recording whether he or she attended a child-friendly school. We did this by merging data on the name of the school attended by each index child, from the NAT, with the list of all child-friendly schools in the SCORE project service-delivery areas.

Preparation of Samples for the Analyses and Sample-Size Calculations

SCORE project service-delivery interventions were designed for various groups of recipients. For example, all households were eligible to take part in VSLAs and cooking demonstrations, but only households participating in a VSLA activity were eligible to take part in FML training sessions. Similarly, only households that needed referrals for child protection were eligible to receive and complete the referrals. Therefore, to analyse the relationship between service-delivery variables and outcomes, we needed to work with 12 different denominators. As a result, we created 11 additional sampling frames and randomly selected one sample from each frame for the analyses. See the previous table with service-delivery indicators for more information on the denominators.

According to sample size calculations, we needed 231 records for simple random sampling to detect a 10-percent change in school enrolment (from 77% at baseline to 87% at end line) at alpha = 0.05 and power = 80 percent. We doubled this size (n = 231) to take into account the intraclass correlation (n = 462), and then doubled it again to take into account the analysis for moderating variables (n = 924). We then added 76 records, to ensure sufficient power for other covariates in the model (total sample size = 1,000). Based on sample size calculations, we aimed to create 12 samples of 1,000 households each. However, for four out of 12 samples, we had to include the entire sampling frame in the analysis and still were unable to meet our target sample size of 1,000 households. Consequently, we had to select all available records for the analysis that involved completed referrals for malnourished children (N = 530), completed referrals

[8] See the limitations section for an explanation of how we created the binary categorical variables.
[9] We attempted to create continuous variables, but due to data quality issues, we decided to use binary variables.

for child protection (N = 476), completed referrals for education (N = 109), and completed referrals for legal support (N = 740).

Data Analysis

Univariate analyses, such as a frequency distribution and an analysis of mean, were conducted to understand the characteristics of children and the distribution of outcomes and service-delivery variables. To answer study research questions, we conducted generalized estimating equation models to take into account the correlational nature of repeated measures. Since all outcome variables are binary (e.g., food failure yes/no, school enrolment yes/no), we used logistic regression analysis and modelled changes in outcomes over time using multilevel modelling. For each child, the observations are correlated and nested within a child. We conducted panel data/multilevel data analysis to account for this intraclass correlation and model both changes within a child and average changes across children over time. Because observations within a child over time are correlated, we used a procedure called GENMOD in SAS to accommodate for this intraclass correlation. We applied fixed-effects methods, because they offer control for all stable characteristics of the children—even characteristics that are difficult to measure. Fixed-effects methods eliminate major biases from regression models with multiple observations (longitudinal data) for each child.[10] We presented the odds ratios based on the fixed regression coefficients to demonstrate the relationship of the predictors to the outcomes over time, averaged across subjects.

In the analysis of changes in outcomes over time, we also tested for two-way interaction effects to examine whether changes in outcomes over time vary for various groups of children. We tested for the following four moderating variables: sex (male or female); rurality (urban or rural); age group (0–9 or 10+ years old); and parenthood status (both parents alive or not). We conducted the analysis of the relationship between service-delivery variables and outcomes for two- and three-way interaction effects. We tested for two-way interaction effects to examine whether changes in outcomes over time vary by participation in a SCORE project intervention. We tested for three-way interaction effects to examine whether two-way interaction varies for groups of children (we used four moderators: sex, rurality, age group, and parenthood status). For all analyses, only statistically significant values, as well as their 95% confidence intervals, are presented in the report.

Qualitative Data

Site Selection

We collected data from four of five regions where SCORE implemented activities.[11] For each region, we listed all districts, and in each district, we listed all SCORE IPs. We randomly selected one district per region and then one IP per district. See Table 5 for the final selection.

[10] "The fixed-effects model controls for all time-invariant differences between the individuals, so the estimated coefficients of the fixed-effects models cannot be biased because of omitted time-invariant characteristics [like culture, religion, gender, race, etc.] . . . . Fixed-effects models are designed to study the causes of changes within a person [or entity]. A time-invariant characteristic cannot cause such a change, because it is constant for each person." (Kohler & Kreuter, 2012)

[11] Funds were available for data collection in four districts. The in-country technical team advised that we exclude the central region due to high contamination (i.e., other service providers).

Table 5. Sampled districts and implementing partners[12]

Region	District	IP
East	Sironko	The salvation army
North	Gulu	SOS children's villages international
East Central	Namayingo	South eastern private sector promotion enterprise Ltd (SEPSEL)
Southwest	Isingiro	Integrated development options

Participant Selection

We collected information from the following stakeholders to gain different perspectives of the program's impact as well as its strengths and challenges: 1) SCORE program, IP, and government staff; 2) program community workers, including peer nutrition educators, community legal volunteers, FFS facilitators, community-based trainers, village health team members (VHTs), and school educators; and 3) program beneficiaries.

SCORE Program, IP, and Government Staff

In collaboration with the SCORE program's senior staff, we developed a list of national, regional, and district-level government and SCORE/IP staff to ensure that those interviewed were knowledgeable about the SCORE program and OVC service delivery in Uganda. The list included SCORE technical leadership members; SCORE IP staff; SCORE regional managers; national and local government representatives (including chief administrative officers, community development officers [CDOs], district community development officers, probation and social welfare officers, and district agricultural production and marketing officers) (Table 6).

Table 6. Number of respondents by type of government position

Title/organization	Number of respondents
District community development officer and community development officer	8
Chief administrative officer, deputy chief administrative officer, and assistant chief administrative officer	4
Head of production and marketing and agricultural officer	4
District probation and social welfare officer	4
National—Ministry of Gender, Labour and Social Development	2
Total	22

Community Worker

Each IP provided a list of the current peer nutrition educators, community legal volunteers, FFS facilitators, VHTs and community-based trainers, and school educators working on SCORE (not all types of community workers were present in each district). Participants were required to have worked on SCORE for at least six months, and we sought a mix of male and female participants, when possible.

Beneficiary

Each IP that was selected provided a list of all households enrolled in the program. We stratified the list of households by graduation status (yes/no) and randomly selected 20 households (10 graduated and 10 continuing to receive services) from each IP list using Excel's random number generator. We oversampled 10 households per IP (five from each category) to allow for replacement households if one

[12] We replaced one IP in Gulu, because the one selected had closed, and we replaced one district in the Southwest to have representation from all IPs.

of the first ten households was not available. To participate in an interview, households had to have been enrolled in the program for at least six months.

Data-Collection Instruments

We developed tailored semi-structured interview guides for government, SCORE, IP staff interviews, and beneficiary interviews; and we developed focus group discussion (FGD) guides for community workers (Table 7, Appendix B). The beneficiary interview guides were translated into Luganda, Gishu, Acholi, and Runyakore/Rukiga—commonly used languages in the selected locations. The guides were pre-tested in a CSO in Kampala prior to data collection, and minor changes were made to improve the clarity and meaning of the questions.

Table 7. Data collection participants, methods, and content of interviews

Participant type	Method	Interview content
Government, SCORE, and IP staff	In-depth interview	Perspectives of program impact and MSC in beneficiaries/communities; and successes and challenges of various SCORE interventions/approaches
Community workers	FGD	Perceptions of program impact on beneficiaries; success and challenges to program implementation
Beneficiaries—head of household or primary caregiver	In-depth interview	Program involvement; perspectives of how the program affected their lives and their children's lives, including benefits to the overall household and what the MSC was; and experience with SCORE staff

Data-Collection Procedures

Palladium-trained qualitative-data-collection specialists and notetakers conducted the interviews and FGDs using the interview and FGD guides. Interviews lasted approximately one hour, and FGDs lasted an hour and a half. Interviews were audio recorded using digital recorders, and interviewers sought a separate consent to record. In the instances where consent for audio recording was not given, field notes were taken, and these were expanded shortly after the interviews.

Beneficiary Interviews

We conducted interviews with heads of household and caregivers in a private and quiet location within the local IP offices, out of earshot of program staff. We informed respondents of the study requirements, obtained verbal informed consent, and provided a transportation refund (15,000 Ugandan shillings) to participants after the interview.

Government and SCORE Staff Interviews

Interviews with national and district government, SCORE, and IP staff were conducted in each person's place of work or at the SCORE IP office. Interviews were conducted in English or the language the interviewee was most comfortable speaking.

Community Worker Focus Group Discussions

For the community worker focus group discussions, data collectors requested that 6–8 members of each cadre travel to the IP field offices, or another convenient location (district headquarters, community centre, subcounty offices), to participate. We conducted FGDs in the language each participant was most comfortable speaking.

Data Analysis Methods

All interview and FGD recordings were simultaneously transcribed and translated into English and expanded with field notes, where necessary. Transcripts were imported into QSR NVivo (version 10.0) and analysed. Study investigators and qualitative consultants read the transcripts multiple times and began to develop questions about the data, identifying preliminary emergent themes. Study staff developed an initial codebook with topical codes based on questions from interview guides. Using the draft codebook, two independent coders coded the same ten transcripts to test the reliability of the coding scheme and identify additional themes and codes. The two coding results were compared and disagreements resolved through discussion. We revised and tested the coding scheme, finalizing it when the kappa value of the combined coding of the sample of transcripts reached 0.86 (Neuendorf, 2002). The two coders then each coded half of the transcripts with the revised codebook (Appendix C).

Following preliminary coding, we conducted a second round of coding to answer key research questions (e.g., socioeconomic strengthening [SES] impact or SES MSC) and code for relevant emerging codes (e.g., interrelated nature of the program impact). Matrix and coding comparison queries were also run during this round of coding. We then generated code reports.

We reviewed code reports and identified subthemes within each code and examined the evidence supporting the themes and subthemes. We then began to form essential concepts and relationships between the different themes and subthemes through matrices. We analysed beneficiary results by district and sex, but found no clear trends. We synthesized the data and communicated our findings by writing this report and presenting the data, using direct quotes to support themes.

Ethical Review

We received institutional review board approval (in the United States, from Health Media Lab, and in Uganda, from the Mildmay Uganda Ethics Review Committee), and we received authorization from the Uganda National Council for Science and Technology. The study team took many steps to ensure confidentiality in both the secondary and primary data.

Secondary Data Analysis

SCORE sent the completed VAT and service-delivery data sets for index children over time (i.e., VAT1, VAT2, VAT3, and VAT4 data sets) through a password-protected file. The VAT and service-delivery databases identify beneficiary households and index children by name and location. These identifiers had to be maintained in order to match respondents between survey rounds for the tests of reliability and to select households for interview and match responses for the statistical analyses. Once records have been matched, all individual identifiers were removed from the data files, and only household identification numbers were kept. Analyses were performed on the de-identified data sets.

Qualitative Data Collection

All primary data collected from interviews was kept confidential. Researchers and data collectors signed a document to ensure that participants' privacy was maintained. Before each interview, researchers obtained informed consent and provided interviewees with an information sheet and contact information, with contacts in Uganda, should the interviewees have questions. Following the interviews, digital recordings of qualitative interviews were uploaded onto password-protected computers and shared through a password-protected, secure cloud. No names of participants will be presented in any reports or manuscripts produced because of this research.

LIMITATIONS

This study had several limitations. We present them according to the type of analysis and data set.

Secondary Data Analysis: VAT Data

There were several limitations to using the VAT data for outcomes. First, questions related to three of the selected outcomes (child labour, child abuse, and school attendance) were asked regarding a specific index child, but that index child was purposively selected (at times, due to level of need). In addition, the question related to food failure asked about any person in the household, so it is unclear if the improvement in this outcome was for a specific child or adult in the household. As such, findings are not generalizable to all children. It is important to note, however, that the SCORE program did not design the VAT instrument as a research tool.

Second, there were a few concerns related to the child labour and child abuse variables. Both variables were not mutually exclusive (i.e., child labour asked whether a child had been involved in the following: child labour, street child, or child mother; and child abuse asked about whether a child had experienced psychological abuse, physical abuse, sexual abuse, or child neglect), so there was no way to ascertain if the type of child labour or abuse issue at the first VAT period was the same child labour issue at the second VAT administration. Also, the question related to child labour was administered to either the child, parent, or guardian, and we can't be certain the question was asked to the same person at each follow-up VAT administration (though the program tried to assure the same person did answer the question).

Third, the VAT instrument did not specify the recall period for the child labour, child abuse, and food failure outcomes, though the tool guidance was to ask about the year preceding the assessment. As such, we can't be certain that CSOs measured these outcomes in a standardized way.

The VAT is administered to households by the community workers who provide household services. When program staff collect data, two potential types of biases could be introduced:

1. Response bias, because households may have answered a question differently if they thought they were more likely to receive services. This could have been the case for the first VAT administration in particular, for which it is typically harder to get reliable responses (Cannon & Snyder, 2012).
2. Those administering the VAT may have wanted to show improvement for their households and adjusted the form accordingly over time. However, there is no evidence that this occurred.

Secondary Data Analysis: Service-Delivery Data

The SCORE project provided MEASURE Evaluation with data for select variables. Based on data provided, in consultation with the SCORE project staff, we tried to create thresholds for indicators to measure minimum standards for exposure. For example, for a household to have received a "yes" for exposure to parenting training, we wanted to define the variable as whether or not a household had completed the parenting training. However, it was not feasible to establish such thresholds for any of the variables, because of data quality challenges.

According to the data provided by SCORE, service-delivery coverage for numerous interventions was low during the first two years of the project. From discussions with SCORE, we learned that some of the services provided were not documented properly by project staff in the beginning of the project. Therefore, it is possible that, in some cases, our inability to establish some of the relationships between service-delivery variables and outcomes was a result of the poor documentation of the services.

We attempted to conduct analysis looking at combinations of interventions and their effects on outcomes; however, we were unable to do this, because of the different denominators for each service-delivery intervention. Also, the frequencies for some service-delivery variables were not that high (e.g., referrals). If we were to create a combination variable for two or three interventions—so that all two or

all three interventions should be "Yes" for us to code this combination variable as "Yes"—we would have had a low proportion of households with the value of "Yes" for the combination variable at each point in time. As a result, we would have been unlikely to see changes over time.

Qualitative Data

Qualitative respondents provided their perceptions of program impacts on beneficiaries as well as their perspectives on strengths and challenges of SCORE approaches. Such perceptions may not be generalizable to all program respondents. The study design addressed this limitation by 1) triangulating secondary data analysis from the VAT, service-delivery data, and qualitative data; 2) randomly selecting site locations and participants; and 3) triangulating qualitative responses from different respondent types.

As mentioned, the study team had to identify replacement households for various reasons. Five of the households were not accessible, owing to severe flooding. Therefore, findings may not represent the experiences of those living in more remote, hard-to-reach areas. In several cases, households had relocated, yet program records had not yet been updated. Though this did not affect our study, because we had selected replacement households, it does indicate a need for the CBOs to update program records.

RESULTS

Secondary Data

Characteristics of the Index Children in the VAT Database

Among 17,953 children at baseline, more than half were boys (54.6%), the majority lived in rural areas (89.8%), and both parents were alive for more than one-third (37.3%). The average age was 9.6 years (standard deviation [SD] = 4.4, median = 10, mode = 12): 9.5 years for girls and 9.8 years for boys. The geographic distribution in the five regions where SCORE works is as follows: North (16.4%), Southwest (26.9%), East (21.8%), East Central (16.9%) and Central (18.1%).

Table 8. Parenthood status for children at baseline, N = 17,952

Parenthood status for the index child	Number of children at baseline	Proportion of children at baseline
Both parents alive	6,700	37.3
Father absent	2,301	12.8
Mother absent	743	4.1
Both parents absent	1,440	8.0
Paternal orphan	4,162	23.2
Maternal orphan	996	5.6
Double orphan	1,610	9.0

Source: VAT data at baseline, mutually exclusive categories

Frequency Distribution of VAT Outcomes over Time

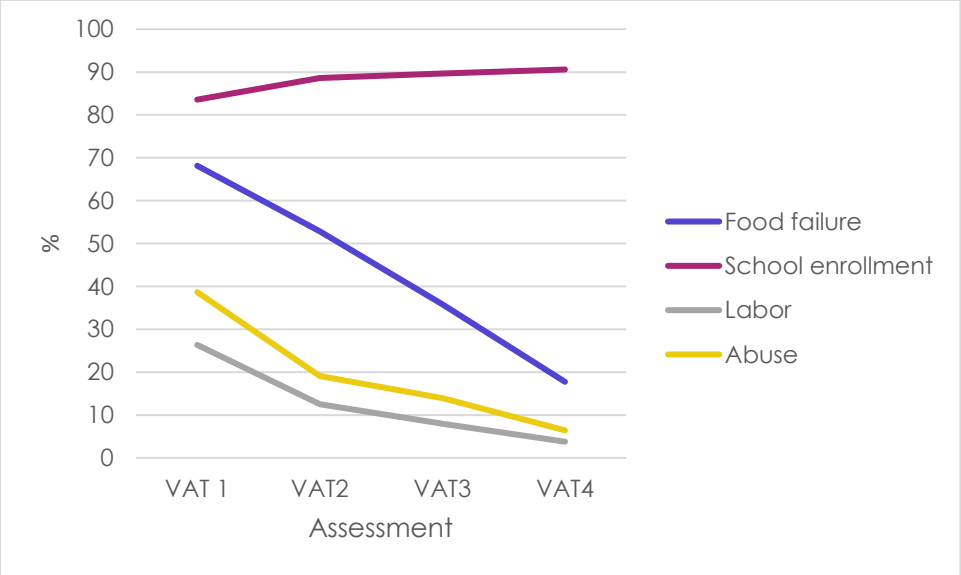
Food failure, labour, and abuse decreased and school enrolment increased over time. Absolute change from the first to last VAT assessment was the biggest for food failure (50.1%), followed by abuse (32.2%), labour (25.6%), and school enrolment (7.03%). Please see Table 9 and Figure 1.

Table 9. Frequency distribution of outcomes over time, N = 17,953

Outcome	VAT assessment 1		VAT assessment 2		VAT assessment 3		VAT assessment 4	
	%	N	%	N	%	N	%	N
Food failure	68.16	17,935	52.85	12,747	35.84	16,234	17.75	15,266
School enrolment	83.58	15,050	88.65	11,192	89.69	14,000	90.61	12,599
Labour	26.37	17,899	12.50	12,751	7.95	16,234	3.79	14,673
Abuse	38.68	17,948	19.08	12,751	13.98	16,234	6.44	15,271

Source: VAT data

Figure 1. Changes in outcomes over time, N = 17,953



Source: VAT data

Note: School enrolment data are restricted to children 5–17 years old.

Results from Regression Model: Changes in VAT Outcomes over Time

We found a reduction in food failure, labour, and abuse and an increase in school enrolment over time.[13] For a one-year change in time, we expect a 53-percent reduction in the odds a household member/child would experience food failure (OR = 0.47, p<0.0001). For a one-year change in time, we expect a 23-percent increase in a child's odds of being enrolled in school (OR = 1.23, p<0.0001). For a one-year change in time, we expect a 54-percent reduction in the odds a child would engage in labour (OR = 0.46, p<0.0001). For a one-year change in time, we expected a 51-percent reduction in the odds a child would be abused (OR = 0.49, p<0.0001). Please see Table 10 for more results from the model.

[13] This finding reports the changes in select outcomes over time, but we are not able to establish attributed as there was no control group.

Table 10. Results from the logistic regression model: Changes in outcomes over time, N = 1,000

Outcome	Estimate*	Standard error	95% confidence limits		Odds ratio	95% confidence limits for the odds ratio		P-value
			Lower	Upper		Lower	Upper	
Food failure	-0.7633	0.0323	-0.8266	-0.7000	0.47	0.44	0.50	<.0001
School enrolment	0.2035	0.0488	0.1079	0.2992	1.23	1.11	1.35	<.0001
Labour	-0.7745	0.0519	-0.8763	-0.6727	0.46	0.42	0.51	<.0001
Abuse	-0.7190	0.0425	-0.8022	-0.6357	0.49	0.45	0.53	<.0001

*The estimate is presented in log-odds units.

Frequency Distribution of VAT Outcomes over Time, by Sex, Age Group, Location, and Parenthood Status

Tables below present frequency distribution of all four outcomes over time by sex, age group, location, and parenthood status as well absolute changes in outcomes over time. Please consult the following section of this report for information on the results from the statistical analysis: Results from Regression Model: Changes in VAT Outcomes by Sex, Location, Age Group, and Parenthood Status.

Food failure decreased over time evenly for all groups of children, except for the children living in urban areas. Food failure decreased over time more for urban residents compared to rural residents (64% vs 50%). See Table 11.

Table 11. Frequency distribution of food failure over time, by sex, age group, location, and parenthood status, N = 17,953

Outcome–food failure		VAT assessment 1		VAT assessment 2		VAT assessment 3		VAT assessment 4		Absolute change from VAT1 to VAT4
		%	N	%	N	%	N	%	N	%
All children		68.16	17,935	52.85	12,747	35.84	16,234	17.75	15,266	50.4
By sex	Girls	66.90	8,149	51.61	5,846	35.40	7,375	17.37	6,898	49.5
	Boys	69.22	9,785	53.90	6,900	36.19	8,858	18.05	8,367	51.2
By age group at baseline	0–9	68.78	8,177	53.84	5,509	37.33	7,353	18.21	6,897	50.6
	10 and older	67.45	9,559	51.87	7,073	34.37	8,793	17.16	8,252	50.3
By location	Rural	67.54	15,806	53.04	11,206	35.33	14,705	17.48	13,629	50.1
	Urban	72.73	1,808	51.46	1,539	40.67	1,527	8.88	1,317	63.9
By parenthood status at baseline	Both parents alive	70.58	6,692	57.61	4,336	41.05	6,049	19.98	5,807	50.6
	Orphan	66.72	11,242	50.39	8,410	32.75	10,184	16.38	9,458	50.3

Source: VAT data

School enrolment increased over time evenly for all groups of children except for the younger children. School enrolment increased over time more for younger children compared to the older ones (16.1% vs 0.5%). See Table 12.

Table 12. Frequency distribution of school enrolment over time, by sex, age group, location, and parenthood status, N = 17,953

Outcome—school enrolment		VAT assessment 1		VAT assessment 2		VAT assessment 3		VAT assessment 4		Absolute change from VAT4 to VAT1
		%	N	%	N	%	N	%	N	%
All children		83.58	15,050	88.65	11,192	89.69	14,000	90.61	12,599	7.0
By sex	Girls	84.57	6,810	88.95	5,122	90.24	6,424	91.36	5,810	6.8
	Boys	82.76	8,239	88.40	6,069	89.21	7,575	89.97	6,788	7.2
By age group at baseline	5–9	76.48	5,782	87.10	4,666	90.28	6,586	92.53	6,523	16.1
	10 and older	88.01	9,268	89.76	6,526	89.16	7,414	88.55	6,076	0.5
By location	Rural	83.16	13,267	87.85	9,827	88.93	12,679	90.25	11,260	7.1
	Urban	88.03	1,546	94.42	1,363	96.97	1,320	95.93	1,081	7.9
By parenthood status at baseline	Both parents alive	80.65	5,240	86.96	3,682	88.53	5,203	90.27	4,922	9.6
	Orphan	85.15	9,809	89.48	7,509	90.37	8,796	90.83	7,676	5.7

Source: VAT data

Labour decreased over time on average from 26 percent to four percent for all groups of children. The absolute changes were greater for older compared to younger children and for rural compared to urban residents. See Table 13.

Table 13. Frequency distribution of child labour over time, by sex, age group, location, and parenthood status, N = 17,953

Outcome—labour		VAT assessment 1		VAT assessment 2		VAT assessment 3		VAT assessment 4		Absolute change from VAT1 to VAT4
		%	N	%	N	%	N	%	N	%
All children		26.37	17,899	12.50	12,751	7.95	16,234	3.79	14,673	22.6
By sex	Girls	24.51	8,127	11.27	5,847	6.64	7,375	3.54	6,631	21.0
	Boys	27.92	9,771	13.54	6,903	9.04	8,858	3.99	8,041	24.0
By age group at baseline	0–9	15.18	8,170	7.48	5,511	4.65	7,353	2.03	6,642	13.2
	10 and older	35.67	9,530	16.18	7,075	10.66	8,793	5.23	7,914	30.4
By location	Rural	27.77	15,770	13.42	11,210	8.34	14,705	3.90	13,037	23.9
	Urban	15.15	1,808	5.78	1,539	4.19	1,527	1.06	1,317	14.1
By parenthood status at baseline	Both parents alive	22.79	6,675	11.62	4,336	6.84	6,049	3.09	5,570	19.7
	Orphan	28.50	11,223	12.95	8,414	8.61	10,184	4.22	9,103	24.3

Source: VAT data

Abuse decreased over time on average from 39 percent to 6 percent for all groups of children. The absolute changes were greater for orphan children compared to children with both parents alive and for rural compared to urban residents. See Table 14.

Table 14. Frequency distribution of abuse over time, by sex, age group, location, and parenthood status, N = 17,953

Outcome—abuse		VAT assessment 1		VAT assessment 2		VAT assessment 3		VAT assessment 4		Absolute change from VAT1 to VAT4
		%	N	%	N		N	%	N	%
All children		38.68	17,948	19.08	12,751	13.98	16,234	6.44	15,271	32.2
By sex	Girls	37.61	8,153	19.24	5,847	14.07	7,375	6.65	6,898	31.0
	Boys	39.59	9,794	18.95	6,903	13.90	8,858	6.27	8,372	33.3
By age group at baseline	0–9	37.67	8,182	18.74	5,511	14.14	7,353	6.72	6,900	31.0
	10 and older	39.50	9,567	19.15	7,075	13.78	8,793	6.23	8,254	33.3
By location	Rural	40.12	15,819	20.09	11,210	90.59	14,705	6.70	13,634	33.4
	Urban	26.55	1,808	11.63	1,539	9.41	1,527	1.82	1,317	24.7
By parenthood status at baseline	Both parents alive	32.70	6,698	15.87	4,336	13.06	6,049	6.20	5,809	26.5
	Orphan	42.24	11,249	20.74	8,414	14.52	10,184	6.60	9,461	35.6

Source: VAT data

Results from Regression Model: Changes in VAT Outcomes by Sex, Location, Age Group, and Parenthood Status

When we tested for interaction effects between time and sex, time and residence (rural vs urban), time and age group at baseline, and time and parenthood status for each of the outcomes, we established a two-way interaction between time and age group for the school enrolment outcome ($p<0.0001$) and a two-way interaction between time and residence for food failure ($p<0.0037$).

The significant interaction between time and baseline age group reflects a variation of the effect of time on school enrolment by age group. For children 5–9 years old at baseline, for each unit of time (year), the odds of school enrolment increase by 112 percent (OR = 2.12, confidence interval [CI] 0.55–0.95). For children 10–17 years old at baseline, for each unit of time (year), the odds of school enrolment reduce by four percent, but the change is not significant (OR = 0.96, CI 0.84–1.07). Based on these results, we can conclude that the odds for school enrolment increased for younger children over time compared to no change in the odds for the older children.

The significant interaction between time and place of residence reflects a variation of the effect of time on food failure by the place of residence. For urban households, for each unit of time (year), the odds of food failure decrease by 64.8 percent (OR = 0.35, CI 0.29-0.42). For rural households, for each unit of time (year), the odds of food failure decrease by 53.1 percent (OR = 0.47, CI 0.44–0.50). We can conclude that there was a greater decrease in the odds of food failure, over time, for urban residents compared to rural residents.

Frequency Distribution of Service-Delivery Indicators

Beneficiaries participated in VSLAs more than any other SES activity—with participation rates ranging from 20 percent to 28 percent at each VAT period (Table 15). Participation in VSLA supplemental activities, such as financial and market literacy training, SPM sessions, and community skills training, primarily started during the VAT2 period. Of those supplemental activities, beneficiaries most frequently

participated in FML trainings, with about 40-percent participation during the third and fourth VAT periods.

Table 15. Frequency distribution of service-delivery indicators, by VAT assessments, N = 17,953[14]

SCORE objective	#	Service-delivery variables	Baseline VAT		VAT 2		VAT 3		VAT 4	
			%	N	%	N	%	N	%	N
SES	1	VSLA participation	22.6	17,953	26.7	12,751	27.5	16,234	20.1	15,286
	2	Youth apprenticeship	22.8	3,482	19.5	2,477	8.3	3,380	2.7	3,098
	3	FML trainings	2.0	8,824	9.8	6,668	38.5	8,397	40.1	7,708
	4	SPM sessions	.6	8,824	26.8	6,668	22.9	8,397	16.1	7,708
	5	Community skills training	2.5	8,824	14.5	6,668	15.9	8,397	8.6	7,708

In the first VAT period, few beneficiaries participated in food security and nutrition (FSN) activities, due primarily to the fact that these activities were just starting up. From the second VAT period, beneficiaries participated in FFS training and nutrition dialogues more than any other FSN activity, with participation ranging from 24 percent to 34 percent at each VAT period (Table 16). For children given referrals for malnutrition, few of these had completed referrals.

Table 16. Frequency distribution of service-delivery indicators, by VAT assessments

FSN	1	FFS training	13.1	15,824	24.0	11,210	30.8	14,705	24.5	13,644
	2	Horticulture training	5.7	17,953	16.8	12,751	23.8	16,234	15.9	15,286
	3	Cooking demonstrations	2.0	17,953	14.3	12,751	19.8	16,234	10.9	15,286
	4	Nutrition dialogues	6.9	17,953	23.8	12,751	33.7	16,234	28.9	15,286
	5	Referrals for malnourished children	2.1	375	10.1	358	31.6	478	4.2	361

Completion of referrals were lowest in the first year, possibly because referrals were provided toward the end of the year after enrolment, and the completion may not have occurred until the following year. (Table 17). Many more beneficiaries participated in the community dialogues, with up to 50 percent participating during the 3rd VAT period.

[14] VAT1 (2011, 2012) were linked to SD Year 1 (Oct 11–Sept12); VAT2 data (2013) were linked to SD Year 2 (Oct12–Sep13); VAT3 data (2014) were linked to SD year 3 (Oct13—Sep14); VAT4 data (2015) were linked to SD Year 4 (Oct14 to Sep15).

Table 17. Frequency distribution of service-delivery indicators, by VAT assessments

Child protection	**1**	**Referrals for child protection**	.4	468	15.1	437	47.2	449	26.9	424
	2	**Referrals for legal support**	15.4	729	18.7	605	27.9	700	31.1	639
	3	**Referrals for birth registration**	.3	9,603	20.8	7,682	10.9	9,625	17.8	9,335
	4	**Community dialogues related to child protection and legal support**	11.5	17,953	38.2	12,751	49.5	16,234	40.2	15,286

Beneficiaries received home visits more frequently than any other intervention related to access to critical services, or any other objective area, with nearly three-quarters receiving a visit in the third VAT period (Table 18). In the same period, approximately two-thirds of beneficiaries participated in a community dialogue session that did not involve child protection. Participation in other community dialogues (not related to child protection and nutrition) was high, ranging from 40 percent to 51 percent after the first VAT period. Approximately one-quarter of index children attended a child-friendly school across all four VAT periods. With the exception of VAT3 (where 65% of referrals for education were completed), many referrals were not recorded as completed. Parenting skills training was not offered until Year 3 of the project, and in Year 4 about 15 percent of beneficiaries participated in it.

Table 18. Frequency distribution of service-delivery indicators, by VAT assessments

Access to critical services	**1**	**Home visits**	24.4	17,953	66.6	12,751	72.1	16,234	59.5	15,286
	2	**Other community dialogues**	9.4	17,953	40.0	12,751	51.3	16,234	44.1	15,286
	3	**Life skills sessions**	.7	16,681	7.1	12,035	11.0	15,153	9.4	14,293
	4	**Attending child-friendly school**	21.7	12,537	22.0	8,739	21.7	11,797	22.2	10,877
	5	**Referrals for education**	4.6	109	29.4	85	65.3	98	14.6	96
	6	**Parenting skills training***	0	17,953	0	12,751	4.3	16,234	15.2	15,286
	7	**Referrals not related to child protection and malnutrition**	11.3	5,581	52.6	5,073	58.9	6,208	65.2	6,319

Source: VAT data

*Parenting skills sessions were not planned to be a part of the program; these were included later based on the project's internal needs assessment.

Results from Regression Model: Relationship between Service-Delivery Variables and Outcomes: Main Effects

We have established several main effects in the model of the relationship between service delivery and outcomes, controlling for time (Table 19). The regression model identified three main effects related to

food failure. Participation in FML and FFS trainings reduces the odds of food failure, and completion of referrals for malnourished children increases the odds. Participation in FML trainings reduces the odds of food failure by 17.4 percent (p-value = 0.0367). Participation in FFS trainings reduces the odds of food failure by 17.3 percent (p-value = 0.0349). Completion of referrals for malnourished children is associated with greater odds of food failure (p-value<0.0001).

The regression model identified three main effects related to school enrolment. Participation in horticulture trainings, community dialogue meetings related to child protection or legal support, and home visits increases the odds for school enrolment. Participation in horticulture trainings increases the odds of school enrolment by 40.8 percent (p-value = 0.0283). Participation in community dialogue meetings related to child protection or legal support increases the odds of school enrolment by 42 percent (p-value = 0.0029). Participation in home visits increases the odds of school enrolment by 38.9% (p-value = 0.011).

The regression model identified one of the main effects related to child abuse. Participation in parenting skills trainings reduces the odds of abuse by 22.6 percent. (p-value = 0.0301). We did not include a table for labour, because no effects were found.

Table 19. Parameter estimates (odds ratio) for multilevel logistic regression models of having an outcome by project interventions

Explanatory variables	Outcomes
	Food failure odds ratio (OR) (95% confidence interval [CI])
FML trainings	
No	1.00
Yes	0.83 (0.69,0.99)*
FFS trainings	
No	1.00
Yes	0.83 (0.69,0.99)*
Completed referrals for malnourished children	
No	1.00
Yes	2.82 (2.03,3.93)***
	School enrolment OR (95% CI)
Horticulture training	
No	1.00
Yes	1.41 (1.03,1.91)*
Community dialogue meetings related to child protection/legal support	
No	1.00
Yes	1.42 (1.13,1.78)**
Home visits	
No	1.00
Yes	1.38 (1.14,1.69)**
	Abuse OR (95% CI)
Parenting skills training	
No	1.00
Yes	0.77 (0.07,1.47)*

*p<0.05; **p<0.01; ***p<0.001

Interaction Effects: Relationship between Service-Delivery Variables and Outcomes

We have found very few two- and three-way interaction effects. For two-way interactions, we established a difference in the effect of time on abuse by participation in community dialogues related to child protection or legal support (2-way interaction between time and participation in the dialogues, p-value = 0.0286). The effect of time on abuse depends on participation in community dialogues. When there is no participation in community dialogues, for each unit of time (year), the odds of abuse reduce by 49 percent

(OR = 0.51, CI 0.46–0.56). When there is participation, the odds of abuse decrease by 59 percent (OR = 0.41, CI 0.35–0.50). We can conclude that the reduction in the odds of abuse over time was greater among the children who lived in the households that took part in community dialogues related to child protection or legal support, compared to those who did not.

We have found two three-way interactions in the relationship between VSLA and food failure. There is a significant three-way interaction between time, VSLA, and sex of index children (p-value = 0.0231), which reflects a variation of a two-way interaction for time and VSLA for food failure dependent on sex. For girls living in the households participating in VSLA, for each unit of time (year), the odds of food failure decreased by 48.3 percent (OR = 0.52, CI 0.42–0.64). For girls living in the households not participating in VSLA, for each unit of time (year), the odds of food failure decreased by 53.9 percent (OR = 0.46, CI 0.42-–0.52). For boys living in the households participating in VSLA, for each unit of time (year), the odds of food failure decreased by 62.8 percent (OR = 0.37, CI 0.30–0.45). For boys living in the households not participating in VSLA, for each unit of time (year), the odds of food failure decreased by 51.8 percent (OR = 0.48, CI 0.44–0.54). We can conclude that, though the decrease in the odds of food failure was smaller for girls who lived in the households participating in VSLA versus those who did not, the decrease in the odds for food failure was greater for boys who lived in the households participating in VSLA, compared to boys who did not.

A significant three-way interaction between time, VSLA, and baseline age group (p-value = 0.0022), reflects a variation of a two-way interaction for time and VSLA for food failure by age group for index children. For children 0–9 years old living in the households participating in VSLA, for each unit of time (year), the odds of food failure decreased by 43.1 percent (OR = 0.56, OR 0.45–0.70). For children 0–9 years old living in the households not participating in VSLA, for each unit of time (year), the odds of food failure decreased by 54.1 percent (OR = 0.46, CI 0.42–0.51). For children 10–17 years old living in the households participating in VSLA, for each unit of time (year), the odds of food failure decreased by 65.0 percent (OR = 0.35, CI 0.27–0.41). For children 10–17 years old living in the households not participating in VSLA, for each unit of time (year) change, the odds of food failure decreased by 52.9 percent (OR = 0.47, CI 0.43–0.52). We can conclude that, though the reduction in the odds for food failure was smaller for children 0–9 years old who lived in the households that participated in VSLA versus those who did not, the reduction in the odds of food failure was greater for children 10–17 years old who lived in the households that participated in VSLA versus those who did not.

Primary Qualitative Data

Response Rates

We conducted qualitative interviews with 40 program beneficiaries and 39 other stakeholders. We held 16 focus group discussions with 78 community-based workers and volunteers, including peer nutrition educators, community legal volunteers, FFS facilitators, VHTs, community-based trainers (CBTs), and school educators (Table 20). Of 157 people who participated in the qualitative component of our study, 67 (43%) were female, and 90 (57%) were male. We interviewed 11 individuals at the national or regional level, and the remaining interviewees were at the district level.

We conducted 10 beneficiary interviews (5 graduated and 5 current) in each district, for a total of 40 interviews. We interviewed all the district government and SCORE staff we planned to interview and conducted all but one national-level interview. Due to the limited availability of some cadres of community workers, as well as the limited number employed,[15] there were several FGDs with mixed-role community workers and several with fewer than six participants.

[15] The number of CLVs was very low in Gulu and Isingirio districts.

Table 20. Qualitative respondents

		District				Sex		
	National & regional	Isingiro	Namayingo	Sironko	Gulu	Female	Male	Totals
Beneficiaries[16]	0	10	10	10	10	23	17	40
Program	8	2	2	2	2	4	12	16
Government	2	5	5	5	5	7	15	22
Other*	1	0	0	0	0	1	0	1
Community Worker**	0	18	23	22	15	32	46	78
Totals	**11**	**35**	**40**	**39**	**32**	**67**	**90**	**157**

* Partner organization

** Number and type of community workers: FFS facilitators = 2, peer nutrition educators = 3, community legal volunteers = 4, school educators = 4, and multiple community worker roles = 3

Table 21. FGD composition

Category	Districts	Number of participants by sex		
		Total	M	F
FFS facilitators	Namayingo	6	6	0
	Sironko	4	4	0
Peer nutrition educators (PNE)	Namayingo	7	2	5
	Sironko	6	1	5
	Gulu	5	1	4
Community legal volunteers (CLV)	Sironko	5	3	2
	Namayingo	5	5	0
	Isingiro	2	1	1
	Gulu	2	1	1
School educators	Sironko	5	1	4
	Namayingo	6	5	1
	Isingiro	4	4	0
	Gulu	4	2	2
Mixed groups				
FFS facilitators & PNE	Isingiro	6	6	5
CBTs and VHTs	Isingiro	6	3	3
FFS facilitators and CBTs	Gulu	6	3	3

Program Impact and Most Significant Change

Study participants described multiple positive effects the SCORE program interventions had on beneficiaries and beneficiary households. When asked about changes in beneficiary lives resulting from the program, participants described no negative impact of beneficiary involvement in the program. There were, however, critiques of the program approach. These are detailed in the section below: Strengths and Challenges of SCORE Approaches.

[16] We replaced 12 beneficiaries; five beneficiaries could not travel due to flooding; one died; two moved; one was unavailable; and three were too recently enrolled in the program and did not meet the inclusion criteria.

Out of all the positive changes cited, beneficiaries were also asked to describe what they perceived to be the MSC they or their household had as a result of participation in the SCORE program. Table 22 shows how beneficiaries interviewed spoke about the impacts and MSC for the main thematic areas. Beneficiaries were required to name one specific change that was most significant, but they could name multiple types of program impacts, hence the differentiation in frequencies. While improving access to education was listed fourth in terms of frequency, it ranked first in terms of describing the MSC.

Table 22. Frequency distribution of beneficiaries citing impact and MSC (N = 40)

	Impact	Most significant change
Economic empowerment	40 (100%)	10 (25%)
Food security and nutrition	38 (95%)	9 (23%)
Child protection	22 (55%)	1 (3%)
Access to education	18 (45%)	11 (28%)
HH relations	13 (33%)	3 (8%)
Health	8 (20%)	6 (15%)

Below, we present more detail on each of the impacts of the SCORE program, as described by beneficiaries, and program and government staff. Each thematic area also includes the MSC described by beneficiaries and how that change resulted from their engagement with the program.

The interrelated nature of the SCORE program challenged our ability to describe one singular driver of the changes cited. Several beneficiaries (12 out of the 40, or 30%) explicitly described a MSC that indicated a change that occurred due to the combination of multiple project interventions.

For instance, one graduated beneficiary described how leveraging the loans from the VSLAs and the knowledge from the FFS has enabled them to increase their agricultural yield, and this has moved their family out of critical vulnerability, leaving them more food secure and allowing them the means to educate their children.

> *The most significant change was an increment in income levels as a household head. Being a farmer, I participated in VSLAs and FFS groups where we continuously save and get loans. I have used my savings and loans to improve on crop production, and now I do commercial farming. The commercial farming coupled with group marketing fetch me a lot of money, and I see that am no longer critically vulnerable. My household now food secure and am able to educate my children in better schools in the community, unlike the case before SCORE program interventions.* (Graduated female beneficiary, Gulu)

Similarly, a testimony from a beneficiary in Sironko explains again how the VSLAs, linked with financial literacy about how to sell their agricultural produce, has increased the food security of the home, improving children's behaviour and strengthening household relations.

> *Through farming, we are able to sell the crops and get money for savings. If there is hunger in a family, poverty increases and children involve in mischief like stealing from the neighbours, which causes quarrels and misunderstandings in homes. It also makes children prone to fall sick due to malnutrition. So, when there is food, you save yourself from so many issues like sickness, quarrels, worries, and theft. As I am here now, my children have eaten and they know that when I go back, I am going to give them more food. Even when I lack money, I just sell the food that I have and get money.* (Graduated female beneficiary, Sironko)

When reviewing the sections below on specific types of impact, it is important to note that the changes described were very much linked. This is reflected in many of the quotes from beneficiaries below.

Economic Empowerment

All beneficiaries (n = 40, 100%) indicated that participation in SCORE program activities led to a positive change with respect to financial security and ability to purchase goods and services for their families.

Respondents indicated that participation in VSLAs and related financial literacy classes taught them the importance of earning their own money, how to save, and how to access and use loans to start income-generating activities (IGAs) or meet urgent household expenses.

One of the beneficiaries illustrated how the SCORE program changed his attitude about being responsible for his own livelihood:

> *SCORE has encouraged me to work hard. I can now generate income by engaging in different income-generating activities. I am no longer someone who sits and waits for organizations or programs to come and give me handouts. I try to work hard for myself.* (Current male beneficiary, Namayingo)

The following beneficiary provided a description of the process of getting a loan, saving, and starting a business to generate funds to meet his family's needs—a process that many other beneficiaries articulated:

> [The] *SCORE program has provided* [me with] *the opportunity for the saving scheme. I go there and get a loan, which I do not spend in any way. I plan well for it. For example, I can buy a chicken and put it at home, and then the remaining amount of money I can use to pay school fees for my children. This chicken will now produce; and they will multiply; and I will return the profits back to pay up the loan. So, my income has changed in that way.* (Graduated male beneficiary, Namayingo)

Another beneficiary's quote illustrates how the VSLA serves as a resource for urgent costs, such as school fees, medical bills, or other expenses:

> *Being part of the VSLA is significant, because now I can borrow money from the group. For example, if my child is sent away from school for nonpayment of school fees, I can easily run to the group for support in terms of a loan. Even in the event that me or any my children are sick, I can reach out to the group and get money to for pay for the medical bills. When I get any emergency, I just run to the group to borrow money, and I pay later. I can easily solve my household problems.* (Graduated female beneficiary, Sironko)

Government and program respondents (n = 29, 74%), had similar sentiments about the positive changes related to the economic situations of families, discussing how interventions such as VSLAs, IGAs, financial literacy trainings, and apprenticeships have led to an increase in income to use for essential needs. Two respondents described the types of changes experienced by household beneficiaries and which program activities contributed to that change:

> *The household economic status has changed—looking at the scores that we always gauge in terms of looking at the household incomes, through the VSLAs, we have managed to see the household income increase drastically, and through apprenticeship engagement, we have seen the youths gaining self-employment and income-generating activities. Through financial literacy, we are able to see who were able to save their money and start doing businesses and supporting each other, in terms of meeting day-to-day needs of the households, paying school fees for their children, meeting medical expenses at all levels of household expenses they need to meet.* (SCORE staff member)

> *Savings have caused a great change, and people now know that they have to develop in their household. People have bought plots of land, cows, and goats through their savings, and people will tell you when you visit them.* (Government official, Namayingo)

Analysis of FGD data reveals that the project was perceived to contribute to improvement in the financial status of beneficiaries. The improvement is manifested in the improved capacity of beneficiary households to address their own basic needs and access critical essential services, such as health and education. For example, through participation in VSLAs, beneficiaries were able to accumulate savings or

access credit to expand their crop production, purchase livestock, meet children's basic needs, or start a small business:

> *SCORE introduced the VSLAs, and people have now started to save money; and they also borrow money and start-up businesses.* (CLV, Namayingo)

> *For me I have seen great change in terms of financial literacy. The way it works is we invite the community members for meetings, and during these meetings we talk about the saving boxes. This is where people can keep small amounts of money, which they then deposit with the saving group. At the time of sharing, the group members have a lot of money, and they can use this money to pay school fees for their children and for personal development.* (CBT/VHT member, Isingiro)

The provision or improvement of shelter was not a direct service or activity under the SCORE project. Nonetheless, with the improvement in socioeconomic status and well-being, some beneficiaries have been able to construct better houses.

> *Most of the* [skills-building] *trainings we have been doing we aimed at improving people's economic status. As a result of SCORE, people have now constructed permanent houses, and people's well-being has now improved. We do not give material things, but we build capacity. We teach people and when people put into practice the skills acquired, they eventually acquire their needs. We train them on selection, planning, and on income-generating activities, and people now know how to make money and their incomes have increased.* (FFS facilitators, Namayingo).

> *The people we train are moving forward; they have constructed houses that have iron sheets.* (PNE, Isingiro)

Many beneficiaries (n = 10, 25%) cited improved economic status as the MSC they experienced as a result of engagement in the SCORE program. They described changes that affected many aspects of their lives, and these changes were often mutually reinforced by increased income from improved agricultural practices or the ability to use funds from savings groups to improve crop yields and agricultural production.

One disabled beneficiary explained why she chose the socioeconomic benefits as the MSC for her and her family:

> *The most significant change was the house I built from the savings I got from the VSLAs savings coupled with increased income I get from my income-generating activities. With my involvement with VSLAs and FFS groups, I am able to borrow money and pay back as agreed by the group rules. I am also able to take my children to school and pay school fees on time, something I thought I would never manage given my disability status.* (Current male beneficiary, Isingiro)

Improved Food Security and Nutrition

Almost all beneficiaries (n = 38, 95%) discussed how participation in SCORE program activities led to positive changes in food security and nutrition, either through increased knowledge of nutrition and farming practices, increased access to food for consumption, and increased income from farming sales to buy land or provide more food for consumption and sale.

Beneficiaries described how interventions to increase knowledge and skills helped them better feed their families, in combination with other activities (e.g., household gardening or FFS groups) or as a stand-alone intervention:

> *As part of the nutritional education* [sessions]*, we were taught, for example, how to feed children on healthy foods. During the mapping exercise they* [SCORE program staff] *realized that malnutrition was common here. But with the SCORE intervention, particularly the backyard gardening, we see our household improving in food security. Malnutrition related ailments have reduced . . . thanks to the cooking demonstrations conducted in our household and in Famer Field School groups.* (Graduated female beneficiary, Isingiro)

> *She* [the PNE] *taught us how to feed our children, especially when they are still babies* [infants]. *For example, she said we breast feed them* [infants] *for six months exclusively before introducing food and other drinks. She said this helps our children to grow healthy and strong and intelligent. It also prevents them from getting malnourished.* (Graduated female beneficiary, Sironko)

Beneficiaries discussed the value of learning new farming skills to provide food for consumption, as well as for commercial purposes—enhancing food security for immediate consumption as well as creating an opportunity to generate income:

> *First and foremost, because of the training we received from SCORE, we have been able to apply modern farming practices. This has enabled an increase in food production. With the increase in food production, there is enough food for subsistence and for sale. This way, I have been able to raise my income. The saving also helped in increasing my income.* (Current male beneficiary, Sironko)

> *Yes, the workers from SOS taught us the farming for business and right now I have two gardens the first one is for home use, and the second one is for business, where I grow simsim cereals and ground nuts. These gardens are highly valued and treasured in my household because the food crops I grow there are important for food security and commercial basis.* (Current female beneficiary, Gulu)

Government and program respondents also described positive changes they have witnessed in improved beneficiary farming skills and enhanced food production at the household level through participation in the FFS as illustrated below:

> *What I have seen in my area is improved farming practices in the beneficiary households as a result of the FFS training. We taught them how to make* [organic] *fertilizers and pesticides. So, production of food in these households has gone high, and the quality of their produce has also improved.* (FGD with FFS facilitators, Namayingo)

> *Household caregivers were trained, on modern methods farming, with the aim of increasing food and crop production. The knowledge acquired, through SCORE, has helped them increase food production, and they sell some it to raise some money. Secondly, with respect to nutrition, there was a problem of malnutrition in the communities—even in households that had sufficient food. They did not have knowledge on what a balanced diet is . . . and which foods are nutritious. These households are, at the moment, aware of what kind of food to eat and how often to eat it.* [Nearly] *all households have backyard gardens in which they grow different kinds of vegetables. So, issues of vegetables are well taken care of.* (SCORE program staff)

A staff member further described his or her perception of the link between the farming activities and reduction in malnutrition cases:

> *From the food security and nutrition side, I think what has really changed is the level of engagement in the cultivation of food stuff. People have increased their acreage and also engaged in cultivation in the backyard. This has increased the number of months in a year that this household has food from 7 months to 9-and-a-half months, and the number of malnourished—the really wasted one—has also gone down. We hardly find cases of malnutrition. In the beginning, in the first two years, we were averaging about 200 cases, but now we have only 7.* (SCORE program staff)

FGD participants indicated that the project had a profound effect on household food security and nutrition. For example, participants described how beneficiaries had applied the knowledge and skills acquired from the FFS to improve farming practices and agricultural production, resulting in an increase in food availability:

> *What I have seen in my area is improved farming practices in the beneficiary households as a result of the FFS training. We taught them how to make fertilizers and pesticides. So, production of food in these households has gone high, and the quality of their produce has also improved. People are testifying to the goodness of SCORE.* (FFS, Namayingo)

> *With such initiatives, the food security around here has greatly improved. People have at least two meals a day, not just one as it was before. One important thing is that people also know how to use small land for higher yielders this is backyard gardening. They also have knowledge on nutrition, otherwise, before, people would just boil matooke and add salt. Now they are keen on legumes and vegetables.* (CBT/VHT, Isingiro)

One FGD discussant described how the SCORE interventions contributed to a reduction in the number of malnutrition cases.

> *Personally, in the area I work, there have been very many positive changes. For example, in cases of nutrition; before SCORE people didn't know how and what to feed on—in order to live a healthy life. Actually, before this project, we had very many malnutrition cases in this area. But now the households we work with have shown great improvement and there are very minimal cases of malnutrition.* (FFS facilitators, Namayingo)

Nine of forty beneficiaries (23%) indicated that the MSC of the SCORE program was in food security and nutrition. They reported learning a way to earn additional income and to use it to feed the members of their household better. One beneficiary described how the interventions of SCORE led to this MSC:

> *The most significant change is seeing that in my home, I have a family with enough food and a good farm. Through farming, I am able to raise money for saving. I am also able to ensure that my family has enough food. If we did not have enough food, I am not sure whether I could be able raise the money to buy food day in and day out. That is why I am grateful for the farming knowledge instilled. . . . Right now, I have no worries, because I know that there is food at home.* (Graduated female beneficiary, Sironko)

Another beneficiary described the value of the SCORE program education components:

> *The most significant change was that of nutrition education, because I no longer see malnutrition at home and because of this, the health of my children has improved. My children are no longer laughed at by other community members. This used to stigmatize me.* (Graduated female beneficiary, Isingiro)

Improved Child Protection

Most beneficiaries (n = 22, 55%) who discussed the impact of the program in the area of child protection mentioned efforts to raise awareness of child protection and child-protection services in the community. They also mentioned the support provided by the CLVs, indicating that it increased the reporting of cases of abuse and increased community vigilance to protect children from abuse and exploitation.

> *Furthermore, I realized the importance of keeping children in school, ensuring their cleanliness, handling children with care to bring harmony in the home. I am now aware of children's rights and the responsibilities I must take as a caretaker.* (Gulu, current female beneficiary)

Through SCORE, we were made aware of where to report cases of child abuse, such as early marriages and defilement. Initially, a lot of community members could keep quiet and not report serious cases like defilement. We thought that when we report to police, they might ask for money from us. SCORE brought for us the eastern region police commander to teach us about child rights and how different cases of child abuse should be handled, including cases of defilement and early marriages. She said that cases of defilement should be reported to police immediately. We had cases of men aged 50+ defiling girls of 14 years. The commander said defilement is a serious case that should be reported to police. (Current male beneficiary, Sironko)

Government and SCORE staff discussed how the establishment and support of community-based child-protection structures, in combination with efforts to build community awareness, increased communities' knowledge of children's rights, how to report cases, and, to some extent, improved the existing child protection system. Two respondents' accounts provide examples of these themes:

At inception of the project, we realized that child protection was not well understood. People thought they knew how to handle children. It's not until we sensitized them on legal issues, and now we see children rights improving and children know where to report any form of child abuse. We set up community structures and we keep sensitizing children about their rights. We see now children rights being observed and improving. (Government official, Isingiro)

As a result of the different interventions, we now have an informed community. They know what abuse is [what constitutes abuse]*; they know how to identify the abuse; and they know who can handle it and who can support them. Community structures that were, before the project, not really active in as far as identifying cases have been activated. The communities are now responsive. They know what constitutes abuse and the existing remedies and where to report. So, to me, I feel that is good because, before the project, a lot of* [cases of child] *abuse was happening in the community, but nobody would talk about them and/or communities felt nobody was there to help them. So, by using community structures, such as the legal volunteers, we have not only been able to provide information but also a framework* [mechanism] *through which communities can report cases of abuse.* (SCORE program staff)

Regarding children protection, FGD participants generally reported that the SCORE project increased understanding of and respect for children rights at the household and community levels and increased children's self-efficacy in reporting cases of child abuse.

[With] *regard to the child protection and increased awareness of children's rights. Before this project came, children's rights were being grossly abused. However, when we came in with that objective of child protection and talked about protecting the rights of the children, we have seen that there is change.* (CLV, Sironko)

There is also increased awareness, about the rights of children, we work with religious leaders, the police, and local government leaders to conduct sessions of the rights of children, so now people are more aware and they treat children well or with some dignity. (CLV, Gulu)

The project also contributed to a reduction in incidents of child abuse at the community and school level. For example, FGD respondents spoke about improvements in corporal punishment as a result of training teachers on alternative disciplinary practices.

We have also been working with schools, for example, in my subcounty we have Buswale Primary and Buswale Secondary schools. And in these schools, we basically look at the ways of protecting children. Before this project came, both the teachers and children knew that when a child makes a mistake they should be given corporal punishments. You could find teachers walking with sticks at all times. So, we went to these schools and trained the teachers and the children on positive discipline. If somebody has done a mistake, how can you discipline them

positively without corporal punishments? And because of this, teachers have now become so friendly to the children and there are no more corporal punishments in these schools. (FFS facilitators, Namayingo).

One beneficiary (3%) identified improved child protection as the MSC:

Before SCORE, in cases of defilement, parents of the girl could ask for money as compensation from the parent of the boy [man] *who defiled their daughter. The issue was solved at home. That is no longer accepted now that people are aware that it is the Police that can solve these cases and without asking for any pay.* (Current male beneficiary, Sironko)

Improved Access to Education

Almost half of beneficiaries (n = 18, 45%) discussed the program's impact on school attendance and retention. Respondents cited two reasons for improvements in these areas: sensitization on the importance of education and caregivers' increased ability to pay for school fees and/or school related expenses. They ascribed the increased ability to pay for school to involvement in VSLAs or income generated through commercial farming, as illustrated by the following quotes from beneficiaries:

I know what time my children should go to school and what time I should leave them to read the books for a better future. (Current female beneficiary, Gulu)

Before joining SCORE, my children were out of school, but through VSLA savings, I was able to open up a saloon. I took the children back to school and one of them is now senior 3 and the other is in senior 4. (Graduated female beneficiary, Isingiro)

You know being a widow is a challenge because you are the sole breadwinner, and I use this money [from commercial farming] to support my children in school where I pay school fees. (Current female beneficiary, Gulu)

Interestingly, just one beneficiary in Namayingo mentioned the impact of access to education compared to four in each of the other three locations.

Government and SCORE staff also discussed how SCORE program activities enabled families to pay for children to attend school (e.g., through VSLAs and other IGAs) and helped caregivers understand the importance of education:

We went to households, to be specific – poor households, and these households had child[ren] [who had] *dropp*[ed] *out* [of school] *and/or school absenteeism was high; and we had to provide financial empowerment through VSLA support; then, in the end, parents were able to pay the school fees. For example, when you have a household that is economically empowered, they are able to get a loan and pay back on time as well as pay school fees and buy scholastic materials. Also, children who had food would not absent themselves from school, for example in* [name] *subcounty, children would pretend to go to school and end up on trucks carrying bananas. However, with our intervention and trainings we see less children dropping out of school and particularly the girl child. Children are now in school because their parents were financially empowered and also children have been retained in school because of the financial empowerment and child protection interventions.* (SCORE project staff)

Child-friendly schools were described by government and SCORE staff as attracting children to enrol and stay in school because the environment was friendlier for the children, motivating them to attend:

> *The child-friendly schools model has attracted children to school, and it has actually improved the morale of the teachers. I visited two of the schools in* [name]*, and I was highly impressed by the numbers, by the testimonies from the teachers.* (National government official)

FGD participants reported that, through a combination of interventions at both the household and school levels, the SCORE program had contributed to an increase in the enrolment and retention of children in schools. At the household level, participants described how the project helped beneficiaries appreciate the value of education for their children, and increased their capacity to meet school-related costs, as illustrated below:

> *With regard to education,* [many] *people used to keep their children at home, only sending them to gardens to scare birds away from the rice field. We, however, held sensitizations meeting, and the CDO also came in and talked to the people. Now many have realized the value of education and are taking their children to school. So, there are many things that have happened as a result of the SCORE project.* (FFS facilitators, Namayingo)

> *From family level, they say they were able to pay. . . for children at school, so, you don't find many children in the villages. They were able to give their children packed lunch so that may be break time, and the rest of it the children should be able to stay there not moving up and down.* (FFS facilitators/CBT, Gulu)

The retention of children in schools is linked to the training of teachers on alternative disciplinary practices and consequent reductions in the use of physical [corporal] punishments.

> *As my friends have put it, after undergoing that training, it has enabled me to create an environment that encourages all children to stay in school. At our school, we used to have teachers that could cane pupils, and this could make many of them to drop out. But now, we have encouraged our teachers not to use that system* [corporal punishment]*, and that has encouraged many children to stay and those who had dropped out to come back to school.* (School educators, Namayingo)

The beneficiaries who described education as being the MSC (n = 11, 28%) explained that, because of the program, their children are now attending school often, due to an increase in income that allowed them to pay for school fees. Many beneficiaries also described the transformative effect of a SCORE representative teaching them about the importance of sending children to school.

> *It is being able to get school fees—if a child is out of school, you are a nobody in society.* [Implementing partner name] *SCORE sensitized our household about the need for education. Without education, the children will disturb parents, become a nuisance, and we understand that education gives a brighter future.* (Current male beneficiary, Isingiro)

> *My children being able to go to good schools is the most significant positive change I have experienced. . . . Education is the key in life. If the people training me in SCORE had not gone to school, I wouldn't be able to get this knowledge and skills. If personally I had studied enough, I would be far better off than I am today. So, to me, education is the key, and it is very important.* (Graduated male beneficiary, Namayingo)

Improved Household Relations

Beneficiaries (n = 13, 33%) and government and program staff discussed positive changes in household relations with respect to improvements in relationships between children and caregivers, as well as improvements between caregivers.

Better parent-child relationships: Many beneficiaries described how the parenting skills training intervention enabled them to have a better relationship with their children in the home, which led to better child behaviour and a more harmonious household. One respondent provided an example of how the parenting class helped him rethink how to parent his children:

> *We had training on parenting, and we learnt how you can handle children in a proper way. Children do not want to be shouted at or to be beat up. You are supposed to show love to your children, though this love is not supposed to be too much to the extent being permissive. If a child does a mistake, you are supposed to call them and ask them why they did what they did. But if you threaten them and shout at them, they will even fear to tell you why they did it. So, I am now bringing up my children in a good way and that has been because of the training SCORE gave us.* (Graduated male beneficiary, Namayingo)

In addition, community workers described how parenting skills training had enabled beneficiaries to adopt positive and nurturing behaviour management techniques.

> *We also trained the parents on how to bring up their children properly. We taught them about parenting and told them that they are responsible for providing for their children. We also taught them parent to parent and children to parent relationships. We taught them that as parents, they should stop quarrelling before their children, because that sets a bad example for them. So, parents now know how to parent children very well without caning them, and we are seeing positive changes after this training.* (FGD Participant, Namayingo).

> *For me, I can only speak about how parents handle their children; ever since we sensitized them about speaking to their children with calmness, the children are comfortable. Before, parents would just shout at the children and were ignorant about the potential impact. This is one of the reasons why children run away from homes to streets.* (FGD participant, Gulu)

Harmonious marital relations: Beneficiaries also discussed how participating in SCORE activities such as parenting classes led to less fighting within the home and more harmonious marital relationships. These comments were often related to improvements in how family members communicate with each other, as evidenced by this comment from a program beneficiary:

> [I participated] *in the training about family relations. This was very important. Before, SCORE, you could find households, including mine . . . with no effective communication—always in disagreements. . . . SCORE trained us on how to guide and counsel children and also encouraged us to listen to each other* [as a couple]. *We are different and reformed people. We are a model for families in the neighbourhood.* (Graduated female beneficiary, Sironko)

Some participants also reported improved female participation in household decision-making and access to, and control over, household resources because of the program:

> *According to me, the women have benefited more because, before the project came, women were marginalized in the household and men were taking advantage of the women in the household. Women could grow their crops and men would sell off their produce and take the money, but such things have reduced nowadays, as household members work together and benefit from the yields and incomes of the household together.* (FGD participant, Namayingo)

Community workers also described how domestic violence had decreased among the communities served by the SCORE program, owing to sensitization through community dialogues and home visits:

> *I can say that domestic violence has greatly reduced. Our communities have been sensitized, and they know the repercussions of beating women; so domestic violence has reduced. Some men in this community used to think that women should not have money, make decisions, or voice their concerns, but with continued education and dialogue, all this has changed.* (FGD, Isingiro)

Conversely, a few community workers described instances where women's participation in program activities clashed with traditional gender norms, which resulted in marital tensions and sometimes

domestic violence, particularly when women were able to generate additional income because of their involvement in VSLAs and IGAs.

> *Some men are also complaining that the project has made their women to have access to huge sums of money through the savings scheme. Women can now borrow money and save, then, at the end of the day, they think that these women will start disrespecting them because they have the money.* (FGD participant, Namayingo)

> *For me, I saw one just nearby our school. There is a certain woman bought 3 goats, and one day the husband wanted to sell one of the goats and the woman refused. She was beaten poorly, so she carried all her belongings and she ran away. After running away, the man took all the goats and sold them, and, again, yesterday and one, the woman came back, and she found the goats were sold; so, she said she has stopped going back to the association, because she is working for nothing.* (School educator, Isingiro).

Three beneficiaries (8%) indicated that increased harmony in the household was the MSC for their household. They indicated that the SCORE program increased family members' understanding of how to be respectful to one another. These beneficiaries also attributed the increase in harmony to having learned in the program how to discuss issues that arise in the home, rather than resorting to violence.

> *The most significant of all the positive changes I got in my household, I think, is harmony and unity at home with my wife and children, because it has helped us develop. If there are disagreements and domestic violence in the home, the family will not stand. So, what is important is to find ways of working together with your family to develop yourselves.* (Current male beneficiary, Namayingo)

> *The most significant one is the relationship in the home. How we have been trained to build that good relationship in the home and the community and how to respect one another.* (Graduated male beneficiary, Gulu)

Improved Health

Because of the SCORE program, beneficiaries (n = 8, 20%) described positive changes in the health of children through increased knowledge of prevention practices, such as building latrines, using clean cook stoves, washing hands, and using mosquito nets. The following beneficiaries discussed improvements in malaria and hygiene practices and how these have translated into improved health:

> *Well, for health issues in my household, I see the incidences of malaria have dropped because the facilitators taught us about the advantages of sleeping under a treated mosquito net. These days, my children are not attacked by malaria as it used to be. We all sleep under nets thus reducing on the infections of malaria.* (Current female beneficiary, Gulu)

> *I was trained in child welfare, home hygiene; I never knew the value of having a bathroom, I only realized it after the training. We were also trained on handwashing after using the latrines and its value. . . . They train us on pit latrine construction, and it comes out well when you do it as instructed. Even the training on hygiene has resulted into better health.* (Graduated female beneficiary, Isingiro)

The health-related impacts of the program were mostly discussed by the SCORE program staff (compared to government staff). A SCORE staff member described how water, sanitation, and hygiene (WASH) activities were beneficial in preventing disease:

> *Last year,* [name] *district had cholera at some point. But I must say that none of the SCORE beneficiaries was admitted for a cholera case. And that is because, through these dialogues, people have learnt that it is good to have a pit latrine; it is good to have hand washing facilities at the pit latrine; it is good to have good hygiene around the home, and when you do that, you cannot get cholera.* (SCORE program staff)

Several different FGD groups also noted that improved WASH was an important impact, and that better hygiene practices learned by beneficiaries (such as the construction of latrines, boiling water, better storing of utensils, and handwashing) were reported to have resulted into a decline in diarrhoea related diseases, especially among children:

> *Also, the hygiene and sanitation in these households has improved. Through the home visits we make, we have encouraged them to improve on their sanitation and hygiene. Before the project, it was common to find a household without a pit latrine. But now we have taught them the advantages of having a pit latrine, and many households have established them. In addition, households have handwashing facilities, they have utensil drying racks. . . . Generally, household hygiene and sanitation has greatly improved.* (FFS Facilitators, Namayingo).

> *Before, you would find people who do not wash their hands after using latrines; but now people have jerrycans and soap close to the toilets so they wash their hands after using the latrine, and diseases have reduced. If you do not have soap, you can use local ash.* (PNE, Isingiro)

Six beneficiaries indicated that the MSC they experienced was related to improvements in sanitation and hygiene. It is interesting to note that all of these beneficiaries were female. They touted the value of sensitization efforts, indicating that, because of these, their households are cleaner, their children are healthier, they make fewer visits to health facilities for diarrhoea and other WASH-related illnesses, and they have more pride in their homes. The following quotes illustrate these sentiments:

> *What has been done most is the improvement of sanitation and hygiene in household. Before I joined the program, I never knew the importance of hygiene, and people would even fear to have a meal in my home; but now days I don't fear to serve a visitor water or tea. . . . My children used to fall sick often due to poor hygiene related diseases, and I would spend a fortune in the health facilities. However, after my interactions with the SCORE people, it has become very rare to find a sick person in my household.* (Graduated female beneficiary, Gulu)

> *The most significant change was that my home improved in sanitation and health. I am proud about it because am able to accommodate visitors in my home, unlike the case before. Cleanliness is now paramount in my household, and people can at least visit my household without fear of being embarrassed. Before joining the SCORE program, I didn't care about hygiene in at home, but now, since I get many visitors from SCORE and other community members, I had to improve on sanitation.* (Graduated female beneficiary, Isingiro)

Improved Health Referral Systems

A few respondents indicated that they thought SCORE's referral system was important for improving access to healthcare services, as explained by one beneficiary:

> *Out of the children they* [SCORE] *registered, if any of those children falls sick SCORE gives us referral to a health centre. And when you reach the health centre, you just give them a reference letter from SCORE, and they won't disturb you. They work on you right away.* (Current male beneficiary, Namayingo)

SCORE staff and community workers also discussed how strengthening the referral system was beneficial, with one staff member pointing to the valuable mapping activity:

> *I can say that, within these five years, especially to the community that I have been working with, I can say the contribution is remarkable because, just as I mentioned, the mapping of the service point of these critical services has made it very easy for not only for program purposes but the community themselves have already known that in case we need that kind of services the procedures are as well aligned not necessarily saying that you move out of the community and you come let say to town for you to access that.* (SCORE staff)

An FGD participant described how the strengthened referral system, together with improved awareness, has benefitted those who are disabled:

> *I think the children who have disabilities are cared for better, there has been increased access to healthcare services, the referrals have improved. We have many cases of epileptic children and before people used to associate this with witchcraft, but now all this has improved. These children are referred to health facilities, even the disabled have been linked to services. Referrals were made to Mbarara hospital and also linked to OURS a disability friendly NGO, as well as Ruharo Community Hospital.* (FGD participant, Isingiro)

FGD discussants echoed the work done on strengthening the referral system more broadly and linkages to the health centres:

> *We made partnerships with service providers like the health centres, i.e., Buhemba Health Centre II, Buyinja, and others. We have been making referrals to these health facilities, and the health workers know SCORE. So, they work quickly on individuals we refer and later give us feedback on our referral forms. Now our clients' capacity has improved, and they can go and seek for these services themselves even without giving them referrals.* (FFS facilitators, Namayingo)

> *The project also helped in improving the health of the beneficiaries where if a beneficiary is sick, they do referrals, and the health problem gets healed.* (FFS facilitators/CBT, Gulu)

Strengths and Challenges of SCORE Approaches

In this section, we report the strengths and challenges of the different SCORE approaches as reported by government, SCORE staff, and the different types of community workers.

Strengths of the SCORE program

Respondents described several strengths of SCORE's program implementation: the resiliency-based nature of the program, the comprehensive nature of programming, engagement with stakeholders at multiple levels, well trained community workers that enhance access to services, and a multi-intervention approach.

Resiliency-based program: The greatest strength of the SCORE project lies in its focus on building skills of beneficiary households to enable them to become self-reliant. Government and program staff respondents appreciated that the SCORE approach was different from earlier iterations of OVC programs that focused on providing immediate material needs or handouts.

> *SCORE has also changed the handout mentality. Perceptions and attitudes are slowly changing. For example, people who always felt that they should be at the receiving end—thinking that every time things [material supports] should be provided for them—now believe they can work and meet their own needs, using skills acquired from SCORE.* (Government official, Sironko)

> *One thing the beneficiaries have appreciated that in life we need to work hard, because they are not given like we used to give handouts, they are involved in making their lives better, they have appreciated and gained skills in financial management because they can now keep their own money, they can save, they can invest, they are engaged in a number of activities, and they have appreciated life generally. We have seen there is a very big positive change in their lives, which to us is the way to go to help the rest who have not benefited.* (Government official, Gulu)

There were many respondents who viewed this resilience-based model of program implementation as positive because it is a sustainable way to improve the livelihoods of beneficiaries and communities:

> *The strengths of the project were the empowerment of the communities and households to be self-reliant: to begin from what they have and make sure their lives are transformed rather than giving them material support. So, the strength is the empowering approach that the project adopted. The empowerment effect that the project brought to the households was good because, as we move towards the end of the project, . . . if we visit some of these households we have been working with, they are not bothered that we are going away. They have reached a level where they are able to move on their own because they have been empowered and know the importance of being empowered. The empowerment aspect has been quite good.* (SCORE program staff, national)

Stakeholders also described the importance of the program's graduation model, which is based on clearly defined assessment criteria and household monitoring to determine a household's readiness for sustaining program gains without project support. Respondents indicated this was a new, positive approach to sustaining improvements in the lives of vulnerable families.

However, the emphasis on providing skills and knowledge, rather than money and tangible resources, also made implementation a challenge, particularly during the initial stages of project. Local leadership and beneficiaries had misunderstandings of what the project would entail, and these misunderstandings made it difficult to enter certain communities and provide services.

> *Initially, the community had some high expectations. They expected everything to be given to them directly. This is as a result of poverty: poor people have a lot of expectations. When we told them that a new project was coming, because* [of] *other immediate needs, they expected the project to provide material support to address their needs. So, when we instead started training them, some got disappointed.* (Government official, Sironko)

Stakeholder involvement: A common theme, in particular, for government stakeholders, was how well the project engaged local government throughout program implementation. Government stakeholders were impressed with the amount of interaction they had with the program, compared to previous programs and other organizations, and they explained how this interaction improved implementation and the services beneficiaries received:

> *SCORE has been effectively collaborating with district and subcounty technical staff. They have been reporting to us* [on a] *quarterly basis. . . . We have been working together, and there has not been a gap between us and them. We have had many organizations come to the district, and they become 'briefcase' organizations—what they do is only known to them alone. But with SCORE, they have kept us in the know on whatever they have been implementing. They avail us with the reports and even their presence is felt on ground. As a district, we have what we call multisectoral monitoring, and during this monitoring, we have also been monitoring the activities of SCORE, and that is why we can boldly say that they have achieved their objectives. We have had stakeholders' meetings, review meetings, feedback meetings from them, and in these meetings they give us feedback in regard to their activities.* (Government official, Namayingo)

Community workers: Respondents noted several key successes related to SCORE's use of community workers, commending these workers' ability to work with beneficiaries in their communities.

Government and program staff both suggested that SCORE's hiring and training of local community members provides a sustainable solution, because those trained knew and would be staying in the community.

> *First of all, the resource persons and facilitators of the project were picked from the communities. They did not bring somebody from Kamuli or Buyende to come and work in Buswale. They were picking the community resource persons themselves, and these people were trained. And that means there is sustainability, and even when the project phases out, the sustainability of its achievements is certain. We have seen projects that have come with their own people, and even when they are leaving, they go with these people. But for SCORE, they have used people within the community, and they trained these people very well.* (Government official, Namayingo)

All types of community workers (FFS facilitators, CLVs, school educators, peer nutrition educators, VHTs, and CBTs) indicated that they had received adequate training to do their jobs effectively. Of the 78 FGD participants, only one (a CLV) cited a need for refresher training. One CLV expressed the importance of IP and government support as follows:

> *I was also trained and given guidelines to use. We also receive supervision from [implementing partner] staff, and that is helpful. They tell you where you need to improve. We also have support from local council structures, and some police officials are very supportive.* (CLV, Isingiro).

Beneficiaries indicated they were very satisfied with the level of knowledge and expertise of the community workers with whom they interacted. Beneficiaries also appreciated the way in which community workers imparted knowledge to the beneficiaries: through demonstrations, hands-on training, and follow-up training, when needed:

> *I think the social worker and the program volunteers were knowledgeable and competent in their areas of specialization, and they always facilitated learning sessions during home visits and sometimes in groups. . . . They would make it a point for us to understand during the learning sessions and also guide us where we were not clear. The staff and volunteers were committed to their work, and honestly, they created time for us. They were easily approachable and were grounded flexible enough to fit in the community, and they participated in demonstrations.* (Graduated male beneficiary, Isingiro)

Beneficiaries also very much appreciated the way community workers and program staff interacted with them. They described the community workers as being respectful, calm, positive, and patient. One respondent explained her admiration for the SCORE representatives she worked with in the following way:

> *All of them have been equipping us important knowledge. Even my children like them. That is why whenever they visit, we are all interested in what they have to say. They treat us like children in school; they make sure we understand everything.* (Current female beneficiary, Namayingo)

The commitment of staff was also highlighted:

> *Generally, I would say that the representatives were good people, as they would reach us during home visits in spite of our bad terrain. They were a team and committed to their work.* (Graduated male beneficiary, Isingiro)

The only complaint, expressed by five beneficiaries in Sironko and Namayingo districts, was that sometimes community workers were either unable to travel to their homes, due to impassable roads during the rainy season, or that workers arrived unexpectedly.

Most beneficiaries indicated that they received enough visits from the SCORE representative, although a few wished they had received more. Their overall satisfaction with the number of visits was high, even as beneficiaries cited varying frequency of visits. Further, most beneficiaries said that the SCORE representative who visited their home spent sufficient time with them, but a few said they would have liked more time to better grasp the concepts that the community worker was teaching them.

Enhancing access to services: Several components of the SCORE program involved referring or linking beneficiaries to external services. These included healthcare, education, and child protection services. In many cases, respondents indicated that the program strengthened the use of these services, particularly child protection services. This quote from a government official captures the strengths of linking beneficiaries to government social services, and how the program generated awareness among beneficiaries about how to access them:

> *As well as interacting learning sessions that aimed at creating awareness, we used the legal outreach approach, where we go to the community with particular services, say the probation officers, the magistrate, to talk to the community and receive cases on the spot and some of the cases addressed. Those are some of the cases with clear good practices that were introduced by SCORE because, in some areas, they have never seen magistrates, and it was their first time to interact with such people. So, it was an opportunity for people to know that these services exist, and they can access them at no cost.* (Government official, Gulu)

"Multi-intervention approach": Multiple respondents, government and program staff alike, saw a major strength of SCORE was that it addressed beneficiary needs in multiple areas, instead of limiting activities to only one sector or area, such as health, agriculture, or education. Respondents often described the program as "holistic." For example, one respondent explained the following:

> *I think the major issue that distinguishes SCORE from others is the multisectoral dimensions. When it reaches the household, it does so many things in that particular household. So, it looked at households in a holistic way right from food, production, marketing, and health and the hygiene of targeted households.* (Government official, Namayingo)

Challenges of SCORE Approaches

Government and program staff respondents noted just a few challenges related to SCORE's approaches, including sustaining local approaches, reaching all vulnerable households and meeting the needs of the most critically vulnerable, referring child protection effectively, and maintaining a balance with male and female program participation. They also discussed one intervention in particular that was not successful.

Ownership and Sustainability: While many stakeholders praised SCORE's engagement with different levels of government, some indicated that systems were not in place to sustain local government and community workers' ownership of and continued engagement in OVC activities. One respondent provided an example of this lack of local government sustainability:

> *The other aspect is that we did not have a clear and coherent strategy of mainstreaming the project activities into local government programs. We collaborate with some of the departments, but sufficient efforts were not devoted to mainstreaming project activities into other existing programs in these departments. This, I think, has great implications for sustainability. For example, we had the FFS initiative. We could have integrated this into the NAADS* [National Agricultural Advisory Services] *or Operation Wealth Creation programs to ensure sustainability. If we had, our beneficiaries would have increased access to extension services and even linkage to markets through that.* (SCORE program staff, national)

There were also those in government who reported that they lacked financial support to be involved in the SCORE project implementation, particularly for transportation and facilitation fees. They saw this as a barrier to government engagement with the SCORE program.

The role of incentives, mainly financial remuneration, was raised by multiple respondents. While some types of community volunteers said that they received a monthly financial incentive, others said that the lack of any kind of financial compensation for their work was demotivating.

> *Sometimes there are cases that you need to follow up on, but these cases will require you to part with money for you to follow them up; and yet you are not facilitated by the project. You use your money to follow up on these cases, yet you are not going to be paid; and the people we work with in the community do not understand this. For them, they think that we are given money to do this kind of work. . . . So, although we are legal volunteers, we needed SCORE to start facilitating us in some of these things.* (CLV, Namayingo)

Reaching all vulnerable households: Government and program staff discussed challenges that prevented them from reaching all the households that may have needed support. Respondents noted that the SCORE Program did not reach all districts, subcounties, and parishes within a geographic area, as discussed by these respondents:

> *SCORE project was only able to reach, comparably, a small number of vulnerable households and children. For example, if they went to a district, they were not covering the whole district, and even if they chose a subcounty, they were not covering the whole of it. Therefore, some communities and vulnerable households (even within the same district or subcounty) never benefited; it was only those that were sampled that benefited.* (Government official, national)

> *Their funds, first of all, could not cover the entire district. Our district has nine subcounties, and we would have wished that they cover the whole district; but they only covered three subcounties. The remaining subcounties are even more vulnerable—if you look at the levels of poverty and HIV prevalence.* (Government official, Namayingo)

A staff member in the same district expressed similar sentiments:

> *We are actually being seen as the only project that could do a lot and yet we are operating in only three subcounties and in a few parishes in these subcounties. So, much as things were done, they are not done to the extent that we felt should be done by the district. . . . I think that it would have been better for us to go in one district and be in all the subcounties of that district than splitting the efforts into many districts and operating in just a few subcounties of these districts. We have been in many districts, but served very few parishes, and so very few households have been identified. So, if there is an extension, I would think that it would be good for us to reach out to more communities and more parishes, because our services are very good for all the people in these districts.* (Namayingo, SCORE program staff)

Furthermore, some respondents noted that the project offerings did not cater to the immediate needs of the most critically vulnerable, who could not participate in core program activities:

> *We mapped out households and some of them were critically vulnerable and could not favourably participate in some of the project activities. You are telling a woman who has six children under her care to save, and she will ask you, 'what can I save?' [Laughs] . . . So, I am thinking that compared to other programs I have run before, there should have been a special design for something I want to call consumption support for a few households that are really critically vulnerable. Of course, the service providers were mapped, but very few of them could provide support to this kind of person to get out of this critical condition. So, that was a very big challenge we had in the implementation of the project. We also failed to find the immediate response that would be able to move the person to be able to save.* (SCORE program staff, Namayingo)

> *For me I think some handouts were necessary; talking to a household that cannot afford a meal is not easy. We should have incorporated some immediate relief, otherwise the critically vulnerable cannot listen or part attention on hungry stomachs.* (FGD participant, Isingiro)

Ineffective child protection referrals: Due to the inherent weakness in the child welfare and protection system, the child protection referrals were often described as ineffective. Child protection actors (such as the police and probation and social welfare officers) face a range of capacity constraints, including inadequate human, financial, and technical resources, which prevent them from effectively discharging their mandated functions. A SCORE staff member described these challenges and noted that it is common for police to ask victims and their families for transport money to enable them to go to the scene of the crime and to apprehend the perpetrator:

> *We had challenges relating to referral* [for legal and child protection services]. *There is a weak response mechanism within the various government structures. For example, if you refer a case, probably to the police . . .*

> *at times, they do not know what is expected of them, . . . but there are also structural challenges, like lack of logistical facilitation to investigate and bring the perpetrator to book. So they will ask you for* [financial] *facilitation, and if you are not able to provide, you may not get the services. As a result, many cases have ended up not being attended to. You have the cumbersome legal process . . . a legal system that is kind of frustrating in a way that you have a case that runs in court until the end of the project. So, something you do not have control over and these have been some of the bottlenecks.* (SCORE program staff)

Government and community worker representatives in Isingiro further elaborated about challenges related to case follow-up and provided an example of the ethical issues that arise when cases are reported but not concluded:

> *I will say referrals were a very good thing, but all this was frustrated by the police forces. . . . Even in some instances where the police would cooperate, the cases would never be completed [sighs]. There was no budget for follow-up. More effort is still needed, otherwise people will continue losing trust in the legal system.* (Government official, Isingiro)

> *Let me tell you, my colleagues, these legal related issues have caused a lot of social shame in communities. The referrals just fail everyone; the poor people cannot respond to court summons regularly, and if you are not careful, court can end up telling you to compensate the person you sued. So, in the end, the child is ashamed before the community; people will know about the rape case so some children suffer twice: the rape and then social shame. Why should the community know and time be wasted in court when there is no support to conclude cases?* (FGD participant, Isingiro)

Striking a balance with male and female participation: Many respondents noted that female beneficiaries were more involved in SCORE program participation; for example, females attended more trainings and participated more frequently in VSLAs. Multiple reasons were given for this gender disparity. Some said that women can be more vulnerable, such as in cases of female-headed households or widow-headed of households, and thus were more likely targeted for participation.

Other respondents said that, because the program is geared toward children, and because of the traditional roles women play in taking care of children, women were the obvious group to benefit from it, and men would not be interested in associating with a program that focused on children and families.

> *The males were not involved. . . . I think they don't regard themselves as beneficiaries—direct beneficiaries. They look at this program as targeting women, children who have problems, and orphans, so you may find that an average male isn't generally interested.* (Government official, Isingiro)

Other respondents explained that, though men could have benefitted from the program, they did not participate, because of stigma against being involved in a program that also engages women:

> *Well in my opinion, men have not been vigilant. Maybe they feel these are women's affairs; some do not want to be trained by women or even sit with women during training. That is a sign of disrespect in their opinion especially the elders.* (FGD participant, Isingiro)

In a few cases, SCORE program staff and community volunteers said they purposely choose to engage women in the household instead of men, in order to improve their well-being and the well-being of their children, depending on circumstances. For example, in Sironko this community worker said:

> *We choose to involve the woman in the project rather than her drunkard husband. So we chose to involve her in training, but because she would receive some allowance, it did not go well with the husband.* (FGD participant, Sironko)

Nonetheless, during FGDs a few community workers described instances where husbands' lack of acceptance of women's greater independence resulted in tensions, conflict, and sometimes violence, particularly when women were able to generate additional income because of their involvement in VSLAs and IGAs.[17] This phenomenon was often attributed to an understanding that men's role in the household included controlling financial resources, and that when female beneficiaries had access to more money, they were able to be more independent and make more decisions on their own—upsetting the roles in the household:

> *Some men are also complaining that the project has made their women to have access to huge sums of money through the savings scheme. Women can now borrow money and save, then, at the end of the day, they think that these women will start disrespecting them, because they have the money.* (FGD participant, Namayingo)

Less successful interventions—the social insurance: We also asked government and program respondents if they felt that any of the SCORE interventions were less successful. While a few interventions were cited by small numbers of respondents (7 or fewer), the social insurance intervention was overwhelmingly the most cited. Sixteen (41%) of government and program respondents cited it as less successful.

This intervention was intended to provide insurance for beneficiaries in the case of an urgent economic need, such as the costs to pay for a funeral. It is described in the SCORE programming guide in the following way:

> *The main rationale for the promotion of social/micro-insurance product to VC* [vulnerable child] *households is to protect them against specific risks and loss of assets due to financial emergencies. Basing on CAREs experience working with vulnerable communities any slight shock like drought, ill health, and death normally has adverse impact on the livelihood options of vulnerable household, if they are not supported to withstand such shocks. This is mainly attributed to their limited capacity to absorb or cope with such shocks. In light of that SCORE will promote appropriate social and micro-insurance products amongst VC households using social and market based approaches to protect VC households against such unplanned expenses, risks, shocks and stress that would consequently increase their vulnerability level and make them slide back below the poverty line.*

Respondents explained that the community did not view this intervention favourably, because of the way it was marketed (as "funeral insurance"), cultural perspectives about investing in death, the fact that other solutions to pay for funerals already existed (either through VSLAs or local institutions or practices), and the fact that in some cases, the funeral claims were not provided for those who signed up for the insurance. A program staff member described the challenges with this intervention:

> *The one that hasn't worked well, specifically in the North here, I can talk of the funeral insurance. It is one of the package that was meant to make the household guard against some kind of risk when it comes but you know that one is related to traditional attitude because here if you say, Julius I advise you to insure against death, to the community down there traditionally will say that you are wishing me to maybe die and then other issues coupled to that because within the VSLA setting we have the saving and the borrowing and loan so to them they were considering this as additional burden to them that is levied on individual member that is why we really tried and tried and if you are to go throw the overall program this is the only area that I can say hasn't impacted much.* (SCORE program staff, Gulu)

[17] We do not have quantitative data on VSLA participation by sex of the HH member. The VAT form asks for the head of HH name, not sex. Also, it is not always the case that the HH head is taking part in VSLA.

DISCUSSION

Overview

This study attempted to examine changes in select outcomes over time, effects of service-delivery interventions on those outcomes, and perceptions of the SCORE program approaches. The study design included secondary data analysis of outcomes (school enrolment, food failure, child labour, and child abuse) identified from the SCORE program's annual implementation of the VAT tool. As such, we were limited to using outcomes that performed well on the VAT inter-rater reliability. Quantitatively, this therefore reflects a partial analysis of the performance of the SCORE program. In the absence of a counter-factual (by study design), we are not able to attribute changes in outcomes to any specific program interventions.

To assess the relationships between services received and selected outcomes, we used SCORE's service-delivery data, which we could link to the outcomes for index children. Despite this impressive data management system, the data were not designed to answer the research questions in this study. There were limitations in assigning exposure to interventions, resulting in a generous interpretation of exposure, and we were not able to measure the "layering" of interventions for a given child. We found limited, and in some cases unanticipated, effects of service-delivery interventions (e.g., horticulture training and school enrolment). This could have been due to data quality challenges or perhaps varied CSO implementation fidelity. It is not possible to explain this without understanding the pathway of the intervention to outcomes. For example, following horticulture training, did the HH plant the crop, harvest the crop, sell it, and then use the funds to send a child to school?

Qualitatively, we could identify additional improved outcomes, such as increasing socioeconomic status. Qualitative data also provided a much richer and clearer understanding of how the combination of resiliency-based interventions (FFS, FML, and VSLA) and education and sensitization efforts contributed to improved outcomes for children (with respect to nutrition, health, education, and child protection).

Overall, all beneficiaries noted the positive effects the SCORE program had on their lives. The SCORE program was well regarded by all stakeholders, beneficiaries, and government and community workers. In particular, beneficiaries valued the resiliency approach of the program and the contributions of talented staff members and community workers. There were just a few areas of concern raised by respondents, such as enhancing engagement with men and ensuring adequate local government involvement to create a more sustainable program model.

Achievement in Program Outcomes

The SCORE project has conducted its own analyses of select VAT indicators over the life of the project and found improvements across many of them. We also found changes in outcomes for all four of the selected VAT indicators: school enrolment, food failure, child abuse, and child labour. For two of the outcomes, we found significant differences by age and locality. Younger children had greater odds of being enrolled in school than older children did. This may be because, by the time children are at the age of secondary school, there are other household demands on them to earn income to support the household or take care of younger children.

Urban households were more likely to see a decrease in food failure than rural households. This may be explained by the fact that shocks often affect rural areas most in terms of food availability. In urban areas, they still have access to food in markets. According to the SCORE program, market studies show that traders buy off a whole garden before harvest and transport the food to town where urban people can still buy.

The changes in the select VAT outcomes over the four VAT time periods were quite large: a seven-percent increase in school enrolment, a 50-percent decrease in food failure, a 23-percent decrease in child abuse, and a 32-percent decrease in child labour.

Our findings on improvements in all four outcomes over time, as well other findings from the quantitative data analysis, can't necessarily be attributed to program interventions, owing to the potential presence of other alternative explanations that we did not control for in our study. Thus, there are multiple threats to internal validity, such as maturity (e.g., program beneficiaries could become more mature over program duration and respect their children more, thus reducing child abuse), activities of other programs in the area, or history (e.g., a social event that could influence the behaviour). We could not control for these variables using our study design; therefore, we should exercise caution in the interpretation of the findings.

That said, qualitative data also revealed improvements related to three of the outcomes assessed in the quantitative analysis; furthermore, during interviews, beneficiaries revealed additional outcomes that we were unable to measure quantitatively, such as reduced economic vulnerability, increased food security, and improved health practices and behaviours, as well as better access to health and other critical services.

Service-Delivery Data and Program Outcomes

Together with the SCORE program, we identified 21 service-delivery indicators to include in our model to examine effects on the four selected outcomes. Though we found some effects quantitatively, qualitative data provided a greater understanding of how certain types of interventions were related to outcomes. Table 23 depicts the combined learning from qualitative and quantitative data. Yellow cells represent quantitative findings, blue cells represent qualitative findings, and green cells represent both quantitative and qualitative findings. For example, beneficiaries talked about how home visits worked to improve school enrolment; quantitatively, we also found a relationship between home visits and school enrolment. There was also agreement, quantitatively and qualitatively, for the following interventions and outcomes: FFS training and food failure, and community dialogues related to child protection and legal support (as well as parenting curriculum) were related to the child abuse outcome.

Table 23. Qualitative and quantitative findings mapped to outcomes*

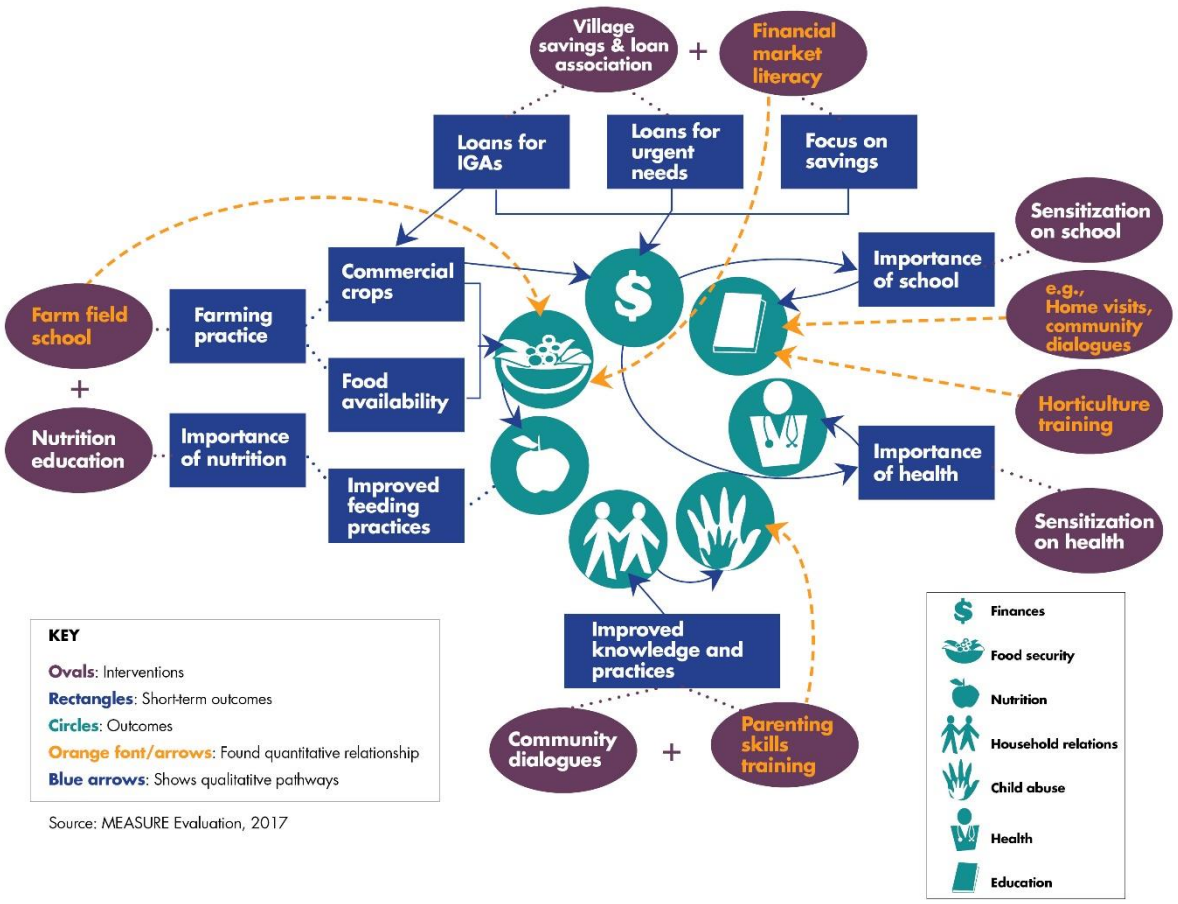
SCORE objective	#	Service-delivery variables	Food failure	School enrolment	Child labour	Child abuse
SES	1	VSLA participation				
	2	Youth apprenticeship				
	3	FML trainings				
	4	SPM sessions				
	5	Community skills training				
FSN	6	FFS training				
	7	Horticulture training				
	8	Cooking demonstrations				
	9	Nutrition dialogues				
	10	Referrals for malnourished children				
Child protection	11	Referrals for child protection				
	12	Referrals for legal support				

SCORE objective	#	Service-delivery variables	Food failure	School enrolment	Child labour	Child abuse
	13	Referrals for birth registration				
	14	Community dialogues related to child protection and legal support				
Access to critical services	15	Home visits				
	16	Other community dialogues				
	17	Life skills sessions				
	18	Attending child-friendly school				
	19	Referrals for education				
	20	Parenting skills training				
	21	Referrals not related to child protection and malnutrition				

*Yellow cells represent quantitative findings, blue cells represent qualitative findings, and green cells represent both quantitative and qualitative findings.

The quantitative analysis by itself was not sufficient to explain how changes in outcomes might occur. The orange font and arrows in Figure 2 depict the main effects on the outcomes of the service-delivery intervention. Qualitatively, however, respondents described various pathways to achieve those and other outcomes; these pathways are depicted in blue and purple. The figure illustrates how beneficiaries described the manner in which their exposure to an intervention, or combinations of interventions (purple), led to short-term changes (blue) that often interact with other short-term changes to bring about change in outcomes. In the next few paragraphs, we explain the diagram in more detail.

Figure 2. Quantitative and qualitative findings: Pathways to improved outcomes



Source: MEASURE Evaluation, 2017

One main effect related to food failure was participation in FFS. Larsen and Lilleor (2014) found, in their evaluation of the Rural Initiatives for Participatory Agricultural Transformation (RIPAT) FFS program in Tanzania, that a reduction in hunger was associated with an increase in the number of meals for children. Davis, et al. (2014) also found that FFS participation led to an increase in crop productivity and livestock production in some countries.

Qualitative data help us understand this. SCORE program beneficiaries described how participation in FFS increased knowledge of farming practices and that those practices were used to start household gardens. Beneficiaries also explained how nutrition education sessions (e.g., through peer nutrition educators) raised their awareness of proper nutrition and improved feeding practices. The combination of increased food availability at home and improved feeding practices increased their consumption of more regular meals with nutritious foods over an extended period.

Quantitatively, we found FML training decreased food failure. We did not find a direct pathway to this qualitatively; but beneficiaries described how FML training leads to improved savings. The contributions of FML training on improved savings were also found by Murendo and Mutsonziwa (2017) in Zimbabwe and by Sayinzoga, et al. (2016) in rural Rwanda. These savings were then used to generate more income through other investments and used for other support such as education and household expenses.

In our quantitative analysis, we found a positive association between completion of referrals for malnourished children and food failure. The association can go either way, and due to the limitations of our study designs, we are not able to determine the directionality. From our discussions with SCORE, we learned that the households with food failure were provided with referrals for malnourished children. We

did not see a decrease in food failure over time for those malnourished children who completed the referrals. The sample size in the file with children who needed referrals was lower than required for this type of analysis, even though we worked with all data available. As a result, we are not able to tell whether there was no decrease or a decrease was present that we could not detect because of power issues.

Although we did not find any main effects of VSLAs on our four outcomes of interest, we found that male and older index children who had caregivers participating in VSLAs did better with respect to food failure. One possible explanation for this is that caregivers may use income generated from VSLAs to provide food to children, and in such cases, prioritize boys over girls. The same could also be true for older children, in that caregivers prioritize older children over younger children.

Qualitatively, SCORE beneficiaries described how VSLAs resulted in increased access to loans to invest in IGAs, which could then multiply their income. Beneficiaries also access those loans and apply their enhanced farming skills, from FFS training, to start commercial businesses. VSLAs also provide access to more immediate funds that could be used for urgent needs, such as school fees or health-related expenses. These findings confirm what Parker et al. (2014) found in Haiti: that SILC (another type of savings group) members used funds for business investments, school fees, health-related expenses, and household consumption, or to purchase land or livestock.

Beneficiaries did not indicate that increased income directly led to improvements in school or health. Instead, they describe how sensitization efforts, often through home visits and community-level education, gave them information about the value and importance of education for their children and their children's future. This motivated them to use newfound resources to ensure their children were going to school. In health education, beneficiaries described how household- and community-level educational messages on water use, sanitation, hygiene, and malaria prevention enabled them to take measures at home to ensure that their families were healthier—measures such as digging pit latrines or sleeping under bed nets. The knowledge also prompted them to use financial resources to access healthcare, when needed. This illustrates the value of coupling health education with economic empowerment—providing households with the knowledge and means to change their own health status (Koenker, et al., 2014; Lassi, Das, Salam, & Bhutta, 2014).

Quantitatively, we found three main effects related to school enrolment: participation in horticulture sessions, community dialogues, and home visits. During interviews, some participants divulged that households use gardens as a source of income, using cash earned to support school fees and scholastic materials. Both community dialogues and home visits are methods in which sensitization on the importance of education occurs.

Quantitative analysis established a relationship between parenting skills training and child protection. Beneficiaries who were interviewed also talked about how those training sessions, and other types of sensitization efforts, taught them about the importance of harmonious household relations—including how to parent children in a nonviolent way and how to improve the relationship between parents in a household through dialogue and engagement. The SCORE project's operations research study on the parenting curriculum also found the parenting curriculum to be successful (Schneider, Agaba, Lowicki-Zucca, & Larok, 2015).

Our analysis of two-way interaction effects revealed that reduction in the odds of abuse over time was greater among children who lived in the households that took part in community dialogues related to child protection or legal support than among children who did not. We can conclude that an association exists between the participation of HHs in these community dialogues and reductions in child abuse. Qualitative findings also support this conclusion. Furthermore, program beneficiaries described how raising community awareness of child protection and child protection services increased the reporting of cases of abuse and increased community vigilance to protect children from abuse and exploitation.

In our analysis of three-way interaction effects, we found that two-way interactions of time and VSLA on food failure vary by sex and age group of index children. Because the food failure indicator asks about times when a household *or* child goes without meals owing to failure to get food, and because index

children live with other children in the households, we cannot apply these findings to all children in the program. Data on HH participation in VSLA, as well as sex, age group, and food-failure outcome for each child are needed for this type of moderation analysis, which could be worthwhile to test in future OVC programming.

Strengths and Weaknesses of the SCORE Program

One of the main strengths of the SCORE program, as described by stakeholders, was the resiliency-based nature of the program. In describing program impacts, beneficiaries consistently described how they had an increased confidence and ability to provide for their families and access necessary services. Beneficiaries, staff, and other stakeholders all discussed how this programming was a shift from previous programs that focused more on handouts.

Another strength of the SCORE program was the involvement of well respected, well trained, and highly committed community workers, such as PSWs, CLVs, PNEs, FFS facilitators, and others. FGD participants indicated that they were trained well and supported by the project, and beneficiaries had positive reports about their interactions with the different cadres. The trust built between beneficiaries and community workers can be invaluable, particularly during the disclosure of sensitive information related to exposure to violence and HIV status (Cannon & Snyder, 2012).

At the local government level, SCORE worked in close collaboration with staff from the community-based service department, production department, health facilities, and others. However, this strategy of mainstreaming the project activities into the LG program was not always present. In some instances, local government stakeholders indicated they were not sufficiently involved with planning, budgeting, work plan development, and subsequent program implementation. Even stakeholders who were impressed with SCORE's local engagement still wished the program had gone further in working closely with the LG in a more systematic, strategic way that would promote sustainability in the long term. Others have discovered the importance of pre-planning and have established a participatory approach toward government engagement to achieve sustainability (Hofisi & Chizimba, 2013; Vogus & Graff, 2015).

Although the program did increase awareness of how to access child protection and healthcare services, SCORE staff who were interviewed indicated that, when referrals were provided, there were challenges when services were not available or were of poor quality. Some workers felt discouraged when they provided referrals to a service that might not exist. Even if well-established services are in place, referrals do not always work and often require strengthening of the referral system (Patel, et al., 2016). It is worth noting that strengthening the actual child protection and healthcare systems was not under the domain of the SCORE project.

Government staff, in particular, cited challenges relating to geographic targeting. They described how the project did not saturate coverage in districts—meaning that some subcounties and parishes within districts did not receive services. This was difficult for government staff to explain to their constituents, because neighbouring communities might perceive each other similarly in terms of need.

In all but one of the transcripts where gender was discussed, respondents noted that females were more engaged in, and thus benefited more from, SCORE programming than men. This may have been because traditional gender roles dictate that women are responsible for caring for children, and men may experience stigma for participating in a program perceived to be more applicable to women. The increased focus on, and subsequent empowerment of, women, at times, strengthened household relationships, but in others, led to tension in the household.

RECOMMENDATIONS

Because this was a partial analysis of SCORE program performance that did not look at all possible outcomes, we are unable to make recommendations across the entire set of program activities. Furthermore, OVC programming is shifting, with PEPFAR 3.0, to a stronger emphasis on case management, linkages, and support to HIV testing and ART adherence, as well as early childhood development. Because the SCORE program did not implement activities specific to HIV linkages, some of the recommendations may need to be modified accordingly or may not be relevant to newer types of programming.

- Because both quantitative and qualitative data found effects related to FFS training, community dialogues concerning child protection and legal support, parenting curriculum, and home visits, we feel more confident about using them in programming. However, USAID will need to consider whether agricultural training should be a key OVC program activity, or if it should focus more on linkages to other agricultural programs.

- Because of the qualitative evidence showing how combinations of interventions—in particular, economic strengthening activities (e.g., activities that lead to income generation)—and norm changing, through sensitization and education efforts, we recommend that programs continue to offer layered interventions, that help the family grow and meet household goals.
    - This combination of interventions and phased implementation should be informed by a theory of change that is linked to some program objective; monitoring, evaluation, and reporting essential survey indicator; or case plan achievement.
    - Programs should also point to benchmarks or standards to achieve the intended change in outcome. For example, a theory of change may indicate that completion of a parenting curriculum leads to improved parenting practices. However, in this study, we could not measure completion, only participation in at least one session.

- Qualitatively, we found a perception among some that destitute households may not have been supported adequately; and quantitatively, we found that approximately one-fourth of beneficiaries participated in VSLAs (this conflicts with a much higher percentage that SCORE found). As such, we recommend that programs follow the new site improvement through monitoring system guidelines that require household economic assessments to inform economic strengthening activities. Given that VSLAs are self-selecting; however, not all beneficiaries who need or could benefit from economic strengthening support will receive such support. We recommend that programs identify alternative economic strengthening activities for households that do not self-select into a VSLA.

- Qualitative findings revealed that males' resistance to female economic empowerment and involvement in the program, despite the program reaching out to men for greater involvement, at times, created tension in households where men may have a hard time adjusting to increased independence of women. As such, OVC programs should explore ways to support households with the adjustment of women's empowerment.
- Since some government participants did not understand why the program was working in some districts or subcounties as opposed to others—note that in some districts government was not engaged optimally to ensure sustainability—we recommend that programs develop processes for joint planning on geographic prioritization (when feasible), program implementation, and monitoring of select indicators. Furthermore, where feasible, programs should consider identifying and monitoring the indicators that should be in place to ensure adequate government involvement.

- With respect to issues of child protection, we learned that there are, at times, issues with referring to services that may not exist or be of insufficient quality. When feasible, we recommend that system strengthening activities are collocated with OVC programs and, at minimum, there be guidelines for para social workers on how to handle situations when there is not adequate support. Though we found these issues primarily in the area of child protection, the same recommendations would apply for health-related services, including malnutrition and HIV services.
- Overall SCORE had a robust M&E system—with a unique ID system that enables the tracking of beneficiary households for routine monitoring, including of the VAT, which collected outcome data at the HH level for index children. This system is indeed impressive. We did, however, experience challenges with quality (both for the VAT and service-delivery indicators) that should be addressed.
    - We recommend that programs work to ensure that CBOs are measuring program implementation similarly. Though there are indicator reference sheets, it is critical to double-check that CBO staff understand how to report those indicators. For example, does participating in a VSLA indicate the number of VSLA sessions attended, completion of a VSLA cycle, or participation in a certain number of meetings per month? Without a common understanding of what this means, there is limited utility for the data.
    - Ensure items measured through an annual assessment process are mutually exclusive (e.g., do not combine street labour with child mother).
    - Strengthen data quality of routine monitoring indicators by assuring supportive supervision visits, regular DQA assessments, and reviews of key indicators, and design and check data-entry templates by limiting fields and data ranges to minimize data-entry errors.
- This study reveals important findings related to OVC programming and measurement. We recommend that the study team, together with the SCORE program, and USAID disseminate results via a peer reviewed journal article(s) and conferences, to build the evidence base further.

Table 24. Management response table

Recommendation	Who is responsible	Comments	Date
USAID will need to consider whether agriculture training should be a key OVC program activity, or if it should focus more on linkages to other agricultural programs.	USAID HQ and USAID UG		
Develop and measure thresholds or standards for core interventions that are based on a theory of change.	IPs, USAID HQ, USAID UG		
Conduct household economic assessment to determine economic strengthening activities and ensure program provides relevant services depending on HH economic status. Develop guidance for how to do economic strengthening for families that do not self-select into a VSLA.	IPs, USAID UG		
Identify ways to support households with the adjustment of women's empowerment.	IPs		
Develop processes for joint planning on geographic prioritization (when feasible), program implementation, and monitoring of select indicators. Identify and monitor indicators to ensure adequate government involvement.	IPs		
Consider offering multi-layered interventions based on a theory of change. Interventions should target HHs and individual children, but should also involve systems-strengthening activities in collaboration with government.	USAID HQ; USAID UG		
Provide guidance to caseworkers on how to handle referrals to insufficient or nonexistent services.	IPs		
Ensure standardization of indicators across CBOs by building capacity of staff and volunteers over time for routine service-delivery indicators as well as for annual survey data.	IPs		
Contribute to the knowledge base on interventions for OVC by publishing papers for peer review journal articles.	All	MEASURE to lead coordination	
If USAID is considering use of routine programmatic data for evaluation, we recommend programs start off with an evaluation plan that guides collection of data to be used for this purpose.	USAID HQ, USAID UG		

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APPENDIX A. VULNERABILITY ASSESSMENT TOOL

SCORE Vulnerability Assessment Form ID No

No.	QUESTIONS AND FILTERS	
1.	Interviewer Name and ID	
2.	Date of Interview (day /month/year)	d d m m y y y y
3.	District Code	
4.	Sub – County/ Division Name	
5.	Parish Name	6. Village Name
7.	Name of the Household Head	
8.	Name of Index Child	
9.	Date of Birth of the Index Child (day /month/ year)	d d m m y y y y **DON'T KNOW..... 2020**
10.	Sex of the Index Child	1. Female 2. Male
Did the Agency/CBO/NGO receive funding from USAID ***(Track 1 Project)?*** ***YES*** ***NO***		Is the index child/household a former ***Track 1*** beneficiary? ***YES*** ***NO***

Section A: Protection		CODING CATEGORIES: ***(If yes to any of the category in the question, score 5, if no score 0)***	Score
11.	Has the child been involved in the following: ***(Ask the child/parent/guardian)***	Child Labor /Street child /Child Mother	
12.	Has the child been involved in the following forms of child abuse or neglect? ***(Ask and observe the child)***	Psychological abuse / Physical abuse / Sexual abuse / Child Neglect	
13.	Has the child ever been involved in alcohol/ Substance consumption/use? ***(Ask the child)***	Drinking Alcohol/Local Brew / Smoking / Petroleum sniffing / Drugs	
14.	Child has a chronic disease ***(Ask the child/parent/guardian)***	HIV/AIDS / Sickle Cells / Epilepsy	
15.	Child has a Disability ***(if the disability is physical/observable please don't ask)***	Deaf / Blind / Physical / Mental	
16.	Do you know anyone who can help you in case you need legal assistance for the following? If Yes, then ask them to list the places and tick the one where they go among the answers:	Child Neglect / Sexual Abuse / Property grabbing ***(If yes score 0 and if No score 5)*** ***Police__ , LC__, Probation and welfare office/CDO__, Human rights agencies__***	
Section A: Total Score			

Section B: Food Security		CODING CATEGORIES	Score
17.	What does the child usually eat? ***Usually means at least 3 times a week (Ask the parent/guardian and then a child to double check)*** ***Applicable to children of all age bracket (Breast feeding children takes all the food values)***	***Energy foods:*** (potatoes, banana, oils, posho, millet, rice, maize, bread, cassava)**(If Yes, score 0 & if No score 4)**	
		Body building foods: (beans, meat, soya, peas, milk, eggs, chicken, fish)**(If Yes, score 0 & if No score 4)**	
		Protective and regulative foods: (tomatoes, oranges, pawpaw,mangoes, pineapple) **(If Yes, score 0 & if No score 4)**	
18.	How many times does the child have meals in a day? ***(Ask the parent/guardian and then a child to double check)***	3 times a day ***(if yes, score 0),*** Twice a day ***(if yes, score 3),*** *Once* a day ***(if yes, score 8),*** Not every day ***(if yes, score 10)***	
19.	Are there times when your household/child goes without meals due to failure to get food?	Yes ***(Score 5)*** No (***Score 0)***	
20.	If Yes, how often does the household/child go without meals?	At all times ***(if yes, score 3)*** Irregularly ***(if yes, score 2)*** Very rarely ***(if yes, score 0)***	

Section B- Total Score			
Section C: Economic Strengthening			
21.	What is your household's main source of income?	1. Formal employment ***(If Yes, score 0)*** 2. Informal employment (truck driving, boda-boda, rental units, askari/guards, subsistence farming, petty trading)***(If Yes, score 6),*** 3. Casual Labor(porter, builder) ***(If Yes, score 8),*** 4. Remittances ***(If Yes, score 8),*** 5. Unemployed ***(If Yes, score 10)***	
22.	How many people live in your household? What is the current total monthly household income?	Number_____Total Income_____ ***(Divide total income by total number of people in HH, if < 30 US dollars (UGX 75000) per person/per month then score the HH 15 & if it's > 30US dollars (UGX 75000) score 0)***	
23.	Who is the main contributor to household income?	- Children ***(if yes, score 5)*** - Grand Parents ***(if yes score 4,)*** - Relative(s) ***(if yes, score 3,)*** - Mother ***(if yes, score 2,)*** - Father ***(if yes, score 1,)*** - ***Others (if yes, score 5)***	
Section C- Total Score			
Section D: Family Strengthening- Critical Services			
24.	Parenthood Status for the index child	- Double orphan ***(if yes, score 6)*** - Maternal Orphan ***(if yes, score 5)*** - Paternal Orphan ***(if yes, score 4)*** - Both Parents Absent ***(if yes, score 3)*** - Mother Absent ***(if yes, score 2)*** - Father Absent ***(if yes, score 1)*** - Both Parents Alive ***(if yes, score 0)***	
25.	Guardian age/Parent age	Below 18 yrs***(if yes, score 5),*** Above 65 yrs***(if yes, score 3),*** Between 18-65 yrs***(if yes, score 0)***	
26.	Guardians Health/Parents age	Has a disability (***If Yes score 2, if No 0),***	
		Has a chronic disease [e.g. HIV and AIDS, Diabetes, cancer etc that affects working capacity] (***If Yes to score 2, if No 0)***	
27.	What is the main source of drinking water for members of your household?	Piped/borehole/harvesting (***If yes, score 0),*** Surface water (***If Yes score 5)***	
28.	Do you have Latrine facilities	Yes own ***(Score0 for Yes),*** Shared ***(Score 3 for shared),*** No ***(Score 4 for No)***	
29.	Does the index child go to school?	Yes ***(if Yes, score 0)*** No ***(if No, score 3)***	
30.	If Yes, does the child absent him/herself from school for at least 1 month in a term	Yes ***(if Yes, score 2)*** No ***(if No, score 0)***	

31.	When the index child is sick, what do you do?	1. Seek medical care/go to the Health Facility ***(score 0)*** 2. Others (***If doesn't seek health care, score 3)***	
Section D: Total Score			
Section E: Assessors General Impression			***Score***
32.	- Good Situation [can manage without support]***(If Yes score 0)*** - Fair Situation [could be considered for support] ***(If Yes score 2*** - Bad Situation [should be considered for support] ***(If Yes score 8)*** - Critical Situation [eligible for support] ***(If Yes score 10)***		
Total Child Score for sections A, B, C, D & E			

APPENDIX B. QUALITATIVE DATA-COLLECTION INSTRUMENTS

1. Beneficiary Interview Consent Form, Information Sheet, and Guide

Consent Form

Introduction

My name is [insert name]. I am part of a group conducting a program evaluation assessment on the well-being of people and who have participated in the SCORE program. I understand that your household and/or certain members of your household have received services from the program.

Confirm that the household is indeed receiving some level of services.

If no – do not continue the interview and select the next individual on the list

As I said, I am part of a group conducting an assessment on the well-being of people and who have participated in the SCORE program. We have confirmed that you or members of the household have participated in SCORE program activities. I would like to ask you to participate in an interview that will take about one hour. If you agree to participate, one of us will ask you questions and the other will take notes. We will also audio-record the interview, with your permission, so we can be sure to capture everything you said and go back and listen to it again to help us understand your answers. Only the researchers will have access to these recordings.

Today, I will ask you questions about what your participation in the program has included and how it has affected your and other members of your household's lives. There are minimal risks to you as a participant but you can skip any questions that you do not wish to answer or stop the interview at any time, without giving any reasons.

During the interview, you may decide to share information that is personal in nature. Everything you say will only be shared with the researchers and the people collecting information for this study. We will not write your name on any of the recordings or notes and we will keep the information in a locked cabinet until it is destroyed.

We are interviewing other people as well, and we will combine all of the information we learn together so no one will be able to know what you said. There is one exception. If you tell us about a child that is being hurt, or if you think that you or someone in your household might need some sort of counselling, we will inform a program staff member to make sure you are helped. You will not be paid for participating in this activity but you will receive 15,000 Ugandan shillings to compensate you for travel and your time to participate in this interview.

Your participation in this study is voluntary. If you don't want to be in the study, it is okay. If you want to be in the study now and change your mind later, that's okay too. You can stop at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive.

Before you say **yes or no** to being in this study, we will answer any questions you have. If you join the study, you can ask me questions at any time. Do you have any questions now?

[Pause & answer all questions]

Documentation of Consent

Do you want to participate in this study?

If individual consents, interviewer signs and dates form, and retains copy.

Individual has consented. ☐

Individual has not consented. ☐

Signature of Interviewer: ……..……..

Date: …….. Place: ……

May we audio-tape this interview?

If individual consents, interviewer signs and dates form, and retains copy.

Individual has consented. ☐

Individual has not consented. ☐

Signature of Interviewer: ……..……..

Date: …….. Place: ……

Information Sheet

What is the purpose of the study?

To understand SCORE program participants' thoughts about how the SCORE program has affected their lives, in terms of improving their overall well-being.

Why do you want me to participate?

We want you to participate because you have participated in the SCORE program and we want to understand what your participation in the program has included and how it has affected your and other members of your household's lives.

What does participation involve?

I would like to ask you to participate in an interview that will take approximately one hour. If you agree to participate, one of us will ask you questions and the other will take notes. We will also record the conversation with your permission.

What are the risks and benefits?

There are minimal risks to your participation - We will put things we learn about you together with things we learn about other people from your community, so no one can tell what things came from you. When we tell other people about this research, we will never use your name, so no one will ever know what answers you gave me. Only the data collectors and a few researchers in the US will have access to this information, and all information will be stored in a locked cabinet until it is destroyed. There is one exception. If you tell us about a child that is being hurt, or if you think that you or someone in your household might need some sort of counselling, we will inform a program staff member to make sure you are helped.

You will receive 15000 UG Shillings for travel and time to participate in this interview. There are no other direct benefits, though information learned from this study may help to improve the program and other programs like it.

Do I have to participate?

No. Your participation in this study is voluntary. If you don't want to be in the study, it is OK. If you want to be in the study now and change your mind later, that's OK too. You can stop at any time. If you agree to participate, you can decide not to answer certain questions and can stop the interview at any time. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive.

Contact for more information

To reach a study Investigator, you may contact Eve Namisango, our local research coordinator. She can be reached by calling: 07-54-28-02-34 or 0772460536. Uganda National council for science and Technology has reviewed and approved this protocol for your protection (ref SS 3773).

Interview Guide for Beneficiary Interviews

Name of Interviewer:	
Date of Interview:	
Name of CBO:	
Location of Interview:	
Length of Interview:	
Participant Code:	
Participant Sex:	**Male ☐ Female ☐**

Household History

We'd like to ask you a few questions about you and the people living in your household.

Question	Please insert number here
1. How old are you?	
2. How many people currently live in this household on a regular basis?	
3. How many of those are children?	
4. What are the approximate ages of those children?	

History with the SCORE program

We'd like to understand more about how you have participated in the SCORE program thus far.

5. When did you first start participating in the SCORE program (in the last year, last month)?

Now let's discuss your involvement in the SCORE program.

6. What activities have you and your household members participated in since being enrolled in the program (probe: income generation activities, village savings and loans, training sessions, commercial farming, backyard gardening, community dialogues, cooking demonstrations, food crop production, positive deviance[18] /hearth sessions[19] ,training in parenting, linkages with nearby schools for enrolment)?

[18] Understanding what these 'positive deviant families' are doing differently from the parents of malnourished children in the same community

[19] During hearth sessions, the children are fed nutritious meals based on positive deviant foods, which the caregivers prepare together using ingredients they have contributed

7. With whom do you interact from the SCORE program (probe: CBO staff (social worker), program community volunteers - peer nutrition educators, community legal volunteers, farmer field school facilitators or school educators – others)?

8. What services have you received (probe: household visits by a volunteer; referrals for health care, referrals for legal assistance, nutrition education, food support, farming assistance, malnutrition screening. Probe: who in the household has received which services)?

9. How has your involvement changed from when you first started in the program to now? (probe: has the support increased, decreased, stayed the same – describe how it has changed in these cases)?

<u>General Impressions of the Program</u>

Let's talk about your general impressions of working with the SCORE program

Client Household Care

10. What are your impressions of the SCORE Program Representative (social worker) who visited your home and provided services?
    a. What do you think of the level of knowledge of the SCORE Program Representative/social worker? [probe: do they seem well-trained and knowledgeable]
    b. Do you feel your SCORE Program Representative/social worker spent sufficient time with you, your children and your family? Why? Why not?
    c. Did you receive adequate number of visits from your SCORE Program Representative/social worker? Why? Why not?

<u>Perceptions of Program Impact on your Household</u>

We'd like to understand if you think the SCORE program has changed anything about you or other family members' lives.

11. Do you think the program has positively changed anything in your household? (probe: more food, better nutrition, better access to health or legal services, more children in school).

Note: skip to question 13 after probing no positive benefit identified.

12. Out of the positive change you listed, what was the most significant change?
    a. Why was this change the most significant to the household (in comparison to all other changes)? *(probe: reasons why the respondent feels this was the most significant change, how they were affected etc.)*
    b. Please describe this change in more detail. What caused this change? Please be specific. *(probe: how did this change occur? What types of program activities helped lead to this change? what within the SCORE program specifically led to this change? who was involved?)*

c. Who was most affected by this change? *(probe: was everyone affected in the same way? Ask about the adults, the children, girls, boys etc.)*

13. *(Ask only if response to question 11 was negative)* Why, in your opinion, do you believe that nothing changed for the better as a result of the SCORE program?

Other Services in the Community

14. Please list any other programs or organizations in the community that provide assistance to you or other members of the household. What types of activities have you participated in with them? (probe: was the SCORE program involved in linking you these programs/organizations?)

15. [Ask only if changes were described in Question 10]. Earlier, you told me that the SCORE program changed your household in the following way (paraphrase from Q10). Do you think any of these other programs or organizations contributed to that change as well *(probe – ask about each change indicated)?* Yes/no
    a. If yes, how do you think those other programs/organizations contributed to the change?

16. In what ways, if any, are the services provided by the SCORE program different from the other organizations in your community?

Those are all of the questions I have for today. Is there anything else you'd like to tell me about you or your household's involvement with the SCORE program before we complete the interview?

2. Program Staff/Stakeholders Interview Consent Form and Guide

Interview Guide for Program Staff/Stakeholder Interviews

Name of Interviewer:	
Date of Interview:	
Type and Name of Level: **National, Regional District, Community**	
Type of Interviewee and Title: **Stakeholder, Program Staff, CBO Staff, Government**	
Length of Interview:	

Introductory Questions

We'd like to ask you a few questions to get started.

1. Please tell us your position and how it relates to working with OVC programs.
2. How long have you been working on OVC related issues?
3. How long have you worked with the SCORE project?
4. How are you involved with the SCORE project?

SCORE Impact Question

5. The main goal of the SCORE project is to decrease the vulnerability of critically and moderately vulnerable children and their households in 35 districts of Uganda. Please describe the extent to which you think the project has met or has not met this goal.
    a. How did you come to that conclusion about the program? [*probe: is this based on personal experience, evaluations, anecdotes from beneficiaries, meeting program targets etc.]*

Questions on the 5 SCORE Objectives

Ask questions on all five areas. Probe deeper on specific objectives based on technical expertise of each respondent (i.e.; if they are a nutrition expert, it would be important to learn more on food security and nutrition).

6. Please describe the extent to which you think the program has or has not improved the socioeconomic status of vulnerable children households.
    a. Which specific interventions had the greatest impact on improving the socioeconomic status of vulnerable children households? Why?

b. Which specific interventions had the least impact on improving the socioeconomic status of vulnerable children households? Why?

[probe for each: VSLAs, social insurance schemes, market oriented skills development, enterprise and market opportunities, backyard gardening, skill development in commercial farming]

7. Please describe the extent to which the program has or has not improved food security and the nutrition status of vulnerable children and their household members.
    a. Which specific interventions had the greatest impact on improving the food security and nutrition status of vulnerable children households? Why?
    b. Which specific interventions had the least impact on improving the food security and nutrition status of vulnerable children households? Why?

[probe for each: Farmer Field Schools, urban horticulture, Behaviour change communication on food consumption and nutrition practices, promoting linkages with nutrition and health services, positive deviance/hearth[20]]

8. Please describe the extent to which the program has or has not improved access to education for vulnerable children.
    a. Which specific interventions had the greatest impact on improving access to education of vulnerable children households? Why?
    b. Which specific interventions had the least impact on improving access to education of vulnerable children households? Why?

[probe for each: community dialogue, referrals to connect parents to nearby schools, school based interventions, household visits to check on school going children INSERT interventions]

9. Please describe the extent to which the program has or has not increased the availability of protection and legal services for vulnerable children and their households.
    a. Which specific interventions had the greatest impact on increasing availability of protection and legal services for vulnerable children and their households? Why?
    b. Which specific interventions had the least impact on increasing availability of protection and legal services for vulnerable children and their households? Why?

[probe for each: mapping child protection structures, conducting child protection activities in the schools, conducting interactive learning sessions, conducting family visits and counselling, providing legal support and referrals, training of community legal volunteers, legal clinics, setting up community policing structures]

10. Please describe the extent to which the program has or has not increased the capacity of vulnerable households to access, acquire or provide critical services[21] (food, health, education, shelter and water).

[20] During hearth sessions, the children are fed nutritious meals based on positive deviant foods, which the caregivers prepare together using ingredients they have contributed

[21] Critical services in the SCORE context, refers to those basic services essential for the survival of the person. The project focused on critical services like health, education, shelter and water.

a. Which specific interventions had the greatest impact on increasing the capacity of vulnerable households to access, acquire or provide critical services? Why?
b. Which specific interventions had the least impact on increasing the capacity of vulnerable households to access, acquire or provide critical services? Why?

[probe on each: conduct dialogues and workshops for vulnerable households, train and mentor local implementing partners, map essential service-delivery points, create concrete referral systems to critical services, and foster innovative partnerships with private sector]

Questions on Lessons Learned

What were some of the barriers to program implementation?

c. How did they affect the ability to meet the needs of children and households?

11. What were some of the contributors to program implementation (i.e.: what led to successful program implementation)?
    a. How did they affect the ability to meet the needs of children and households?

12. Please describe any changes you think the SCORE program or future programs could make to improve how they work with vulnerable children and households [*probe for specific examples*].

Most Significant Change and Wrap up

13. From your perspective, what was the most significant change in the communities served by the project? [probe: who was most affected? how were they affected by the program? How did this most significant change occur?]
    a. Was this change spread evenly geographically across the program areas or were there some areas that saw more change than others? Why/why not?

14. Summarizing what you have told me, what are the greatest strengths of the SCORE program? Why?

15. Summarizing what you have told me, what are the greatest weaknesses of the SCORE program? Why?

16. Is there anything else about the SCORE program you would like to tell me?

Those are all of the questions I have for today. Is there anything else you'd like to tell me about you or your household's involvement with the SCORE program before we complete the interview?

3. Focus Group Discussion Guide Consent Form and Guide

For community volunteers (nutrition peer educators, community legal volunteers, farmer field school facilitators and school educators)

Focus Group Discussion Guide

Date of FGD:	**Start Time:**	**End Time:**
FGD Moderator: **FGD Note taker:**		
Community Based Organization: **District:** **Language:**		
Total Number of participants: ____ **Type of contact group (nutrition peer educators, community legal volunteers, farming school facilitators and school educators):**		

1. Please describe your role as (*type of contact group listed above)* within the SCORE program (*probe: what is it that you do to support the OVC and households supported by the SCORE program*? *Make sure they talk about this particular role they serve, and not other community work they have done on other programs*).

2. [*Ask everyone and record individual responses]* How long have you been working with SCORE in this capacity?

I want to ask you some questions around the way the program did or did not change the communities it served.

3. Through your experiences with the SCORE program, what changes (either positive or negative) did you see to the households served? *[probe: why do you think this? can you give me some specific examples of experiences you had that led you to believe this?]*

4. Based on your experiences, how did the program affect individual household members? Were there differences based on: sex, age, level of education?

5. What was the most significant change you saw in the communities, families, children you served during the life of the (SCORE) program? *[probe to ask why this was the most significant change, how it happened and who was involved? Who within the household was affected? Try to get specific examples and evidence to support the opinions.]* Are there other ideas? Do some of you disagree? Why?

Now let's talk about your work within the SCORE program in more detail.

6. What were some of the key contributors in your work to support communities, households, families (i.e.: what made it easier to do your role)

7. What were some of the key challenges you experienced in your work to support communities, households, and families? For each: Why did you experience these challenges? What could have been done differently and why?

Finally, thinking about the program as a whole:

8. What do you think is important for others to learn about the program and what it accomplished or did not accomplish in the areas it served?

APPENDIX C. QUALITATIVE ANALYSIS CODEBOOK

PRIMARY CODING BOOK

SCORE Evaluation Coding Themes			
No.	**Code**	**Code Definition**	**Further Description**
1	SES	Economic empowerment	*Socioeconomic interventions and their impacts, strengths and weaknesses. Does not include most significant change.* *Interventions: Village savings and loans groups, skills development (soap, beads, cookstoves, etc.), social insurance (funeral insurance), business skills training, financial and market literacy, market linkages, Selection Planning and Marketing training, radio talk shows and messages, other business training* *Impacts: Changes in assets, ability to pay for goods and services (school fees, investments in businesses), savings, new skillsets employed (bead making, soap making, farming etc.) and leading to change in socioeconomic status (of both adults and youth); savings culture; financial literacy*
2	FSN	Food security and nutrition	*Food security and nutrition interventions and their impacts, strengths and weaknesses. Does not include most significant change.* *Interventions: Farmer field schools, backyard gardening (urban horticulture), behaviour change communication on nutrition counselling, community cooking demonstration, radio talk shows, radio spot messages; identification of acute malnutrition cases through screening, identification of underweight children and managing through Hearth sessions, Farming as a Business (FAAB) (Formation and registration of Production and Marketing groups with the local governments as legal entities).* *Impacts: Change in number of meals household has per day, access to food during non-harvest periods, change in agricultural yields. Creation of backyard gardens. Modern agricultural practices and access higher yielding varieties; Eating more/less nutritious foods, change in access to nutritious foods through home gardens, changes in situation of malnourished children*
3	WASH	Hygiene and sanitation	*Hygiene and sanitation interventions and their impacts, strengths and weaknesses. Does not include most significant change.* *Interventions: Teaching WASH (water, sanitation and hygiene) practices - latrines, handwashing, storing of utensils, clean water, clean cookstoves.*

			Impacts: Increase/decrease in diarrhoea and related foodborne illnesses, use of latrines, better sanitation practices within the household.
4	GEN	Domestic violence and gender dynamics in the household; gender dynamics within project implementation	*Domestic violence and gender dynamics within the household and program. Does not include Most Significant Change.* *Changes in household dynamics – interactions between husband and wife, increase or decrease in domestic violence, ability to discuss issues of concern.* *How gender resulted in different levels of engagement between men and women in the program.*
5	CHLD	Child rights, child protection, violence against children; child behaviour; parenting	*Child protection interventions and impacts, strengths and weaknesses within the program. Does not include Most Significant Change.* *Interventions: Mapping of formal and existing child protection structures; trainings on child protection and legal services; child protection activities in schools; interactive learning sessions with VC households; family visits and counselling; legal support and referrals to individuals and families; CP activities in schools (clubs, training of teachers etc.); community outreach legal clinics; parenting/family strengthening; birth registration* *Impacts: Changes in interactions between parents and children (increased involvement of children in decision making), increase or decrease in violence against children in the household, ability to discuss issues/talk to children, change in attitudes and behaviours towards physical punishment in the household; changes in in knowledge and awareness e.g.,* awareness of signs and symptoms of abuse, awareness of reporting structure, attitude towards reporting etc. *Attitudes and behaviours towards physical punishment* ***in school****; attitudes towards general children's rights (please see code below for coding on specific orphan's rights); engagement/empowerment of children in schools for decision making where appropriate.* *Property and land rights cases followed/not followed by CLVs and their success; attitudes towards land rights for orphans.* *Follow-through on child abuse/defilement cases in the community, through legal, police, district government structures; any impact on protection and legal services not covered in other codes* *Changes in child* ***behaviour*** *as a result of SCORE – positive or negative (i.e.: happier, more engagement, more reserved,*

			more empowered, respect for parents, better discipline; inside and outside of household but ***outside of schools*** *(behaviour in schools fits under EDU)*
6	SHEL	Shelter	*Interventions to support households' access to shelter and impacts, strengths and weaknesses of shelter on beneficiaries. Does not include Most Significant Change.* *Change in shelter conditions of the household (i.e.: grass thatch roof to tin roof). Note: this may overlap with socioeconomic strengthening– in these cases, code using both themes.*
7	HEL	Health and health services	*Interventions to support households access to health and health services and impacts, strengths and weaknesses of health and health services on beneficiaries. Does not include Most Significant Change.* *Change in access to health services i.e.: visits to health facilities, HIV testing, prevention and treatment etc.*
8	EDU	Education and education services	*Interventions to support access to and attendance in school, as well as impact, strengths and weaknesses on education and education services on beneficiaries. Does not include Most Significant Change.* *School attendance (enrolment, retention), safer schools, attitudes towards value of schools, training teachers to create safer schools; debate clubs, child behaviour at school.*
10	GOVT	Local and national government, social services, legal services	*Any discussion of government engagement involvement in the program, including social and legal services. Can include changes in policies and practices as a result of the program. Does not include Most Significant Change. DOES include impact.* *Engagement with or changes in social service systems, such as district government child protection services, community structures to address child protection; legal structures to protect children and widows; police support of the social service system. For instance, increased engagement with social service systems, better understanding of social services systems by the public; this includes the education system.* *National government involvement in program intervention and engagement. How have government policies been a barrier or contributor to program implementation i.e.: ability to use current laws to support program implementation or ways in which government policies/practices have hindered the work of SCORE, for example, around birth registration; legal fees; judiciary practices around child abuse cases and other work*

			How the project's engagement community and government (i.e.: meetings, joint planning etc.) either served as a barrier or contributor to program implementation (sometimes referred to as "transparency" in responses).
11	AOBJ	Achievement of score objectives	*Opinion of respondent of the extent to which SCORE achieved its main goal of the SCORE project is to decrease the vulnerability of critically and moderately vulnerable children and their households in 35 districts of Uganda.* *Note: THIS APPLIES ONLY TO PROJECT STAFF AND GOVERNMENT.*
12	TARG	Targeting of beneficiaries and geographically; variation of interventions	*How geographic locations and beneficiaries were identified for program participation. Includes variation in terms of program participation within the household (i.e.: services provided to certain beneficiaries and not others). Includes discussions on critically vulnerable households versus moderately vulnerable households; and access to services for disabled children. Includes discussions of* ***selection*** *of subcounties and* ***geographic variations of change*** *from SCORE i.e.: between regions and districts and* ***variations in change*** *by type of household member, between households. Includes all strengths and weaknesses.*
13	PDES	Program design	*Descriptions of overarching program design and how it affected implementation, results and opinions of the program (not specifics regarding particular interventions – these are addressed through separate sector-specific codes above). For example: number, type of interventions; layering of interventions; phased enrolment; one size fit all set of activities (includes the graduation model). Transition planning and planning for sustainability also included here – as is anything else related to the design of the program. Includes all strengths and weaknesses. Includes M&E.*
14	PIMP	Program implementation	*Descriptions of overarching program implementation and how it affected results and impressions of the program (not specifics regarding particular interventions – these are addressed through separate sector-specific codes above). For example, the program leadership's organization/coordination of SCORE - program guidance documentation, communication frequency and methods etc. Number of partners and their coordination. Includes all strengths and weaknesses. Community member perceptions/attitudes; accessibility of communities*
15	RECS	Recommendations and lessons learned	*Respondent recommended changes to SCORE model (this theme may overlap with several other themes) – high and low level changes.* *Lessons learned during implementation of SCORE (this theme may overlap with "recommended changes" and several other themes); only from program staff level*

16	MSC	Most significant change	*All responses to question regarding most significant change as a result of the program. Includes which organizations/programs contributed to the MSC*
17	SWS	Social workers and project staff	*Impressions of social workers, community based staff and project staff. Include discussions of volunteer motivation, training and pay. Includes all strengths and weaknesses.*
18	UNS	Unsuccessful or less successful interventions	*Which interventions were not viewed as successful or viewed as less successful, and why i.e.: funeral insurance; radio talks and media outreach.*
19	OTH	Other themes	*Any other findings not addressed elsewhere*

SECONDARY AND TERTIARY CODING BOOK: This round of coding focused on answering the research questions and finding emergent themes. For example, under IMP-POS we pulled together ONLY the positive impacts reported under the different CODES in the primary codebook.

SCORE Evaluation Coding Themes			
No.	**Code**	**Code Definition**	**Further Description**
1	IMP – POS	Impact of SCORE – Positive	*Positive impact of the SCORE program on beneficiaries, in terms of improving their overall well-being, including economic status, health status, child protection outcomes, education, water, hygiene and sanitation, and food security.* This includes positive impacts reported by beneficiaries, Government representatives and program staff.
2	IMP – NEG	Impact of SCORE – Negative	*Negative impact of SCORE interventions on beneficiaries. This includes negative impacts reported by beneficiaries, Government representatives and program staff.*
3	STNG:	SCORE approaches – Strengths	*Strengths of the main approaches used by SCORE to strengthen household capacity to provide economic and social protection to vulnerable children. This includes This includes strengths relating to program design and implementation (PIMP and PDES), government engagement (GOVT) etc.*
4	CHLG	SCORE approaches – Challenges	*Challenges of the main approaches used by SCORE to strengthen household capacity to provide economic and social protection to vulnerable children. This includes challenges relating to program design and implementation (PIMP and PDES), government engagement (GOVT) Unsuccessful or less successful interventions (UNS) etc.*
5	MSC	Most significant change	*Emergent coding – only beneficiaries*
6	INTREL	Interrelated nature of program impact	*Interrelated nature of program impact*
7	GEN	Gender dynamics	*Gender dynamics in beneficiary engagement in SCORE*

8	SWS	Social workers and project staff	*Impressions of social workers, community based staff and project staff (includes discussions of volunteer motivation, training and pay)*
9	RECS	Recommendations and lessons learned	*Respondent recommended changes to SCORE model (this theme may overlap with several other themes) – high and low level changes.* *Lessons learned during implementation of SCORE (this theme may overlap with "recommended changes" and several other themes); only from program staff level*

APPENDIX D. STATEMENT OF WORK

MEASURE Evaluation

Evaluation of the SCORE Program

Scope of Work FY 2015 (April 2nd, 2015)

Background

The USAID-funded Sustainable, COmprehensive REsponses for Vulnerable Children and their Families (SCORE) project is a five-year (April 2011 to April 2016) project that aims to decrease the vulnerability of critically and moderately vulnerable children and their households in 35 districts in Uganda. The project is led by AVSI in partnership with CARE, The Transcultural Psychosocial Organization (TPO), FHI 360 and numerous local community based organizations (CBOs).

The program aims to achieve four objectives.

1. To improve the socio-economic status of vulnerable children (VC) households.
An integrated, market-based approach tailors support to VC and their households to improve their socio-economic status.

2. To improve the food security and nutrition status of VC and their household members.
Food security is addressed through a mix of activities aimed at enhancing the capacities of VC households to produce and use foodstuff, as well as household knowledge and behavior with regard to nutritional practices and services.

3. To increase availability of Protection and Legal Services for VC and their household members.
Child protection interventions aim to strengthen social safety nets protecting VC from abuse and exploitation and will increase access to legal support and civil restitution for VC and their households.

4. To increase capacity of vulnerable women and children and their households to access, acquire, or provide critical services.
Activities will bridge existing gaps and offer a safety net that can capture and redirect VC households who fall short of, or require, further support beyond the scope of the mainstream result areas one, two, and three.

Objectives

This evaluation serves three main objectives that map to MEASURE Evaluation Result Areas 7.1 and 4.2.

Objective 1: To evaluate changes in program beneficiary outcomes for select indicators related to household economic strengthening as well as household beneficiary perspectives on the contributions of the SCORE program.

Justification: The SCORE program has developed and administered a Vulnerability Assessment Tool (VAT)[22] on an annual basis to an index child in every beneficiary household. While the SCORE program has analysed the VAT data over time to assess changes in outcomes, there has not been an external evaluation of the SCORE program. At the request of USAID/Uganda we will use existing VAT data to assess changes in VAT outcome indicators that perform well on an inter-rater reliability test. While secondary data analysis will yield data on changes in outcomes, qualitative data collection with a small sample of program beneficiaries will help document the ways in which the program has helped their families.

Objective 2: Assess the strengths and weaknesses of the SCORE program as well as examine implications (e.g., cost and outcomes) of potential implementation changes.

[22] USAID/Uganda has requested we use existing data from the SCORE VAT for this study.

Justification: The SCORE program will end in April 2016. As such, a more in-depth examination of the successes and challenges of the SCORE program, and understanding the effectiveness of the approaches, will provide more information and recommendations for future OVC programming to USAID/Uganda Mission staff, other United States government (USG) agencies, USG funded implementing partners (IPs), the Ministry of Gender, Labour and Social Development, and other national and international stakeholders involved in responding to the needs of OVC and their caregivers.

Objective 3: To build capacity of select individuals from local research organizations on how to analyse and communicate data that will support use of evaluation information.

Justification: Per USAID/Uganda, in Uganda there is a need to enhance capacity of local research consultants on data analysis and data presentation (e.g., writing briefs), to facilitate the use of data for decision making. Through this scope of work we will build the capacity of local researchers in both quantitative and qualitative data analysis, as well as in triangulating findings and producing concise, meaningful data briefs.

Research Questions

The specific outcomes addressed in the research questions will vary depending on results of the inter-rater reliability analysis. Research questions use sample outcomes as an example.

Objective	Research question	Data Source
1	• What is the change in percent of children's going without food due to failure to get food[23] among index children[24] of the SCORE program by sex/location/age group/parenthood status? • What is the change in percent of beneficiary households who report having informal employment as their main source of income by sex/location? • What is the change in the percent of VAT index children who report usually eating energy foods by sex/location/age group/parenthood status?	VAT Rounds 1, 2, and 3
	• What are program beneficiaries' perspectives of the impact of the SCORE program on their lives, in terms of improving their overall well-being, including economic status, health status, and food security?	Qualitative interviews with beneficiaries
2	• What are the strengths and challenges of the main approaches used by SCORE to strengthen household capacity to provide economic and social protection to vulnerable children?	Document review, Key Informant Interviews (KII) (i.e., program, CBO, and government staff)
	• What is the effect of specific interventions (e.g., Village Savings and Loan, market skill development, social insurance schemes, and behaviour change communication at household level) on children's failure to access food? How	VAT and service delivery data

[23] These outcomes were selected based on inter-rater reliability results from a small sample of VAT test/re-test. When the larger sample is analyzed, these outcomes may change. These outcomes come directly from the VAT.
[24] The SCORE program administers the VAT regarding an index child in each household.

Objective	Research question	Data Source
	would the outcome change if more/less households were served with the same amount of resources?[25]	
	• What is the intervention cost per child/household (e.g., no longer has skipped meals due to failure to access food) for each intervention that contributed to a change in this outcome[26]?	Cost data, VAT and service delivery datasets.

Tasks

To achieve the stated objectives MEASURE Evaluation will complete the following tasks:

Objective	Task
1	Submit the protocol (developed as a MEASURE Evaluation Phase III deliverable) to the Uganda and US-based Institutional Review Boards (IRBs).
	Discuss work with SCORE COP and M&E Director – finalize CBO selection for qualitative data collection; engage consultant(s).
	Re-run the inter-rater reliability test for SCORE's full dataset of VAT test/re-test to determine indicators performing well or very well. Based on kappa values, baseline values, and recall periods of indicators performing well or very well, recommend to the Mission one or two outcome indicators to use in VAT analysis.
	Once the Mission has concurred on the outcome indicators proposed, tailor the primary data collection instruments (particularly for the qualitative component) accordingly.
	Request updated VAT dataset from SCORE. Review and request data cleaning as needed from SCORE.
	Analyze VAT data.
	Collect qualitative data.
2	Draft inception report.
	Create additional data collection instruments (specifically, staff and other stakeholder interview guides). The final specifics will be available only after liaising with the SCORE program to identify the list of individuals to interview and in the inception report.
	Submit IRB modification. Contract with local research firm/consultants.
	Request service delivery dataset from SCORE. Review and request data cleaning as needed from SCORE.
	Conduct secondary data analysis of service delivery dataset and VAT analysis.[27]
	Collect program documents.
	Conduct KII.
	Analyze interview data.
	Cost activities and conduct analysis.

[25] Due to inability to narrow focus to a limited number of interventions, we were unable to conduct this and the cost analysis.

[26] Our ability to answer questions related to cost will depend on SCORE's ability to provide of cost data.

[27] This assumes it is feasible to link VAT and service delivery data and service delivery data are of sufficient data quality

Objective	Task
	Draft presentation.
	Draft and finalize report.
3	Short-list research organizations for capacity building activity (Together with USAID/Uganda).
	Reach out to research organizations to gauge interest in capacity building activities and target individuals whose capacity could be enhanced.
	Create data analysis and report writing assessment tool (adapting from existing tools).
	Administer assessment to select individuals.
	Prepare for training. (Develop materials and data packets and procure needed software).
	Conduct training.
	Conduct follow-up activities.

Deliverables

Objective	Deliverable	Expected[28]
1	**Updated kappa values of VAT indicators and recommended indicators**	Y1Q3
	Report on VAT secondary analysis and qualitative data collection.	Y1Q3
2	**Inception report**	Y1Q3
	Oral Presentations	Y2Q1
	Draft and final Evaluation Report	Y2Q1
	Cleaned labelled and ready to use electronic copies of datasets	Y2Q1
3	**Develop list of research organizations to participate in**	Y1Q4
	Complete assessment report	Y1Q4
	Write training report and follow-up assessment findings	Y2Q1

Budget

SCORE Evaluation Budget	
Personnel	$137,506
Travel (including local data collection costs)	$50,610
Contractual	$90,981

[28] The timeline is dependent upon when funds are available to start work and on IRB approval.

ODC	$27,316
Total	$306,412

Timeline

Objective	Activities	Year 1 (Oct. 2015 – Sept. 2016)				Year 2 (Oct. 2015 - August 2016)			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Expand inter-rater reliability testing (IRB approval already received)			X					
	Submit protocol for IRB approval			X					
	Conduct secondary analysis of VAT data for Rounds 1 and 2			X					
	Recruit households for qualitative data collection			X					
	Conduct household interviews			X	X				
	Write final report				X				
2	Inception report and draft interview guide for key informant interviews			X					
	Review SCORE service delivery dataset and request cleaning			X					
	Conduct secondary data analysis of service delivery dataset and VAT analysis				X				
	Conduct KIIs and FGDs				X				
	Develop costing template				X				
	Cost specific interventions					X			
	Analyze data and conduct presentations				X	X			
	Draft and final report					X			
3	Identify research organizations				X				
	Conduct capacity assessment				X				
	Conduct data analysis and report writing workshops and follow-up assessment					X			

Staffing

Molly Cannon is a Senior Research Associate with Futures Group. Over the past 15 years, Ms. Cannon has worked in domestic and international settings, with extensive experience in Central and Southeast Asia and sub-Saharan Africa. Her professional interests focus on program evaluation, institutional capacity building, and data demand and use. Ms. Cannon has led several activities under the USAID-funded MEASURE Evaluation project related to community care programs in Tanzania, Mozambique,

Kenya, Zambia, and Uganda. Ms. Cannon led the two Child Status Index assessments in 2012 and 2013 and led an M&E institutional capacity building activity with two universities in Nigeria. She will serve as activity lead and manage all tasks and staff.

Scott Moreland is a Senior Health Economist with Futures Group. He will guide the development of the costing research questions and methodology.

Eve Namisango is Research Manager with the African Palliative Care Association. Eve has over 15 years' experience in conducting research using both qualitative and quantitative data collection methods. She has previously coordinated and conducted multi-country studies in several African countries; in Kenya, Tanzania, Namibia and Ghana. She has expertise in designing studies, collecting, managing, and analysing data as well as writing reports. Her research interests include programs evaluations, service provision in OVCs and vulnerable populations, program performance analysis in communities, and impact assessment using the most significant change methodology. Eve will be responsible for on-the ground coordination, working on the costing analysis, and leading qualitative data collection.

Zulfiya Charyeva Over the past 12 years, Dr. Charyeva has focused on helping counterparts through conducting evaluations and providing recommendations for strengthening standards of care of reproductive health and HIV/AIDS programs. Dr. Charyeva is a Senior Data Analyst and will be responsible for conducting all secondary data analysis for this activity, as well as lead the data analysis capacity building workshop.

Nena do Nascimento has seven years' experience working in international development and global health. She is currently a Monitoring and Evaluation Advisor with Futures Group, where she has worked since 2012. In this position, Nena designs, reviews and implements research projects, analyzes data from primary and secondary data sources, develops data collection tools and analyzes health information systems. She also creates original curricula and conducts trainings and mentorships on Monitoring and Evaluation, Data Demand and Use and data collection. Ms. do Nascimento will be responsible for technical report writing, conducting training for data collection, and leading the report writing workshop.

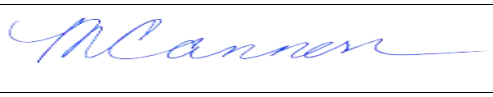
Appendix 1: Anticipated International Travel

No. Trips	To/From	Purpose	Quarter Planned
1	Maputo/Kampala	Primary data collection training	Y1Q3
1	Maputo/Kampala	Report writing workshop	Y2Q1
1	USA/Kampala	Data analysis workshop	Y2Q1

APPENDIX E. CONFLICTS OF INTEREST DISCLOSURE

Name	**Molly Cannon**
Title	**Senior M&E Specialist**
Organization	MEASURE Evaluation/Palladium
Evaluation Position?	X Team Leader ☐ Team member
Evaluation Award Number *(contract or other instrument)*	MEASURE Evaluation - AID-OAA-L-14-00004
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Sustainable, Comprehensive Responses for vulnerable children and their families (SCORE) project (AID-617-A-11-00001)
I have real or potential conflicts of interest to disclose.	☐ Yes X No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	May 26, 2017

Name	Zulfiya Charyeva

Title	Technical Advisor
Organization	MEASURE Evaluation/Palladium
Evaluation Position?	☐ Team Leader X Team member
Evaluation Award Number *(contract or other instrument)*	MEASURE Evaluation - AID-OAA-L-14-00004
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Sustainable, Comprehensive Responses for vulnerable children and their families (SCORE) project (AID-617-A-11-00001)
I have real or potential conflicts of interest to disclose.	☐ Yes X No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *7. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *8. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *9. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *10. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *11. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *12. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	May 22, 2017

Name	Nena do Nascimento
Title	Technical Advisor
Organization	Palladium
Evaluation Position?	☐ Team Leader ■ Team member
Evaluation Award Number *(contract or other instrument)*	MEASURE Evaluation - AID-OAA-L-14-00004
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Sustainable, Comprehensive Responses for vulnerable children and their families (SCORE) project (AID-617-A-11-00001)
I have real or potential conflicts of interest to disclose.	☐ Yes ■ No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *13. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *14. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *15. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *16. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *17. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *18. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	5/22/2017

Name	Ismael Ddumba-Nyanzi
Title	

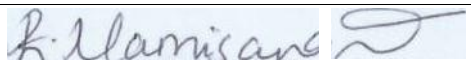
Organization	Palladium
Evaluation Position?	☐ Team Leader x Team member
Evaluation Award Number *(contract or other instrument)*	MEASURE Evaluation - AID-OAA-L-14-00004
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	Sustainable, Comprehensive Responses for vulnerable children and their families (SCORE) project (AID-617-A-11-00001)
I have real or potential conflicts of interest to disclose.	☐ Yes x No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *19. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *20. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *21. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *22. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *23. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *24. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	May 22, 2017

Name	EVE NANISANGO
Title	
Organization	
Evaluation Position?	Team Leader Team member
Evaluation Award Number (contract or other instrument)	
USAID Project(s) Evaluated (Include project name(s), implementer name(s) and award number(s), if applicable)	
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ No
If yes answered above, I disclose the following facts: Real or potential conflicts of interest may include, but are not limited to: 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5 Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.	

I certify (I) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	06 a 3 am

APPENDIX F. DETAILED QUALIFICATIONS OF TEAM MEMBERS

Team Member Name, Role,	Highest Level of Education	Years of Development Experience	Years of Experience in Evaluation Related Work	List of Evaluations – designed (D), managed (M), completed (C)
Molly Cannon Activity lead 6 weeks	MPH – Health Behavior	20	15	• Community Care for Vulnerable Children in an Integrated Vulnerable Children and Home-Based Care Program (D, M, C) • Assessment of mHealth Initiative for Patient Retention. (D, M, C) • Uganda Vulnerability Index Assessment (D, M, C) • Case Study Series: Community-Based Information Systems (D, M, C) • Decision Making Among Community-Based Volunteers Working in Vulnerable Children Programs: Child Status Index Usage Assessment (D, M, C) • HBC Beneficiary Assessment of Services (D, M, in-progress) • Mid Term Review Committee – performance evaluation design – MEASURE Evaluation PIMA (working on design) • Evaluation of the NC Local Health Department Accreditation Program - Strategies to Inform National Accreditation (co-investigator, completed) • Evaluation of Incentives to Encourage Participation in the National Public Health Accreditation Model: A Systematic Investigation (co-investigator, completed) • Evaluation of Diabetes Prevention and Control Interventions in County Health Departments (team member, completed) • Northeast North Carolina Partnership for Public Health: A Cost Benefit Analysis (D, M, C) • Evaluation of Two Environmental Health Data Management Systems – CDP and BETS (D, M, C) • Evaluation of Injury Prevention Capacity Building Among Indian Health Service Injury Prevention Cooperative Agreement Program Sites (co-investigator, completed)

Eve Namisango – On the ground coordination, qualitative data collection/analysis lead	Msc	9	17	• Public health evaluation of HIV care at PEPFAR funded sites in Uganda and Kenya (M,C) • Uganda Vulnerability Index Assessment (M, C) • Youth Centres in Kampala district Final project evaluation (D,M,C) • Evaluation of the NuLife—Food and Nutrition Interventions for Uganda: Nutritional Assessment and Counseling Support (NACS) (D,M,C) • Evaluation of Maternal and Child health services in Uganda (core team member, (D,M,C) • Evaluation of Injection safety project in Uganda (Core team member D,M,C) • Evaluation of the health care waste management project in Uganda (core team member D,M,C) • Evaluation of Home Based Care services in Uganda (core team member D,M,C) • Evaluating the role of volunteers in community based care ((core team member D,M,C)
Zulfiya Charyeva Data analyst	PhD	11	11	• Keeping Children Healthy program in Turkmenistan (D, M, C) • Uganda Vulnerability Index Assessment (Data analysis) • HBC Beneficiary Assessment of Services (D, in-progress) • Functioning of Oral Rehydration Therapy corners in Nigeria (D, data analysis) • Factors influencing the use of magnesium sulfate in pre-eclampsia/eclampsia management in health facilities in northern Nigeria (D, data analysis) • Task shifting contraceptive implant services provision to community health extension workers in Nigeria (D, data analysis) • An evaluation of Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations in Zambia (data analysis) • Impact Evaluation of Savings and Internal Lending Communities (SILC), a Community Savings Group Intervention, on Child and

				Household Well-being in Zambia (data analysis)
Nena do Nascimento technical report writing, overseeing qualitative data collection,	MPP (Master in Public Policy) – International Development	10 years	5 years	• Does capacity building lead to long-term behavioral change? An assessment of a Prevention of Mother to Child Transmission (PMTCT) Training in Management Sciences for Health's Guyana HIV & AIDS Reduction and Prevention (GHARP II) program. (D, M, C) • Formative Assessment of a Future mHealth Site in Nhamatanda, Mozambique. (co-D, co-M, C) • Assessment of an mHealth Initiative to Improve Patient Retention. (co-D, co-M, C) • Community Care for Vulnerable Children in an Integrated Vulnerable Children and Home-based Care Program in Mozambique. (Co-D, C)
Ismael Ddumba-Nyanzi On ground coordination, qualitative data collection and analysis	MSc	4	8	• Uganda Vulnerability Index Assessment (M, C) • Evaluation of The Local Capacity Initiative in Uganda (core team member, M, C) • Evaluation of the Sustainable, Comprehensive Responses for vulnerable children and their families (SCORE) project in Uganda (core team member, M, C) • Evaluation of a USAID-funded five-year social welfare systems strengthening project, called Strengthening the Ugandan National Response for Implementation of Services for Orphans and Vulnerable Children (SUNRISE) (core team member, D, M, C) • Testing and Applying the Para-Professional Functions and Competencies Framework in Uganda (D, M, C) • Evaluation the effects of a community-based violence prevention intervention in post conflict northern Uganda/Quasi experimental design (D, M, C) • Evaluation of the Bernard van Leer Foundation funded child wellbeing improvement project (D, M, C) • Performance Evaluation of the STRIDES for Family Health Program (M, C) • Evaluation Consultant, Improving Newborn Health and Survival through a Community Based Intervention in Rural Uganda Project (D, M, C)

				• National Assessment on Demand Generation for 13 Under-Utilized lifesaving commodities (LSCs) across the Reproductive, Maternal, Neonatal and Child Health (RMNCH) 'continuum of care' (core team member, D, M, C)

MEASURE Evaluation
University of North Carolina at Chapel Hill
400 Meadowmont Village Circle, 3rd Floor
Chapel Hill, North Carolina, 27517 USA
Phone: +1-919-445-9359 • measure@unc.edu

www.measureevaluation.org

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