

Impact Evaluation of the Sustainable Comprehensive REsponses (SCORE) Project for Vulnerable Children and their Families

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List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARVs	Antiretroviral drugs
BCC	Behavior Change Communication
CBF	Community-Based Farmer
CBOs	Community-Based Organizations
CBT	Community-Based Trainer
CDO	Community Development Officer
CLV	Community Legal Volunteer
CP	Child Protection
FFS	Farmer Field School
FGD(s)	Focus Group Discussion(s)
FSD	Foundation for Sustainable Development
GoU	Government of Uganda
HDP	Household Development Plan
HH(s)	Household(s)
HHH(s)	Household Head(s)
HIV	Human Immuno-deficiency Virus
HV	Home Visit
IC	Index Child
IGAs	Income Generating Activities
IP(O)	Implementing Partner (Organization)
KI(s)	Key Informant(s)
KII(s)	Key Informant Interviews(s)
LC(s)	Local Council(s)
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
MoV	Means of Verification
NAT/HDP	Needs Assessment Tool/Household Development Plan
N/A	Not Applicable
NGO	Non-governmental Organization
OVC	Orphans and Vulnerable Children
PI	Principal Investigator
PO(s)	Program Officer(s)
SBC	Social and Behavior Change
SCORE	Sustainable COMprehensive REsponses Project

STFHCS	St. Francis Health Care Services
STD	Sexually transmitted Diseases
STI	Sexually Transmitted Infections
US AID	US Agency for International Development
VAT	Vulnerability Assessment Tool
VC	Vulnerable Child
VCHH(s)	Vulnerable Child House Hold
VHT	Village Health Team
VSLA	Village Saving Loan Association

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Chapter One

Introduction

In the fall of 2015, St. Francis Health Care Services (STFHCS) sent a project impact evaluation proposal for the Sustainable Comprehensive Responses for vulnerable children and their families (SCORE) project to the Foundation for Sustainable Development (FSD). This proposal outlined a research project that would be executed by a volunteer during their time as an FSD intern. According to the proposal, rapid appraisal techniques would be employed to collect data regarding the implementation and impact of the SCORE project over the course of its five year tenure. From 2011 to 2015, over 450 households have been directly empowered, translating to approximately 2,000 beneficiaries (Nyende). During this time, STFHCS has implemented the SCORE project with two sub-counties in the Buikwe District, Wakisi and Nyenga (Nyende). The end result of this research would be the creation of a report that would identify the best practices of the project, identify any issues with the project, and make recommendations for future implementation. In addition, STFHCS hopes this report can also identify SCORE practices that could be copied and applied to some of their other projects.

This project was initiated on June 6th, 2016 and was completed on July 22nd, 2016. On July 22nd, 2016, the final report was submitted to the FSD Site Team, the SCORE project officers (POs) at STFHCS, and the STFHCS Volunteer Coordinator.

Background

St. Francis Health Care Services

Taken from Ali Nyende's Project Impact Evaluation Proposal with his expressed consent.

STFHCS is a non-Governmental Organization which started in 1998 and is registered with the NGO Board registration No. S-5914/3033. Since 2003, STFHCS has been an accredited health center III to the Uganda Catholic Medical Bureau through the Lugazi Catholic Diocese. It is also a Ministry of Health accredited antiretroviral treatment therapy (ART) center. St. Francis' scope of work is not limited to HIV/AIDS prevention and treatment but encompasses interventions that directly mitigate the challenges that come with the AIDS pandemic. St. Francis has a community social welfare arm that addresses the psychosocial issues affecting the households they serve. In

partnership with AVSI project, STFHCs has been implementing a SCORE project aimed at empowering poor households with a knowledge/skills based approach. Currently, as an implementing partner (IP) with SCORE, STFHCs implements SCORE activities in the sub counties of Nyenga, Wakisi, and Ssi-Bukunja within the Buikwe District (refer to Appendix B) . Originally, STFHCs only implemented the SCORE project in Wakisi Sub County. In 2013, STFHCs began implementing SCORE activities in Nyenga (Dec 2012-Feb 2013 PR), and in 2016, it started implementing in Ssi-Bukunja Sub County¹.

SCORE National Project

Taken from the SCORE Programming Guidelines

Nationally SCORE is a project tackling the vulnerabilities of more than 125,000 critically and moderately vulnerable children and household members in 35 districts across Uganda (Refer to Appendix A). Since its start in 2011, the project has been implemented by a consortium of 4 agencies that make up the SCORE team: AVSI, CARE, TPO and FHI360. Each member of the SCORE team brings to the table an established presence in the country, solid experience in programming for vulnerable children, and specific expertise in the 4 core technical areas of the project.

OVERALL PROGRAM GOAL

- To decrease the vulnerability of critically vulnerable children and their households.

PROJECT OBJECTIVES

- Objective 1: To improve the socio-economic status of the VC household
- Objective 2: To improve the food security and nutrition status of VC and their household members
- Objective 3: To increase the availability of protection and legal services for vulnerable children and their household members

¹ This information was confirmed in an informal conversation with a SFHCs SCORE project officer.

- Objective 4: To increase the capacity of vulnerable women and children and their households to access, acquire or provide critical services.

Statement of the Problem

Taken from Ali Nyende's Project Impact Evaluation Proposal with his expressed consent.

This evaluation will be very key generating data that will inform the SCORE POs at STFHCs on the innovations and best project practices of the SCORE project for better project activity implementation in future. The evaluation will recommend best practices which can be replicated in new projects at the organization, hence enabling the sustainability and continuity of the impact of the this project. After 5 years of implementation, more information is needed to evaluate the SCORE project's impact. As a project that has almost 2,000 beneficiaries, it is important to monitor and evaluate SCORE's impact on these HHs in order to correct implementation gaps and understand the reasons behind successes.

Scope of the Study

This study examined the impact of the SCORE project in the sub counties of Nyenga and Wakisi of the Buikwe District from 2011 to 2015 using mostly rapid appraisal techniques. This research was initiated on June 6th, 2016 and was concluded with the creation of the report on July 23rd, 2016.

The Buikwe district is located in the central region of Uganda and has a latitude DMS of 0°18' 51.86" N and a longitude DMS of 32° 59' 19.8" E (Distancesto.com). As of the 2014 Census, the Buikwe district has a population of 422,771 and a growth rate of +2.1%/year (from 2002 to 2014) (Brinkhoff). It is bordered by Kayunga district to the North, Jinja district to the East, Buvuma district to the South, and Mukono district to the West (Uganda Bureau of Statistics). The Buikwe district covers an area of 1,244.7 km² and has 11 sub counties (Brinkhoff). Of these 11 sub counties, the SCORE project currently operates in Ssi-Bukunja, Nyenga, and Wakisi. STFHCs began implementing the SCORE project in Ssi-Bukunja Sub County in 2016, after the original 5 year tenure of the SCORE project. Thus, this Sub County was not examined by the principal investigator during this study. Nyenga Sub County is the East most Sub County of the Buikwe district, has 6 parishes, and 63 villages ("Nyenga Subcounty").

This Sub County was added to STFHCs' SCORE implementation regions in 2013. Wakisi Sub County is the North most Sub County within the Buikwe district, it has 6 parishes, and 38 villages ("Wakisi Subcounty"). This Sub County was the original implementation area for the SCORE project as implemented by STFHCs.

Table 1.1: Original Targets for Research

Evaluation Type	Evaluation Method	Target No.
Quantitative	VATs	80
Qualitative	Project Reports	17
Qualitative	KIIs	10
Qualitative	Home Visits	40
Qualitative	FGDs	4

From 2011 to 2015, the Social Welfare arm of STFHCs has worked with a total population of 409 households (HHs) in the Nyenga and Wakisi Sub Counties under the SCORE framework. For the purposes of this study, originally a target random sample of 80 HHs for quantitative (VATs) and qualitative (HVs and FGDs) (Table 1.1). This would have allowed for a confidence interval of 9.84 and a confidence level of 95% (Sample Size Calculator). In addition, this sample size would have provided qualitative data that was representative of the total population. However, some households in the original 80 HH sample were unable to be examined qualitatively due to relocation, lack of interest, missing IC, or death of the HHHs. Thus, the original sample was expanded to 91 HHs in order to have 80 HHs that were available for qualitative examination through the home visits and focus group discussions. This list of 91 HHs was chosen randomly using the Random Sequence Generator available on *Random.org*. A list of 80 possible HHs was determined from these 91. Among these 80 HHs, the target was 40 HVs and 4 FGDs (10 HHs for each FGD). The HHs selected for home visits and those selected for FGDs was based on location, due to transportation restrictions. Ultimately, due to missing HHHs, inaccurate HH location information, time constraints, and scheduling constraints, the targets were reduced to 35 HHs: 24 HVs and 2 FGDs respectively. In conducting the home visits, the PI visited 11 villages in Nyenga and Wakisi: Konko "A", Nakalanga, Bbanga, Banga II, Kiduusu, Ssunga, Kamuli "A", Bujuta "B", Kabaale, and Kinaabi. In conducting the FGDs, the

PI focused on 2 villages: Malindi and Kikondo. Due to missing VAT files, only 63 HHs (out of the 91 HHs) were able to be quantitatively analyzed.

Table 1.2: Reduced Targets for Research

Evaluation Type	Evaluation Method	Target No.	Percent Reduction
Quantitative	VATs	63	21%
Qualitative	Project Reports	9	47%
Qualitative	KIIs	10	0%
Qualitative	Home Visits	24	43%
Qualitative	FGDs	2	50%

The SCORE POs utilize a system of CBTs, CBFs, CLVs, and VHTs to assist with implementation in all 3 Sub Counties. There are a total of 10 of these structures to assist with activities in Nyenga and Wakisi. With these 10 community members, the PI conducted a total of 10 key-informant interviews (KII), thus achieving the original target was 10 KIIs and this was achieved.

Due to the failure to locate all of the reports and time constraints, the number of project reports was reduced from 17 to 9. This target was achieved.

Research Objectives

1. To assess the impact of economic empowerment, food security, child protection and family strengthening activities in the two sub counties in Buikwe district
2. To Assess technical progress of activities of the project in the period of four years of implementation
3. To assess the impact of the project and contribution of St. Francis on the reduction of vulnerability with in the households in the two sub counties.
4. To Assess the impact of the project on system strengthening and M& E coordination among service providers and stake holders in the district

Research Questions

The final evaluation will seek to answer but not limited to the following questions:

1. To what extent has the project been delivered as originally planned?

2. How did the project impact the lives of the beneficiaries especially the vulnerable households and the target communities?
3. To what extent has the project strengthened the capacity of both the local district M&E system (including the CBT, CBF and VHT structure) and other service providers to deliver services?
4. What has worked well, what hasn't? and why?
5. What were the unexpected challenges and obstacles (internal and external) that were identified in the implementation process? How have the challenges affected the program and what changes are expected in future project implementations as a result of lessons learned?
6. Which activities, strategies, and processes have been most effective?
7. What was the stakeholders' involvement in the development and delivery of the services, how representative are they, and what have been the benefits of their involvement?
8. How sustainable are the outcomes being achieved? What are the potential threats to sustainability of project interventions?
9. What new learning as a result of this project has been identified, and what are the recommendations which can lead to the improvement on other projects?

Justification

The need for this research was identified by SFHCS volunteer coordinator Ali Nyende who wrote the original proposal for this research. That proposal was submitted to the Foundation for Sustainable Development in the fall of 2015. At the time that the proposal was submitted, it was assumed that the SCORE project would end in 2015. As a result of this, the proposal outlined a research project to identify the best practices of the SCORE project in order transfer them to other projects that STFHCS runs. However, since the SCORE extension, the additional purpose of making recommendations to the SCORE POs for better implementation was included. More information on the implementation of the SCORE project was identified as a priority by Ali Nyende to bolster the implementation of the SCORE project and indirectly the implementation of the other projects run by STFHCS.

Limitations

Due to the lack of available VATs for all 80 sample HHs (the original target), only 63 VATs were examined. This reduction was not random, but necessary due to the inability to procure 18 of the desired VAT files. This 21% reduction of VATs reviewed limited the generalizability of the findings for the total population of beneficiaries in Nyenga and Wakisi.

A translator was necessary to assist the PI in conducting the FGDs, KIIs, and HVs. This was due to the fact that the PI did not have adequate proficiency in either Luganda or Lusoga. This compromised the accuracy of the findings from these methods by exposing them to both the bias of the translator and the bias of the PI. In addition, the presence and use of a translator impedes the natural flow of a conversation, interview, or FGD. This might have resulted in shortened responses from subjects, and thus, lost data that could have been examined.

The presence of a PO while conducting the FGDs and HVs might have skewed the answers of the respondents. In the presence of such a SCORE Official, it is possible that the subjects might have felt pressured to provide more positive answers or felt less willing to criticize SCORE. In addition, during both of the FGDs, the attending PO, utilized some of the time to further explain details about the SCORE project to the participants. This could have impeded the forthrightness of their responses and possibly led them to curtail their responses.

Both of the FGDs were inadvertently conducted recently following the death of a local community member and during the burial proceedings for each respective village. While the participants were willing to answer the questions of the PI, they were also mindful of time in order to attend the proceedings following both discussions. This resulted in shorter and more direct responses that were not always conducive to exploration by the PI. This might have lowered the quality of the responses and information collected from these Focus Group Discussions.

A reduction of the original targets took place in the process of completing the project. Thus, the reduction was not conducted at random and was dependent on the already completed progress of the research. The reduction of the HV and FGD targets meant that beneficiaries from

the following villages in Nyenga and Wakisi could not be interviewed: Namiyagi, Kirugu, Busana, Mbukiuro, Buziika “B”, Namaziba, Namaziba “A”. and Namaziba Bukike. This might have led to a location bias for the findings from the HVs and FGDs. Due to the unavailability of the quarterly project reports, the reduction for this evaluation method could not be executed randomly. Instead the first and third quarterly reports from each year (a total of 8 quarterly reports since reporting started in 2012), and also the close out report, were reviewed.

Chapter Two

Methodology

Introduction

The methodology used in this study was originally outlined in the “Project Impact Evaluation” proposal by Ali Nyende.

Study Design

This study followed the original design described by the research proposal which was submitted by Ali Nyende. The proposal recommended the use of participatory, rapid appraisal research methods to evaluate the SCORE through the knowledge of “information-rich respondents” (Nyende). The rapid appraisal methods used in this study included key-informant interviews (KIIs), focus group discussions (FGDs), and home visits (HVs). In addition, the quantitative data collected by the SCORE project in the form of VAT files (refer to Appendix C) and project reports was utilized as well. Finally, qualitative data from the narrative sections of the project reports was examined as well.

Study Population

The defined study population of this research project is the population of direct beneficiaries that the SCORE project (as implemented by STFHCS) has ever worked with in the Nyenga and Wakisi Sub Counties. This excluded STFHCS’s SCORE beneficiaries that were located in the Ssi-Bukunja Sub County. Defined this way, there are a total of 409 households (HHs) in the study population.

Sampling Strategy

Originally a sample of 80 HHs were randomly chosen from the complete list of direct beneficiaries ever involved with the SCORE project from 2012-2015 in Nyenga and Wakisi (409 HHs). This random selection was conducted using the random sequence generator available on *Random.org*. The VAT files for all 80 HHs were to be reviewed, in addition, 40 HHs were to be evaluated through FGDs and 40 HHs through HVs. This way, the data collected from the VAT files would be given context by the HVs and FGDs. Due to HHs that were lost to follow or had lost interest in the SCORE project, this original number of 80 randomly selected HHs was increased to 91 to achieve 80 HHs that could be examined by both VAT files and HVs/FGDs. The FGDs were selected based on location to ease the burden of travel for the beneficiaries. HHs in areas without a concentrated amount of sampled HHs were selected for the HVs. However, due to scheduling issues, transportation issues, and missing VAT files, the original targets were not able to be achieved. Ultimately, only 62 VAT files were reviewed, 24 HHs were visited, and 15 HHs were involved in FGDs.

Data Collection Methods

Vulnerability Assessment Review

Each of the 63 HH VAT files were examined and recorded using the same routine. Once a HH VAT file (See blank form in Appendix C) was located within the Social Welfare office, it was recorded in an excel sheet for analysis. The data recorded from a VAT file included Interviewer ID, Year of Interview, HH ID No. , Sub County (if needed), Village (if needed), Name of HHH (if needed), Name of IC (if needed), Section A Total Score, Section B Total Score, Section C Total Score, Section D Total Score, Section E Score, Total Score, HH Size, and HH Monthly Income. Excel 2013 functions and chart making functionality was used to analyze and visualize the data.

Key-Informant Interviews

Once the schedule for the 10 key-informant interviews was finalized, the guiding questions/topics were developed. The PI received help in question development at STFHCs from the M&E officer, volunteer coordinator, and SCORE POs (Refer to Appendix D). If a translator

was needed for a KII, one of the STFHCs volunteers was selected to help the PI conduct the interview. Nine of the interviews were conducted in an available room at STFHCs near the maternity ward. The final KII was conducted in the village of Nakalanga in the Wakisi Sub County. The target duration of the KIIs was between 30 minutes and 45 minutes. The responses were recorded in a notebook by the PI and also by audio recording (with the participants' expressed permission). These notes were transferred to a word document in order to compare responses side by side.

Home Visits

The informal questionnaire for the HVs was developed by the PI with feedback from the SCORE POs and the M&E officer (Refer to Appendix F). The goal duration of the HVs was between 20 minutes and 35 minutes. These HVs were conducted with the PI, a local SCORE trainer (e.g. VHT, CBT, etc.), a SCORE PO, and sometimes an additional translator who was a volunteer at STFHCs. The function of the local SCORE trainer was to locate the home and make sure that the HHH was available to be interviewed. The project officer was present to provide extra insight in the responses from the HHs and to help the STFHCs volunteers translate the SCORE jargon. The STFHCs volunteer was present to act as a translator. The HHH responses were recorded on a home visit form (refer to Appendix F). These responses were transferred to a word document (Word 2013) to compare responses, and an excel document (Excel 2013) to analyze and visualize the responses. In addition, the responses were recorded on the PI's phone with the expressed permission of the HHH.

Project Report Review

The quarterly project reports were collected from the M&E officer, the project officer, and volunteer coordinator at St. Francis. Since all of the quarterly reports were not available for examination, the decision was made to examine only the 1st and 3rd quarterly reports from each implementing year, a total of 8 reports. These reports were examined for general trends, successes, impacts, and challenges. Notes on these reports were recorded on a word document (Word 2013) for examination. The close out report was also reviewed primarily to evaluate the final impact of the SCORE project. Notes on this report were also captured using Word 2013.

Focus Group Discussions

The FGDs were determined based on location to minimize the burden of travel on the participants. Once the schedule was finalized, the FGD question guide was developed with the help of the SCORE POs and the M&E officer (Refer to Appendix E). The target duration for the FGDs was an hour and 30 minutes. However, due to extraneous circumstances each FGD lasted only about an hour (Both villages had unexpected deaths of community members and scheduled burial ceremonies). The FGDs were conducted by the PI, a SCORE PO, and a STFHCs volunteer. The SCORE PO served as a translator for the PI and the volunteer recorded the responses in a notebook. Also, an audio recording was made of each FGD using the PI's phone.

Chapter Three

Findings

Vulnerability Assessment Tool Review

The vulnerability assessment tool (VAT) files for 62 households were reviewed by the principal investigator between the dates of June 7th, 2016 and June 29th, 2016. While the 62 HHs had VATs spanning from 2012 to 2016, only the information from 2012, 2013, 2014, and 2015 VATs were analyzed. Of the HHs examined, 30 HHs (48%) had VATs from 2012, 55 HHs (89%) had VATs from 2013, 62 HHs (100%) had VATs from 2014, and 58 HHs (94%) had VATs from 2015. The average household size from the data reported in the VATs was 6.

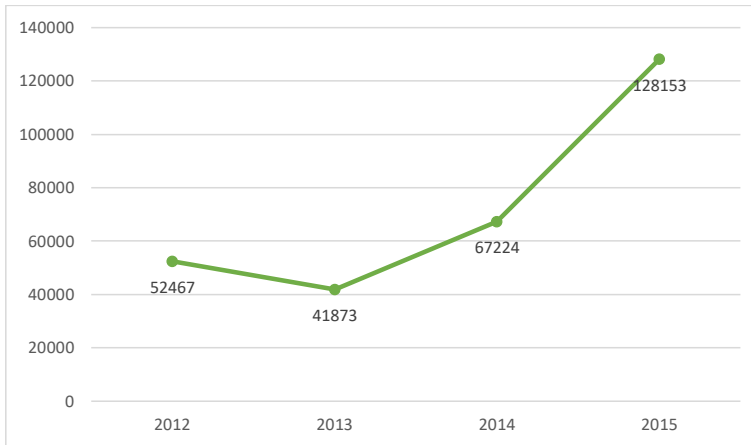


Figure 3.1: Average household monthly income (UGX) for each year (not adjusted for inflation)

As seen in Figure 3.1, the average monthly income for direct beneficiary HHs was 52,467 UGX in 2012, 41,873 UGX in 2013, 67,224 UGX in 2014, and 128,153 UGX in 2015. Despite the slight decrease from 2012 to 2013, the average HH income has experienced positive growth over the four year period. The average income more than doubled from the VATs of 2012 to the VATs of 2015. Moreover, the average HH monthly income grew 91% from 2014 to 2015. From 2012 to 2015, the average HH monthly income increased by 75,686 UGX (about 12,614 UGX per family member). In addition, the average HH monthly income increased by 86,280 UGX (about 14,380 UGX per family member) from 2013 to 2015.

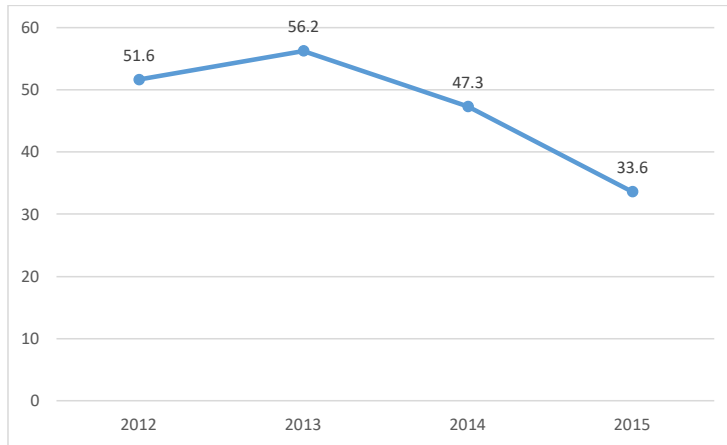


Figure 3.2: Average household vulnerability score for each year

Despite the increase in vulnerability from 2012 to 2013, the average HH vulnerability consistent decreased during the 4 year period. As seen in Figure 3.2, the average score was 51.6 in 2012, 56.2 in 2013, 47.3 in 2014, and 33.6 in 2015. The average vulnerability score decreased 18 points from 2012 to 2015, whereas the score drops almost 23 points from 2013 to 2015. In SCORE jargon, a HH is considered vulnerable if its score is above 40 and moderately vulnerable below 40². In the range of 30 and below, a HH can qualify to be categorized as a pre-graduation HH and begin the process of graduating from the SCORE program³.

² This information was confirmed by a SCORE PO at STFHCS.

³ This information was confirmed by a SCORE PO at STFHCS.

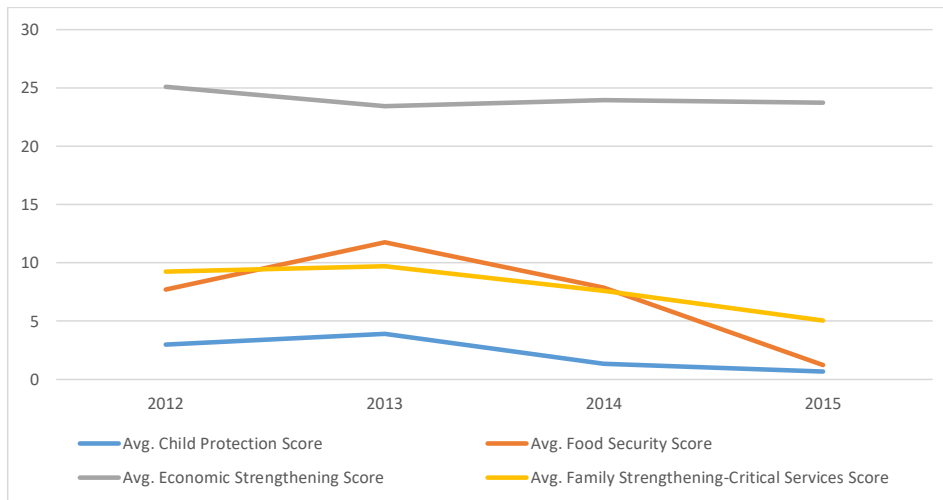


Figure 3.3: Average vulnerability scores from each VAT section for each year

According to the scores reported in Figure 3.3, the economic strengthening section (SCORE Objective 1) had the highest vulnerability scores with an average around 24 points. Moreover, it is the section with the smallest difference between its 2012 and 2015 average scores (less than 2 points). The average child protection section (SCORE Objective 3) scores were the lowest of any section, with an average of 2.3 points. With a decrease of 6.5 points, The food security section (SCORE Objective 2) had the most difference between its 2012 and 2015 average scores. From 2012 to 2013, child protection, food security, and family strengthening all experience an increase in vulnerability, ranging from half a point to four points. Economic strengthening vulnerability, however, decreased 1.7 points during this same period. From 2013 to 2015, child protection, food security, and family strengthening vulnerabilities all decreased to varying degrees, while economic strengthening vulnerability holds relatively constant.

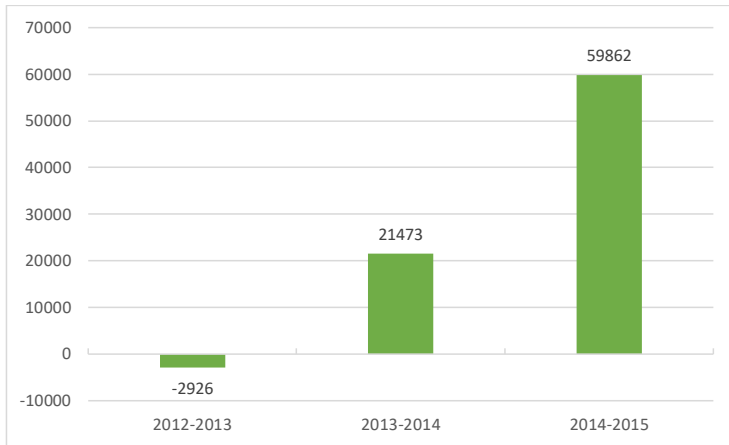


Figure 3.4: Average change in household monthly income (UGX) from year to year (not adjusted for inflation)

The HHs that were involved with the SCORE project for during the 2012 - 2013 period experienced, on average, a decrease in monthly income of 2,926 UGX (Figure 3.4). The HHs involved with SCORE from 2013 to 2014, on average, increased their monthly income by 21,473 UGX (about 3579 UGX per family member) (Figure 3.4). The HHs with SCORE from 2014 to 2015 increased their income, on average, by 59,862 UGX (about 9977 UGX per family member) (Figure 3.4).

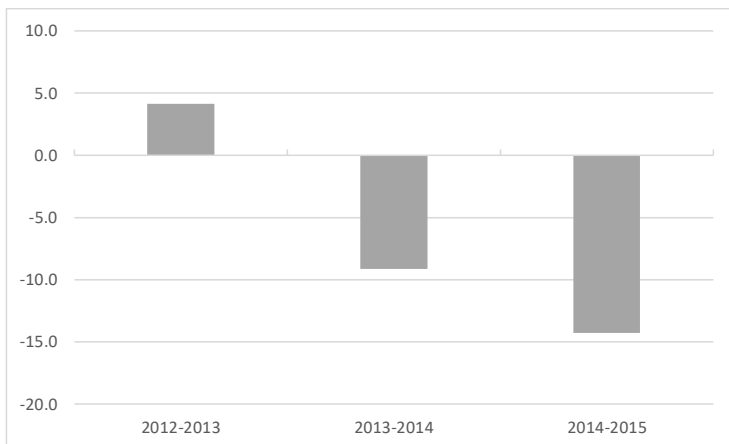


Figure 3.5: Average change in total household vulnerability score from year to year

Households experienced an average increase in vulnerability of about 4 points during the 2012-2013 period (Figure 3.5). From 2013 to 2014, this trend reversed with HHs experiencing, on average, a 9 point decrease in their vulnerability score (Figure 3.5). From 2014 to 2015, the decrease in vulnerability was even greater, averaging around 14 points for each HH (Figure 3.5).

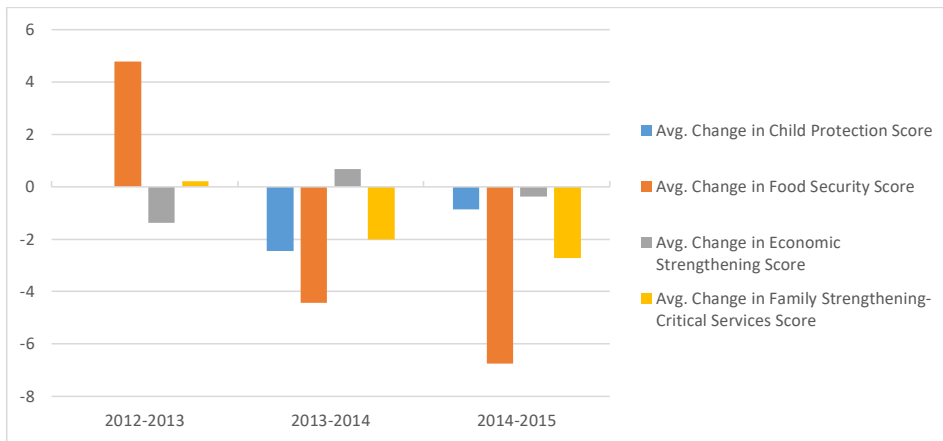


Figure 3.6: Average change in each VAT section score from year to year

In Figure 3.6, the average HH experienced the greatest vulnerability score increase in the food security section between 2012 and 2013. During this same period, the average HH experienced the greatest vulnerability score decrease in the economic strengthening section. There was an average of no change for the child protection section for the 2012-2013 period. For the 2013 - 2014 period, child protection, food security, and family strengthening all experienced a decrease in average vulnerability score, with the largest vulnerability score decrease in food security (4.4 points). The average vulnerability score in the economic strengthening section increased during this same period. From 2014 to 2015, every section experienced a decrease in average vulnerability score, with the largest decrease in the food security section (6.7 points). Food Security and Family Strengthening saw their highest vulnerability score reductions during the 2014 to 2015 period. Child Protection vulnerability decreased the most during the 2013-2014 period. Finally, Economic strengthening vulnerability decreased the most during the 2012 to

2013 period. For 2013-2014 and 2014-2015, food security was the section with the largest decrease in vulnerability score, while Economic Strengthening vulnerability was the most reduced section for the 2012-2013 period.

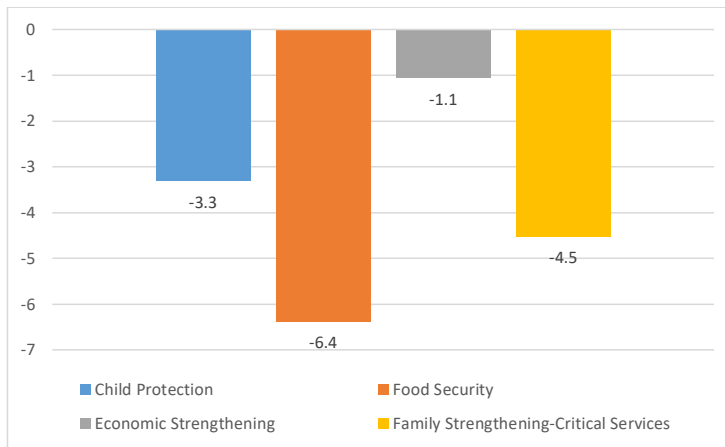


Figure 3.7: Cumulative change in VAT section scores (2012-2015)

All sections experienced an overall decrease in average vulnerability score during the 4 year period. This ranged from a decrease of 1.1 points (Economic Strengthening) to a decrease of 6.4 points (Food Security) (Figure 3.7).

Key Informant Interviews

A total of ten key-informant interviews (KIIs) were conducted from June 20th, 2016 to June 28th, 2016. Of the ten interviewees, five (50%) were female and five (50%) were male. Moreover, five were community-based trainers (CBTs), three were community-based farmers (CBFs), three were village health team members (VHTs), and one was a community legal volunteer (CLV) (two of the interviewees were both CBTs and CBFs). This is the total population of VHTs, CBTs, CLVs, and CBFs working in the Nyenga and Wakisi Sub Counties.

When asked if their training had prepared them to work with the SCORE project, all of participants responded that their training was adequate for their work. However, four (40%) of

the participants recommended refreshers trainings in order to relearn certain topics and be trained on new topics.

Table 3.1: Challenges reported by Interviewees (Ordered by no. of responses)

- | |
|---|
| 1. Transportation |
| 2. Beneficiaries expectation of handouts from SCORE |
| 3. Age of beneficiaries |
| 4. Beneficiaries' lack of understanding regarding the importance of banks |
| 5. Convincing beneficiaries to follow trainings |

Respondents were also asked to describe any challenges they faced while implementing their respective SCORE activities. The most common challenge reported was transportation (8 respondents) (Table 3.1). The respondents that identified this challenge described the long distances traveled for visiting households and conducting activities. The respondents also reported the challenge of covering the travel costs for reporting to STFHCS. The solutions that were proposed to solve this issues included acquiring mountain bicycles from the SCORE project, increasing their allowance to cover travel costs, and receiving rain boots from the SCORE project to move easily in the rainy season. The second most reported challenge was the beneficiaries' expectations of handouts from the SCORE project (4 respondents) (Table 3.1). Other identified challenges included the age of beneficiaries impeding activity participation, the fear of banks, the lack of understanding the importance of banks, and the difficulty of convincing some beneficiaries to follow trainings (Table 3.1).

When asked to describe the impact of the SCORE project, all of the respondents reported that SCORE had a positive. The respondents described both the impact on their personal lives, on the direct beneficiaries, and on the community. Nali Rebecca (CBT) reported that the SCORE project has increased the standard of living for its beneficiaries. In addition, she confessed that she loves the SCORE project because she has learned new methods of farming, how to borrow/save money, how to take care of children, and how to mediate family conflicts. Simon Peter Kintu said that the SCORE project has done a lot of good, it has led to the start of many businesses. Nampiima Margaret (CBF and CBT) told the PI that the SCORE project has taught

so many people how to save and how to be hard working. Basalirwa Henry (CBF and CBT) said “SCORE has changed my life”. Finally, Owor Charles (CLV) said that SCORE has helped a lot and that it has made “a very, very big difference”.

Table 3.2: Recommendations collected from KIIs (Ordered by no. of response)

- | |
|--|
| 1. More transportation support |
| 2. Refresher trainings |
| 3. More trainings/demonstrations for beneficiaries |
| 4. Monetary support for index child |
| 5. More personnel to help implement activities |
| 6. Creation of manuals for teachings and trainings |
| 7. Instituting monthly reporting |

The respondents were also asked to make recommendations that would improve the implementation of the SCORE project. The most common recommendations included receiving more transportation support (6 respondents), implementing refresher trainings, (5 respondents), and implementing more trainings/activities for the beneficiaries (5 respondents) (Table 3.2). For the direct beneficiaries, more trainings in parenting and nutrition were recommended. Other recommendations for improvements included monetary support for the index child (i.e. School Fees) (3 respondents), more personnel to help with implementing activities (i.e. VHT, CBT, etc.) (2 respondents), the creation of manuals to teach from (1 respondent), and instituting monthly reporting to cut down on transportation costs (1 respondent) (Table 3.2).

Home Visits

The principal investigator conducted 24 home visits (HVs) between the dates of June 23rd, 2016 and July 1st, 2016. These 24 HHs were from a total 11 villages across Nyenga and Wakisi Sub Counties. Of these households, eight were in Konko “A”, five were in Nakalanga, two were in Banga II, two were in Kiduusu, two were in Kinaabi, one was in Bbanga, one was in Ssunga, one was in Kamuli “A”, one was in Bujuta B, and one was in Kabaale. Seven of the 24 household heads (HHs) were male and 17 of them were female (29% male and 71% female).

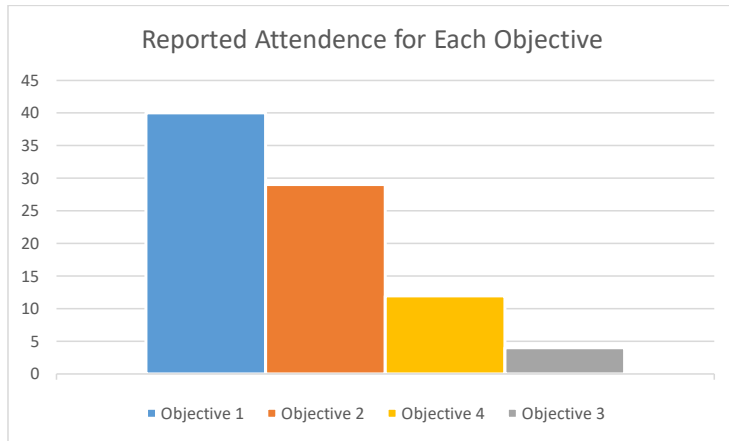


Figure 3.8: Reported attendance for each objective

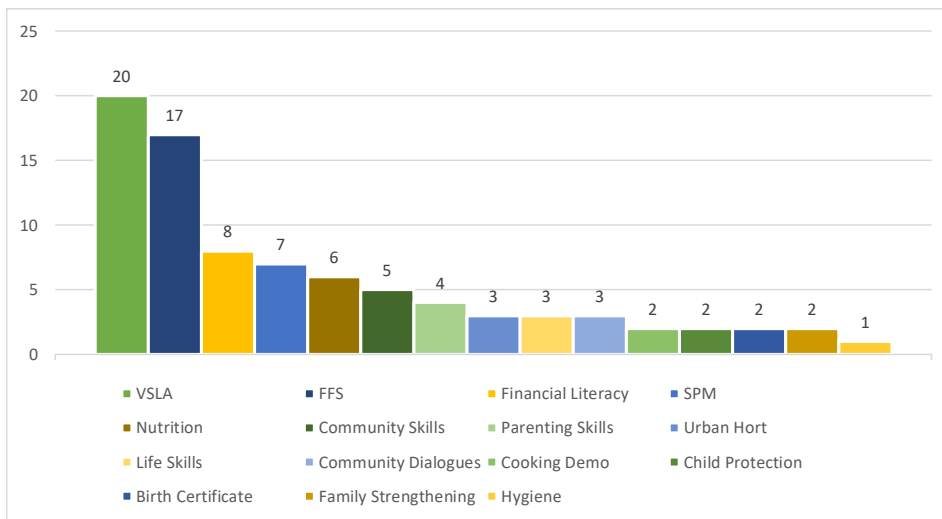


Figure 3.9: Reported attendance for each activity

The visited HHs reported participating in 17 of the 23 SCORE activities available to direct beneficiaries. On average, each household had participated in or was currently participating in 4 SCORE activities. The objective with the most attended activities was Objective 1, with 40 reported attendances (Figure 3.8). The objective with the least attended

activities was Objective 3 with 4 reported attendances (Figure 3.8). The three activities with the highest reported attendance were VSLA (20 HHs), FFS (17 HHs), and Financial Literacy (8 HHs) (Figure 3.9). The five activities with the least reported attendance were the general Child Protection activities (2 HHs), Birth Certificate Registration (2 HHs), Cooking Demonstrations (2 HHs), general Family Strengthening activities (2 HHs), and Hygiene (1 HH) (Figure 3.9).

Table 3.3: Activities identified as best for households (Ordered by popularity)

1. VSLA
2. FFS
3. Urban Horticulture
4. Parentings Skills
5. Nutrition
6. General Family Strengthening Activities

Of the 20 HHs that participated in the VSLA groups, 17 (85%) of them identified it as one of the best activities for their households (Table 3.3). This was the highest percentage of any activity. The most common reasons provided in support of the VSLA groups included being trained on how to save (5 HHs), being able to pay school fees (5 HHs), and being able to take care of their home/family (5 HHs). Only two (10%) of the 20 interviewed VSLA participants said that it was an activity that did not work well for their home (Table 3.4). One of those respondents reported some internal issues that resulted in losing the group's savings. The other said that sometimes she does not have enough money for the weekly saving requirement.

Table 3.4: Activities identified as 'not working well' for households (Ordered by popularity)

1. FFS
2. Community Skills
3. VSLA
4. Parentings Skills
5. Nutrition
6. General Family Strengthening Activities

FFS was identified by 7 HHs (41% of participating HHs) as one of the best activities for their home (Table 3.3). However, 8 HHs (47%) said that this activity did not work well for their

home (Table 3.4). The most common reason provided in support of FFS was the ability to feed the family and have food at home. The most common critiques or issues associated with FFS included the lack of land on which to farm and the inability to participate fully in the activity.

Of the 5 HHs that reported participating in the Community Skills trainings, all 5 reported that it was an activity that did not work well for their homes (Table 3.4). The most cited reason was that the parts for the soap making project were too expensive, and thus, the HHHs were not able to profit from the project. In addition, one respondent reported that his Community Skills group was not cooperative in purchasing the candle making machine for the candle project. Thus, the project was not successful.

When asked to identify activities that did not work well for their home, 11 (46%) HHs did not identify a single activity. These households reported that every activity had worked well or had been very helpful for their home and family.

Table 3.5: Most important lessons learned by SCORE beneficiaries (Ordered by popularity)

- | |
|--|
| <ol style="list-style-type: none"> 1. How to save 2. How to farm 3. How to relate better with others 4. How to sustain themselves and their family |
|--|

Households reported that the most important lessons they have learned included how to save (14 HHs), how to farm (4 HHs), how to relate better with others (3 HHs), and how to sustain themselves and their family (3 HHs) (Table 3.5). When asked about the most effective way that SCORE has helped their families, HHHs identified their VSLA training (9 HHs), their new ability to take care of their children (through school fees, better nutrition, or better parenting skills) (7 HHs), and their knowledge of farming (3 HHs).

Households were also asked to describe the impact of the SCORE project on their families. Of the 24 homes visited, 2 HHs reported a neutral impact on their families. Both said that the SCORE project has not had an impact on their families. One HHH reported that the SCORE project had a negative impact on his household. This HHH said that SCORE wasted his time because he participated in the trainings (FFS) and his farm still died. Of the positive responses, many reported being able to feed their families nutritiously, afford medical attention,

pay school fees, relate better to their family, and purchase basic necessities. One HHH in Nakalanga (A-SFH-0084) described how she is now transferring her knowledge to her children. She also reports that her family was in a very critical condition, so she is very thankful to the SCORE project for its help. A HHH in Kinaabi (A-SFH-0361) told the PI that he is now able to relate very well to the wife and children thanks to the SCORE project. He also reported being able to properly feed his children through the FFS and nutrition trainings. Another HHH in Konko “A” (A-SFH-0163) reported that there has been a big change in her HH. She is now able to take her children to good schools and pay for school fees.

Households also described the impact of the SCORE project specifically on the index child (IC). Nine HHs (38%) reported little to no impact on the IC. Nine HHs (38%) responded that they are now able to support their children’s education through either paying school fees, buying materials, or ensuring consistent attendance at their school. Households also reported being able to provide the child with nutritious meals, and witnessing behavioral changes in part due to family strengthening and parenting trainings. When asked how the SCORE project could address the needs of the IC more effectively, 8 HHs (33%) said that SCORE should pay their child’s school fees. This recommendation was the most common. Five HHs (21%) called for more trainings specifically for their children. One HHH (A-SFH-0361) said that children need more facilitations so that just in case he becomes weak, they can take over. Specifically, respondents called for more youth trainings in vocational skills and proper behavior. Three HHs also recommended that the SCORE project provide medicine for when their child falls sick.

Table 3.6: Most commonly reported issues (Ordered by no. of responses)

- | |
|--|
| <ol style="list-style-type: none"> 1. Injuries/sicknesses that impede activity participation 2. Lack of capital/money 3. Distance to travel in order to participate in activities 4. Small yields from farming |
|--|

When asked to describe any challenges or issues they had while participating in the SCORE project, 7 HHs (29%) reported that there were no issues or challenges. The most common challenges reported included the presence of injuries/sicknesses that impeded activity participation (4 HHs), the lack of capital/money (3 HHs), the distance to travel in order to participate in activities (3 HHs), and the small yields from farming (3 HHs).

Households were asked to provide any recommendations they have for the improvement of the SCORE activities and/or the general SCORE project. Most of the recommendations were centered on revising current trainings, adding more trainings, or providing handouts. Regarding specific activities, FFS received the most recommendations for improvement. The recommendations included providing beneficiaries with higher quality seeds, water pumps, fertilizer, land, plant medicine, and insecticide. In addition, beneficiaries said that the SCORE project should teach them better ways of dealing with drought, show them how to make use of dead crops, and encourage more people to join FFS. There were three recommendations for the improvement of VSLA implementation. One was to provide money as an incentive to join VSLA and stay active. Another was to have each VSLA set aside funds specifically for those who are sick. The final recommendation came from a beneficiary in Kamuli ‘A’ (A-SFH-0317) who asked that the facilitators for his VSLA treat the elderly members more gently and with more respect. There was one recommendation for the improvement of the soap making project (community skills). It was too make the parts for making soap less expensive.

Table 3.7: Recommendations from beneficiaries (Ordered by no. of responses)

Areas for more trainings	Type of handouts SCORE should provide
1. Farming	1. School Fees/Educational Support
2. Saving	2. Capital for IGAs
3. Community Skills	3. Money
4. Animal Rearing	4. Loans
5. Nutrition	5. Basic Needs (i.e. Rice, Sugar, etc.)
6. Supporting Kids	
7. HIV/AIDS	
8. Child Protection	
9. Family Strengthening	
10. Cooking Demonstrations	

In general improvements, 17 HHs (71%) recommended more trainings and 9 HHs (38%) recommended some form of handouts. Outside of these two categories, 3 HHs recommended that SCORE focus more on helping sick beneficiaries, either through providing transportation to the hospital or providing more attention to HIV-positive beneficiaries. Also, one HH recommended more general support for the index child. The areas in which HHs recommended more trainings

included: Farming (8 HHs), saving/VSLA (4 HHs), Community Skills (2 HHs), and animal rearing (2 HHs) (Table 3.7). The other areas recommended for more trainings were only recommended by 1 HH each: Nutrition, supporting kids, HIV/AIDS, Child Protection, Family Strengthening, and Cooking Demonstrations (Table 3.7). The types of handouts that were recommended included: school fees/educational support (5 HHs), capital for IGAs (4 HHs), money (3 HHs), loans (1 HH) and basic necessities (i.e. Sugar, Rice, etc.) (1 HH) (Table 3.7).

None of the visited households reported receiving a referral from the SCORE project. When HHs were asked if they used local community structures (Local Councils, CBOs, Police, Hospital, etc.) more after joining the SCORE project, 8 HHs (33%) said yes and 16 HHs (67%) said no. Of those that said yes, the most common structure used was the hospital (6 HHs). One HH reported going to the local council (LC), and the final HHH did not wish to discuss which structure she utilized.

Project Report Review

The PI reviewed a total of 9 project reports between the dates of July 2nd, 2016 and July 16th, 2016. This included reviewing the 1st and 3rd quarterly reports from each reporting year during the original tenure of the project (2012, 2013, 2014, and 2015) and reviewing the close out report which was submitted in October of 2015. These reports allowed the PI to understand larger trends for the SCORE project and the total numbers of its impact.

Gender imbalance in activity attendance was identified as an issue for the SCORE project as far back as 2012. It was noted that while the men generally had the upper hand in decision making in the HH, they usually ignored or failed to attend the trainings (July-September 2012 quarterly report). The women, on the other hand, were more attentive to the trainings, but did not have as much power in the HH (July-September 2012 quarterly report). In 2012, this imbalance was said to affect all SCORE activity groups (July-September 2012 quarterly report).

During the first quarter of 2013 (Dec. 2012 – Feb. 2013), the SCORE project officers at STFHCS added an additional 220 new HHs to its direct beneficiary list. Conducting the startup activities for these new HHs (VAT and NAT) took up the greater part of the quarter (December 2012 – February 2013 quarterly report). This meant that some activities were unable to be

implemented, such as child protection (CP) activities in identified schools, interactive learning sessions, and family visits/counseling.

The activities in objective four was not supported fully until the June - August 2013 quarter according to the report from that quarter. Until then, the SCORE project officers only conducted mapping of service delivery points.

The apprenticeship activity in SCORE Objective 1 took a long time to implement as successful activity. The youth interested in SCORE apprenticeship were first identified in the 3rd quarter of 2012. However, these youth were unable to be attached to artisans until 2014 due to budget issues. The identified youth were officially enrolled in 2014, a total of 14 apprentices. By 2015, only 8 of those youth had graduated, with the 6 others being lost to follow or dropping out.

In 2013, the STFHCS project officers trained 30 CLVs. The topics included the constitution of Uganda 1995, the children Act CAP 59, Domestic violence ACT, Female Genital Mutilation ACT (FGM) among others (June-August 2013 quarterly report).

Due to the lack of funds in the 1st quarter of 2014, many activities were unable to be implemented. This included the establishment of VSLA/FFS groups, financial literacy training, community skills training, urban horticulture training, cooking demonstrations, interactive learning sessions, and community dialogues. According to the project report, most of these activities were resumed in the following quarter. Also In the 3rd quarter of 2014, there were no funds for implementation of the targeted trainings in SCORE Objective 3.

In the purchasing of premiums, the SCORE project at SFHCS has had frequent issues with Jubilee Insurance. These issues were identified in the 1st quarter of 2013, the 1st quarter of 2015, and the 3rd quarter of 2015. The most common challenge with Jubilee Insurance was the delay of proper registration forms.

CP activities were only implemented in 2 schools since the beginning of 2012. The original target was to implement these activities in 4 schools. In the close out report, it was reported that 2 of the 4 mapped schools were unwilling to conduct the CP activities.

The lack of land for some FFS groups was first identified as an issue in the 3rd quarter of 2012. During the 1st quarter of 2015, the lack of land was still identified as an issue for the proper implementation of FFS.

The close out report provided final numbers of those impacted by the trainings and activities of the SCORE project. By the end of 2015, a total of 16 operational VSLA groups had been formed with a total membership of 406 (158 were direct beneficiaries and 248 were indirect beneficiaries). A cumulative total of 59,399,000 UGX in loans had been administered by the 16 VSLA groups. In the close out report, the SCORE project officers at STFHCs had trained 223 HHs in financial literacy, 96 HHs in SPM, 215 HHs in community skills trainings, and 96 HHs to purchase premiums. For SCORE Objective 2, a total of 7 FFS groups had been formed with a total membership of 101 HHs. In addition, 235 HHs were supported in urban horticulture, 145 HHs participated in nutrition dialogues, and there were 9 cooking demonstrations. In SCORE Objective 3, over 383 participants were trained in child protection skills in both Sub Counties. At 2 schools, a total of 71 participants had engaged in child protection activities to form child-friendly schools. In addition, a total of 1159 HHs were reached through home visits and counseling sessions. Also, 1537 HHs were taught through interactive learning sessions, 24 Child neglect/abuse cases were handled, 511 youth were involved in like skills trainings, 441 participants were trained in parenting skills, and 118 were involved in community dialogues. About the impact of the SCORE project in Nyenga and Wakisi, the close out report stated that there has been “a tremendous change in terms of skills, economic independency, improved child protection observations, improved nutrition status for households among others indicators”. Overall, the close out report also acknowledged that “the project has been a huge success and an eye opener to future project designs”.

Of challenges listed in the close out report, the delay of funds was a challenge for both SCORE Objective 1 and SCORE Objective 2. The report also reported for SCORE Objective Two the lack of some FFS in regards land on which to cultivate. Finally, it was said that the mobilizations of homes can be difficult because of their scattered nature.

Focus Group Discussions

The PI investigator conducted a total of two FGDs; one in Malindi on July 7th, 2016 and one in Kikondo on July 7th. The FGD in Malindi was attended by 10 direct beneficiaries (out of 11 selected beneficiaries), while the FGD in Kikondo was attended by 4 direct beneficiaries (out of 8 selected beneficiaries). Of the 14 direct beneficiaries from both FGDs, 13 were female and 1 was male (from Kikondo). For both of the FGDs, Maurin Nantono, the PO in charge of SCORE Objective 2, acted as the translator, and Sandra Kisakye served as recorder. Both of the FGDs were recorded on the PI's phone. The question guide for the FGD can be found in Appendix E.

When asked to generally describe the SCORE project, many of the respondents talked about the trainings they participated in, what they learned, and the impact the trainings had on their HH. The trainings, activities, and/or demonstrations mentioned included nutrition dialogues, parenting skills, family strengthening activities, backyard gardening, and saving groups. One respondent from the Malindi group described how she joined SCORE without knowledge, but how it gave her information on the topics of savings, parenting, and family strengthening.

When asked about the activities that have worked the best for their HHs, respondents in Malindi were hesitant to answer at first, most agreeing that all of the activities had worked well for their HHs. Some respondents did eventually cite savings (VSLA), farming (FFS/Urban Horticulture), Family Strengthening activities, and charcoal making (Community Skills). One respondent in Malindi stated that saving worked best for her home because she is now able to borrow money from the savings account of the VSLA group and pay school fees. In the Kikondo group, it was reported that savings (VSLA) and parenting (Parenting Skill) skills were the most beneficial to the HH. One Kikondo respondent stated that savings was best it helped her to take care of her children. About parenting, one Kikondo respondent said that it has helped her learn how to handle and relate with her children.

When asked about the activities that did not work well for their HHs, respondents mentioned soap making (Community Skills), urban horticulture, and FFS. One respondent said that soap making did not work because as a group they could not raise enough capital, and the ingredients to make the soap were too expensive.

In describing challenges that they faced in working with the SCORE project or in their daily lives, respondents listed the following:

- Goats would sometimes eat the plants from their gardens
- Unfinished trainings (in relation to FFS)
- Paying school fees
- The skills acquired are sometimes hard to apply (in relation to soap making)
- Theft (thieves sometimes take their crops and chickens)
- SCORE project has not fulfilled its promise to pay school fees for their children
- Failure or delay to pay back the borrowed money from the VSLA group

The response was very positive when the respondents were asked to describe the home visits that are conducted by the STFHCs POs. All of the respondents in both the Malindi and Kikondo FGDs agreed that there were no problems with the home visits, and requested that the POs visit them more often. One respondent from Kikondo said that home visits made them feel good and they got the chance to ask for clarification for things they did not understand in the trainings. In describing general interactions with the trainers/facilitators, participants from both FGDs reported that there were no problems and that the trainers treat them well. In fact, one respondent said that they feel encouraged whenever they are visited by the trainers.

In describing the impact of the SCORE project, many respondents reported increased capacity or learned skills in several areas. In Malindi, respondents reported now knowing how to talk/relate to children better, knowing how to save, being able to feed the family through the kitchen garden, being able to pay school fees for the children through saving, witnessed changes in behavior, strengthened relationships with spouse/children. In Kikondo, respondents described behavioral changes, being able to save/borrow money to support the family, and being able to pay school fees. In describing the impact of the SCORE in the community, the Malindi group said that people who have been involved with SCORE have been able to know each other better and work together as a unit/family. In addition, they provide social support for each other.

Recommendations for changes and/or improvements for the SCORE project were centered on the topics of either more trainings or monetary support. In Malindi, respondents

called for more trainings in the areas of parenting, training for the youth, saving, business, and sexual reproductive health. Forms of monetary/capital support recommended by the Malindi group included providing seeds, financial support for the VSLA group, loans from the SCORE project directly with low interest rates, support for the elders in the group who cannot provide for basic needs. The Kikondo group reported a need for more trainings on HIV/AIDS prevention/treatment, saving, hygiene, family strengthening, self-respect, and respect for others. Unlike the Malindi group, the Kikondo group did not request any form of monetary support. Miscellaneous recommendations from both FGDs included requests for more home visits and a request for more interactions between POs and couples.

Commented [PM1]: Recommendation for future research

Discussion

The goal of this research was to assess the impact and implementation of the SCORE project in the Nyenga and Wakisi Sub Counties (Appendix H). In order to accomplish this goal, four research objectives were devised (Refer to the Research Objectives section in Chapter 1). Information regarding these research objectives was collected between June 6th, 2016 and July 16th, 2016.

Research Objective 1

In order to understand the impact of the activities in the four SCORE objectives, the direct beneficiaries were evaluated through vulnerability assessment tool (VAT) review, project report review, home visits (HVs), and focus group discussions (FGDs).

In regards to economic strengthening, the findings indicate that SCORE has had a positive impact on average HH income. The average HH involved with SCORE during the 2013-2014 period added, on average, 21,473 UGX to its monthly income (Figure 3.4). From 2014 to 2015, the average HH added almost 60,000 UGX to its income (Figure 3.4). However, during the 2013-2014 period, the average economic strengthening vulnerability score increased slightly (less than a point), and during 2014-2015 decreased less than half a point (Figure 3.6). The discrepancy between the income gains and vulnerability score can be explained by the VAT form itself (Appendix C). In the economic strengthening section (Section C) of the VAT form, 15 points (50% of the points available in Section C) can be added to the score if the monthly income

per HH member is less than 75,000 UGX. In 2015, the average monthly income per family member was 20,240 UGX. Still, 20,240 UGX is more the double the average monthly income per family member reported in 2012 (9,134 UGX). While the average HH might have still be considered vulnerable from an economic perspective, the way that economic vulnerability was assessed by the SCORE project did not accurately record the progress that the average HH has made in regards to income. Thus, the economic strengthening score did not accurately reflect the impact of the Objective 1 activities. Economic strengthening section experienced the least change over the 5 year implementation, however the average HH income per family member more than doubled.

Data from HVs and FGDs corroborated the finding that the economic strengthening activities had a great positive impact on the direct beneficiaries. During the HVs, Objective 1 was the objective with the highest reported attendance providing a platform for a broad impact (Figure 3.9). The village savings and loans association (VSLA) was recommended as one of the best activities for a HH by 17 HHs, more than any other activity. In addition, many HHs cited learning how to save as one of the most important lesson they learned during their participation in the SCORE project. VSLA was the most appreciated activity by the interviewed HHs. As the flagship activity of Objective 1, VSLAs display that impact that economic strengthening activities have had on HHs. However, community skills, an economic strengthening activity, received all negative reports from the HHs that participated in it. The community skills trainings are therefore an area of growth for Objective 1.

Food security activities have also had a positive impact on vulnerable HHs, especially in regards to the VAT data. For both the 2013-2014 period and the 2014-2015 period, the food security vulnerability score saw the highest reduction of any section for the average HH (Figure 3.6). Moreover, the food security vulnerability score decreased the most over the four year period. However, during the 2012-2013 period, the average HH increased in food security score by about 5 points. While there might have been fundamental implementation issues in the beginning of the SCORE project, they have been fixed to make food security the most effective of the SCORE project in the reduction of vulnerability.

The success of this reduction of vulnerability, however, should not be attributed to the farmer field schools (FFS). During the home visits, beneficiaries provided more negative reports of FFS than positive ones. This is due to the fact that FFS is exposed to many external challenges like drought, insects, infertile soil, and/or poor quality seeds. However, the nutrition dialogues and urban horticulture both received positive reports from the HVs. These activities that are centered on boosting the nutrition of the HH have been successful in reducing the food security vulnerability of many households. It is possible that the nutrition dialogues and urban horticulture activities were more successful because they were implemented in more restricted environments (i.e. Kitchen Gardens, or Sack Mounds). In addition, they focus on teaching beneficiaries how to utilize their food resources properly. By the close out report, 235 HHs were supported in urban horticulture, and 145 HHs participated in nutrition dialogues.

The impact of the child protection (CP) activities was not well documented by this research evaluation. From the VAT tools, it can be seen that the average child protection score was consistently less than any other section with an average under 5 points. Thus, the starting child protection vulnerability was already low once the SCORE project began monitoring households. One aspect to consider is that Objective 3 had less activities available for direct beneficiary participation than any other SCORE objective. Most of the activities in Objective 3 dealt with mapping already existing structures, increasing the capacity of those structures, enacting activities in schools, and dealing with legal cases. Two large CP activities that were not reported on much by the HVs included the CP home visits and the interactive learning sessions. By the close out report, a total of 1159 HHs were reached through home visits and counseling sessions. Also, 1537 HHs were taught through interactive learning sessions. However, not too many households reported being a part of these activities. This can be attributed to the selective memories of the beneficiaries. Since these activities were one-time events, instead of recurring activities like VSLA or FFS, they were more likely to be forgotten.

In terms of reducing vulnerability, Family Strengthening activities also had a positive impact on the reviewed HHs. According the VAT data, the Family Strengthening-Critical Services section had the second most decrease in average vulnerability score over 4 year period.

The family strengthening activities were praised during the HVs and FGDs. The activities in this section did not receive any negative reports and no challenges or issues were identified. Instead, there were many recommendations to expand the number of trainings in this SCORE objective. The family strengthening activities perform well and should be implemented more often with more beneficiaries. One respondent from the Kikondo FGD stated that the parenting skills training “has helped her to learn how to handle and relate with her children.”

It is possible that this section was also affected by selective memory when respondents reported attendance. From the close out report, a wide impact of the family strengthening activities was recorded. 511 youth were involved in life skills trainings, 441 participants were trained in parenting skills, and 118 were involved in community dialogues by the end of 2015. However, only 11 HHs from the HVs reported attending activities in this section. Just as with CP many of the trainings/activities in family strengthening are not recurring. Thus, the research participants might have forgotten if they had participated in a workshop could have been as much as 3 years ago. In addition, the one recurring of family strengthening, the life skills groups, were focused on training the youth. Because the FGDs and HVs targeted the HHHs, they might not have been the best to report on the activities their children might have participated in.

Research Objective 2

In assessing the technical progress of the activities the project reports were the primary source. In the original proposal the results from the project reports were supposed to be compared with the original project targets. However, these targets were not able to be located at STFHCS. Thus, a fully accurate assessment of the technical progress of the SCORE was not possible. However, the findings from the project reports and KIIs suggest that the technical progress of the SCORE project is going as planned. From the KIIs, many of the interviewees describe the positive aspects of the activities and the impact that they have had on the community. In addition, the SCORE close out report stated that there has been “a tremendous change in terms of skills, economic independency, improved child protection observations, improved nutrition status for households among others indicators” (Close out report). Thus, the SCORE project’s implementation and technical progress is going well.

Despite this success in the technical progress of the SCORE project, the progress of the apprenticeship and CFS activities seemed to lag behind. The youth for the apprenticeship program were identified in the 3rd quarter of 2012, however they were not matched with artisans until 2014. In the project reports, the delay was attributed to lack of funds to execute the activity. However, since then only 8 youth have graduated. Thus, this activity has not progressed as much as other activities and has had a minimal impact on the HHs in the Nyenga and Wakisi Sub Counties. Multiple recommendations for more trainings focusing on the youth were made by the beneficiaries during the FGDs and HVs. Thus, this activity should be revamped and expanded per the demand demonstrated by the beneficiaries.

Regarding the child friendly schools, only 2 schools were targeted in the 5 years of implementation when the original target was 4 schools. This reduction of the 5 year target was reported in the project report as a refusal of the other 2 schools to engage in the activities. In response to this, it is possible that the SCORE project should have mapped more schools in which to implement CP activities. In addition, two of the KII participants recommended for the training of more CLVs to help with the implementation of Objective 3 activities. In 2013, 30 CLVs were reportedly trained (Project Reports), however, only one was working in the Nyenga and Wakisi at the time of the KIIs. More personnel should be trained to assist in the implementation of this activity in reaching the original target. Unfortunately, the PI was not able to visit a CFS to evaluate its implementation first hand.

The participants in the FGDs all recommend an increase in the frequency of the home visits. This technical expansion of the CP objective will require either more personnel or the resolution of transportation issues at STFHCs.

General organization-level challenges that have impeded the technical progress of the SCORE included periodical delayed budget delivery, human resources limitations, and transportation. From the KII, the most reported issue/challenge was transportation (80% of participants). The delay of funds most drastically affected the implementation of activities in 2014. In general, these are the most pressing organizational challenges threatening the technical implementation of the SCORE project activities.

Research Objective 3

The impact of the SCORE project and STFHCS in reducing vulnerability can be seen most explicitly in Figures 3.2, 3.5, and 3.7. The average vulnerability score of 51.6 recorded in 2012 experienced a 35% reduction by 2015 (Figure 3.2). This is a significant reduction in vulnerability for the direct beneficiaries. The period with the highest reduction in vulnerability was 2014-2015 (Figure 3.5). Moreover, the area of vulnerability with the highest reduction of vulnerability was food security. Thus, the SCORE project has had a significant impact on the reduction of vulnerability in the Nyenga and Wakisi Sub Counties.

This conclusion is corroborated by the findings in the KIIs, FGDs, and HVs. A beneficiary in Nakalanga (A-FHS-0084) said that she “is very thankful to SCORE” for the impact that it has on her family. “SCORE has changed my life” confessed Basalirwa Henry, a CBF and CBT. Another CBT, Nali Rebecca, stated that “SCORE has increased the standard of living for its beneficiaries”. One respondent from the Kikondo FGD described that she used to be “rude and harsh to the children,” but now she has changed due to “the training by the SCORE project”. Only one negative report regarding the impact of the SCORE project was recorded.

Research Objective 4

SCORE has had also had a positive impact on strengthening its own service providers and stakeholders. The KIIs documented many accounts of increased capacities and learned lessons. Joweria Kakiyingi, a VHT, reported that she has “learned how to save” and that she has been able to buy “a piece of land and a solar panel”. She also said that many other people “have a lot of thing (sic) that they have gained from the SCORE project”. The findings indicate that the biggest impact of the SCORE project was in the lessons learned. When describing the impact of the SCORE project on their personal capacities, many of the participants reported lessons learned that were translated into changed realities.

Conclusions

Multiple participants from the KIIs confirmed that the implementation of their activities have been delivered according to plan. In addition, the findings in the close out report indicate

that the SCORE project exceeded many expectations. Excluding community skills, apprenticeships, FFS, bank linkage, and CFS, all of the activities have been met with positive reviews from the FGDs, KIIs, and HVs. By in large the SCORE project has been delivered as expected with minor issues and external challenges.

The most cited impact by the interviewed HHs center around learning how to save and the benefits from doing so. The benefits identified included being able to afford medical attention, pay school fees, and afford basic necessities. Objective 1 activities were the most appreciated and impactful in the eyes of the beneficiaries. The VAT review indicates that the Food Security activities are the most effective in reducing vulnerability. With mixed reviews, this success cannot wholly be attributed to FFS. Instead, the reduction of food security vulnerability should be associated with the nutrition dialogues and urban horticulture. Between the success in Objective 1 and Objective 2 have been the primary sources of impact on the HHs.

The members of the local monitoring and evaluation (M&E) system and other service providers reported learning a lot from the SCORE project, especially regarding the activities that they implement. In addition, they reported growth in leadership and communication skills, which allowed them to have a greater impact on their community.

The activities that received the most positive feedback from interviewed HHs and have had the greatest impact in reducing vulnerability include VSLA, nutrition dialogues, urban horticulture, parenting skills training, and CP home visits. These are the activities that are directly leading to the desired outcomes. The activities that need improvement include FFS, community skills, child friendly schools, and apprenticeships.

Because the SCORE project is focused on transferring knowledge instead of materials or capital the results were more sustainable. The SCORE project could further ensure its sustainability by designing trainings that encourage and teach parents how to impart their new knowledge to their children. A possible threat to the sustainability to the SCORE project could be the burden on the beneficiary to remember the topics taught without the help of notes or handout manuals. This challenge was reported by one beneficiary during the HVs.

Recommendations

To resolve the discrepancy in recorded economic progress between the income data and the VAT economic strengthening section vulnerability score, a new method of assessing economic vulnerability should be devised. The current method used on the VAT forms indicates whether a HH is economically vulnerable, however it does not accurately record the progress that a HHs make economically. Possibly, instead of recording whether a HH has a monthly income per family member below or above 75,000 UGX, four categories could be used. The four categories could be: less than 10,000 UGX, between 10,000 UGX and 30,000 UGX, between 30,000 UGX and 75,000 UGX, and above 75,000 UGX. If this change is not able to be implemented by the SCORE project, it is possible that other projects could utilize a more nuanced approach like this one.

The development of an archive for the records and files collected by the SCORE. The PI and STFHCs POs were unable to find all of the VAT files desired in order to reach the original VAT review target. Moreover, the PI, volunteer coordinator, STFHCs SCORE program director, M&E officer, and STFHCs project officers (POs) were unable to locate all of the completed quarterly reports. In order to locate the quarterly reports used in this research project, the M&E officer, program director, and volunteer coordinator relied on searching their email inboxes. There were also multiple instances where a PO at SFHCS commented that they were unable to find a HH file that they needed. Currently, only hard copies are kept of all the VAT, NAT, and home visit forms. In order to increase the efficiency and reliability of the file system used by the Social Welfare office, an archive of digital copies should be created. The digital files could be created using smart phone applications that 'scan' a document, and the files can be stored using an online storage service. Also, Wi-Fi adapters could be purchased for the desktop computers in the Social Welfare office. Thus, the documents could be synchronized across the computers in the Social Welfare office. A possible threat to the feasibility of such a project could be the relative computer literacy of the SCORE POs. They might not have the ability or time to set-up and maintain such a digital filing system.

In order to address the challenges of transportation, age, injury/sickness, and inability to recall training topics, summaries of the trainings could be provided for each beneficiary who desires them. These ‘lesson summaries’ could be pamphlets or simple sheets of paper. They would contain a summary of the topics or lessons discussed during a training or a teaching. Thus, if a beneficiary was absent during a training, a summary could be distributed to their households during a home visit. Alternatively, a nearby HH that did attend the training could deliver the summary to the absent HH as well. In addition, a beneficiary could also receive a copy if they had trouble remembering the teachings of a particular training. This could bolster the effectiveness of a training with a high information retention rate and increase the reach of the trainings. This would ultimately improve the effectiveness of the SCORE project. For recurring trainings it would be feasible to create these summaries store a digital copy for regular use. Challenges for this recommendation include language barriers and HH literacy, however, preliminary research should be conducted regarding the need and feasibility of a project such as this.

80% of the participants in the KIIs identified travel as a challenge they face, especially the travel required for mobilizing HHs for trainings or activities. In order to address this significant issue, some of the respondents asked for mountain bicycles or rain boots to be provided by the SCORE project. To address the issue of travel for the CBTs, CBFs, VHTs, and CLV, STFHCS could offer to reimburse a percentage (maybe 30% or 50%) of the cost for these items. For those who don’t utilize the funds of this matching program, STFHCS could increase their allowance by a small amount to still assist in travel expenses. These methods would be a cost effective options for STFHCS to help the SCORE local structures be more efficient at their work.

One of the most common issue reported for the FFS activity was the lack of land available on which to farm. For the FFS groups that are restricted by the lack of land, nearby VSLAs could be in a position to help. In order to assist the FFS group in acquiring more land for group farming, VSLAs could modify their constitution such that they could offer a loan to a FFS group to buy land. Alternatively, VSLA groups could enter into partnerships with the FFS

groups, buy the land and allow the FFS groups to work on it and take a percentage of the profit. In addition, FFS groups could partner with local VSLAs to receive loans for other needs like fertilizer, insecticide, or tools. There is a lot of potential in the connection of VSLAs with FFS groups. It is a possibility that more personnel would be needed to help design and facilitate successful partnerships between two groups.

Barriers impeding the full participation in the SCORE project include age, injury, and sickness. These challenges impede beneficiaries from traveling to attend the trainings, and from enacting the lessons learned in their own HHHs. In order to support and reduce this type of vulnerability, VSLA groups could be mobilized to utilize their funds to pay for a youth to periodically assist an elderly, injured, and/or ill member of the community. Potentially once or twice a week, an assigned youth could assist this vulnerable member of the community with errands around the house or tasks that need an extra hand. This would especially be useful where a vulnerable HHH has nobody to help them. The benefits of such an activity would be two-fold. It would answer the beneficiaries' request for more focus on the youth by empowering them economically through a weekly allowance. In addition, the vulnerability of the elderly, injured, and or sick members of the community could be reduced. This might not be feasible through the SCORE project, but should be considered for other projects.

Many HHHs recommended that the SCORE project should conduct more trainings. The areas for more trainings that were the most supported were farming, saving, community skills and animal rearing. In order to address the preferences of the beneficiaries, the SCORE project should design, develop, and deliver more trainings in these areas. In addition, many of the local structures also recommended refresher trainings from the KIIs.

In order to bolster the sustainability of the SCORE project, the STFHCS project officers should design a training (or series of trainings) that focus on improving the HHH's ability to pass their knowledge to their children. This type of training could be incorporated in the current parenting skills activities. This training would show the parents the importance of sharing their knowledge with their children and show them the best ways to start this transfer. Such a training

would ensure that the lessons taught by the SCORE activities would make it to the next generation.

In order to meet the demand for more youth-oriented trainings, a training series should be developed to teach kids how to be good community members. The sessions could include conflict resolution, taking care of the elderly, helping neighbors with work, showing respect for elders, and proper public conduct. Potentially, the youth could also be taught small IGAs that would not interfere with their school work. The goal of the IGAs would not primarily be generating income, but acquiring knowledge regarding businesses and entrepreneurial thinking. This series of trainings could instill the principles of discipline, respect, and hard work into the children of direct beneficiaries.

Regarding improvements for the SCORE project, 38% percent of HV participants suggested that SCORE should provide handouts for their households. In order to meet this suggestion from the beneficiaries, SCORE should develop an incentive program. Such a program would reward beneficiaries for participating in more of the SCORE activities by providing schools fees for the index child or providing basic necessities to the HHH (e.g. toilet paper, rice, etc.). Benefits of such a program could include greater participation in the SCORE activities, higher enrollment of index children in schools, and the greater reduction of vulnerability. However, since the SCORE is strictly against handouts, this recommendation might not be feasible for the SCORE project. However, incentive programs could be a useful concept for other programs at STFHCS.

Elderly direct beneficiaries of the SCORE project described many issues that impeded their full participation in the SCORE project. To alleviate some of these issues, the SCORE project could match nearby, graduated HHs with those more vulnerable HHs. The graduated HHs would provide psychosocial support to the vulnerable HHs and teach them some of the finer points of the SCORE project. This would be an additional touch point for beneficiaries to gain knowledge and reduce the vulnerability of their HH.

Future Research

The SCORE activities, trainings, and demonstrations involve not only direct beneficiaries (VCHHs), but also indirect beneficiaries who are not officially enrolled in SCORE project, nor given their own house hold identification code. These indirect beneficiaries make up a large population of those trained, as seen from the quarterly project reports. However, the original proposal did not include methods of examining these indirect beneficiaries for SCORE's impact on their vulnerability. Thus, the findings of this report are centered around the impact on the direct beneficiaries, and not SCORE's true impact for all of those involved in Nyenga and Wakisi. The PI recommends that future studies design and propose methods to gather data from the indirect beneficiaries as well as the direct beneficiaries.

In the completion of this study, the PI did not evaluate non-SCORE Community structures or mapped CBOs (e.g. Local Councils, Police Officers, School Administrators/Teachers, Naminya Health Centre II, etc.). There are some SCORE procedures and activities that involve these structures (e.g. CFS, Referrals, Targeted Trainings, etc.), however, the examination of the impact of SCORE on these structures was not outlined in the original proposal. These structures would have a unique perspective on the impact of SCORE on the villages. The PI recommends that future studies examine these structures for their valuable experience and opinions regarding the SCORE project.

The original proposal for this research did not include methods of evaluating firsthand the implementation of activities in the Buikwe district (e.g. FFS, VSLA, Parenting Skills training, Life Skills, etc.). Instead of direct observation, this study relied on accounts from the direct beneficiaries and implementers. Direct observation would have added more context for the collected accounts and could have yielded more feasible and poignant recommendations for future implementation of these activities. The PI recommends that future studies consider such a direct observation of the SCORE activities.

More specific research should be conducted on the gender imbalance present in the SCORE activities. This would provide the SCORE POs with specific knowledge regarding this issue and how to deal with it. Ideally, the research project would provide reasons why this issue

exists, observe whether it is a problem for similar projects, and make recommendations to achieve a better gender balance in SCORE participation.

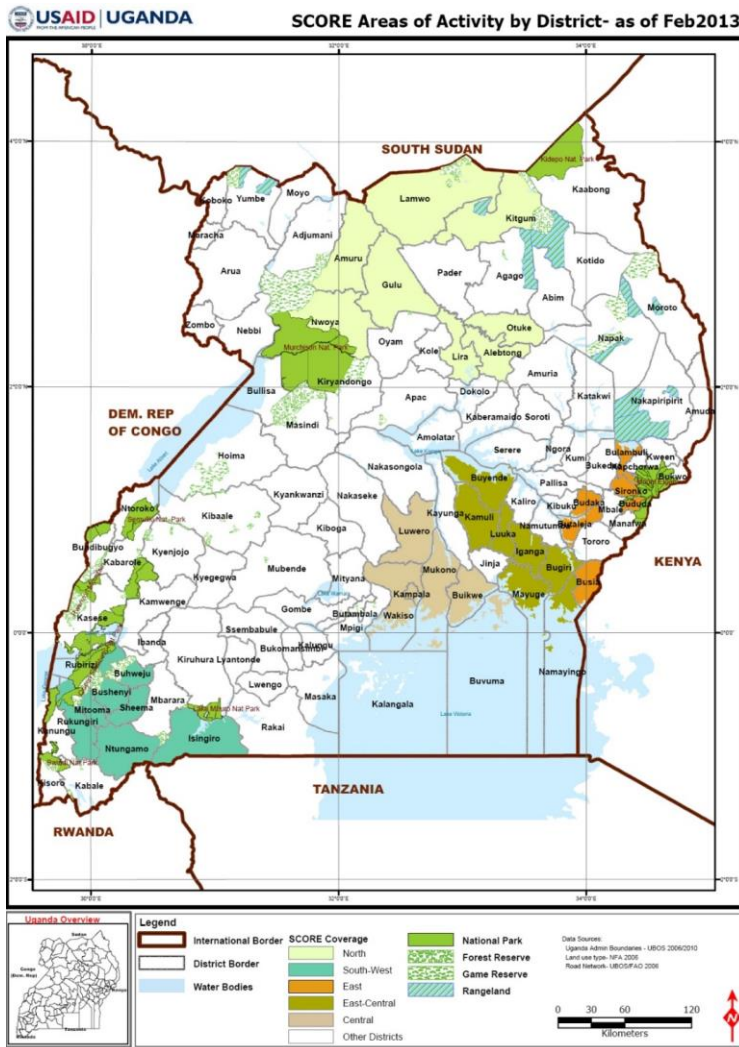
More location specific research should be conducted regarding the implementation of the SCORE project and the specific vulnerabilities of the Nyenga and Wakisi Sub Counties. Due to the design of this study, conclusions were not able to be made based on location. With more research in this area, location specific vulnerabilities, implementation gaps, successes, and resources could be determined. This could lead to more specific trainings based on the capacities and challenges of each village, parrish, and/or Sub-County.

One of the HHs visited mentioned having trouble reading and writing. While this might be an isolated incident, literacy trainings for the HHs could be beneficial for the SCORE project. More research need to be done in order to evaluate the prevalence of illiteracy and its impact on households.

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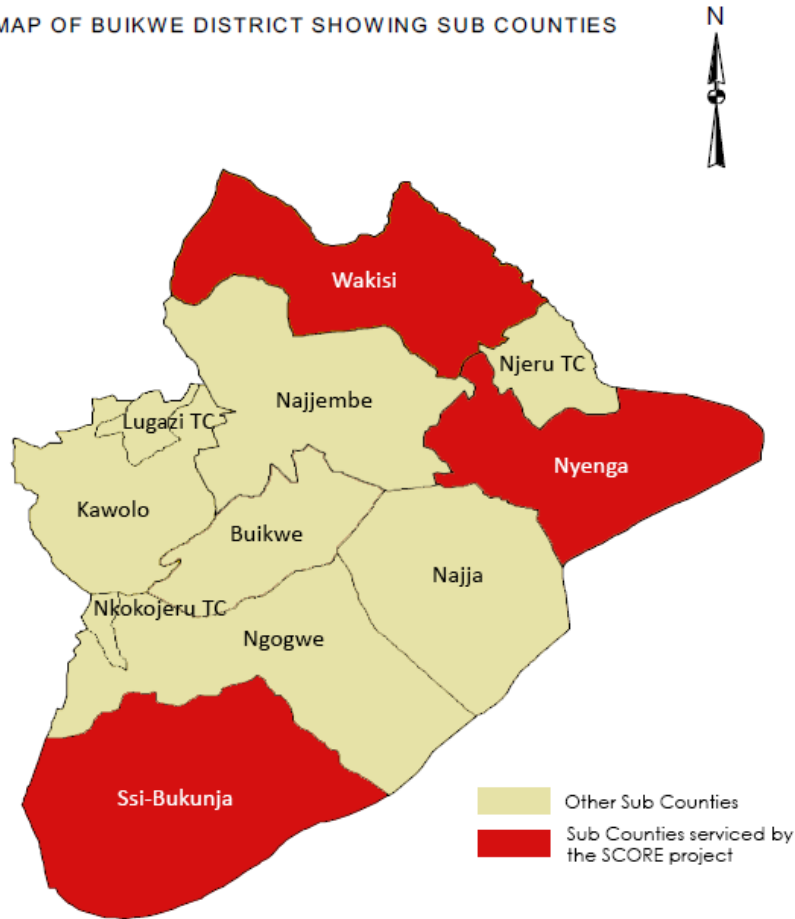
Appendix A: Map of Uganda and SCORE Areas of Activity⁴



⁴ This map was acquired from the SCORE project website (<http://score.or.ug/>). This map is available at <http://score.or.ug/> on the Coverage page.



Appendix B: Map of Buikwe District and Served Sub-Counties⁵

MAP OF BUIKWE DISTRICT SHOWING SUB COUNTIES



⁵ This map was acquired from the St. Francis Health Care Services' M&E Officer and was edited for the purposes of this report by the principal investigator.

Appendix C: Vulnerability Assessment Tool Form⁶

  SCORE Vulnerability Assessment Form ID No		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
No.	QUESTIONS AND FILTERS		
1.	Interviewer Name and ID	<input type="text"/>	
2.	Date of Interview (day /month/year)	<input type="text"/>	<input type="text"/>
3.	District Code	<input type="text"/>	
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)	<input type="text"/>	<input type="text"/>
10.	Sex of the Index Child	1. Female 2. Male	
Did the Agency/CBO/NGO receive funding from USAID (Track I Project)? YES NO		Is the index child/household a former Track I 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, papwaw,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)	

⁶ This form was acquired from the SCORE project website (<http://score.or.ug>). This form is available at the following URL: http://54.67.71.236/score/uploads/SCORE_tools_VAT%20Form.pdf.

Section B- Total Score			
Section C: Economic Strengthening			
21.	What is your household's <u>main</u> 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 <u>main</u> 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 <u>main</u> source of <u>drinking water</u> 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 (Score 0 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 D: Question Guide for Key Informant Interviews

CORE QUESTIONS GUIDE

How long have you been involved with the SCORE Project?

Which villages/regions do you work in?

Could you please describe the process of becoming a CBT/CBF/VHT?

- How is this different from training for CBT/CBF/VHT/CLV?

Which activities or services do you work with/help to implement?

- Has the implementation of these activities gone as planned?
- How these activities be made more effective?

What are some challenges that you have encountered in implementing these activities/interventions?

What are some of the best practices of these activities?

Could you describe your experience of working with the SCORE Project officers?

Could you describe the M&E the system that SCORE employs (in regard to your activities)?

- Are there any ways in which this process could be improved?

How would you generally estimate the impact of the SCORE project?

What are some ways in which the SCORE project could improve its implementation?

Appendix E: Question Guide for Focus Group Discussions

Focus Group Discussion Guiding Questions

How long have you all participated in the SCORE project?

- Longer than 1 year?
- 2 years?
- 3 years?
- 4 years?

How would you describe the SCORE project?

Which activities, trainings, or dialogues have you all participated in?

What are have been positive and negative aspects about *insert activity here*?

How do you feel about the home visits?

How would you describe working with the community structures and program officers?

What has been the impact of the SCORE project for your family?

How can the SCORE do more to help your family?

What other trainings or teachings would be useful?

What changes, if any, do you see in your community?

- a. If so, could you describe some of these issues/challenges?

6. How could these activities be improved?

7. How would you describe the impact of the SCORE project on your family?

8. How could the SCORE project be improved?

9. What has been the most effective way that the SCORE project has helped your family?

10. How would describe the impact of the SCORE project on the Index Child? (Ask if the child is available)

11. How could the SCORE project address the needs of your child more effectively?

12. Have you received a referral from the SCORE project before? YES NO

a. If so, were you able to easily receive help from that local organization? YES NO

13. Have you utilized local services more after joining the SCORE project? YES NO

a. Why or Why not?

Appendix G: Research Budget

FSD Intern Project Budget						
Exchange Rate	\$1 USD =	3000	LCU (Local Currency Unit)			
Item Description	Quantity	Unit Cost (LCU)	Total Cost (LCU)	FSD	Organization	Total Cost (\$USD)
				In-Support	Project Beneficiaries	Other
				Total Cost (\$USD)		
Objective 1:						
Notebooks	4	1,500	6,000	\$2		\$2
Paper	1 Ream	16,000	16,000		\$5.33	\$5.33
Transportation for Focus Group locations for Discussions	3 trips/day (4 FGDS)	31,000	93,000	\$20.66	\$10.34	\$31
Transportation Facilitations for Key Informant Interviews	25	10,000	250,000	\$50		\$50
Sodas for Focus Group Discussions	2 Cases (24 Bottles Each)	25,000	50,000	\$16.67		\$16.67
Snacks for Focus Group Discussions	60 Cakes (15 Cakes per FGD)	1,000	60,000	\$20		\$20
Locations for Focus Group Discussions	4 Locations	100,000	400,000		\$133.33	\$133.33
Translators for Focus Group Discussions	4 Days of working	15,000	60,000	\$5	\$15	\$20
Audio Recording Device	1	210,000	210,000	\$70		\$70
Memory Card for Audio Recording Device	1	25,000	25,000	\$8.33		\$8.33
Airtime for Scheduling Appointments	3 10,000USH Vouchers	10,000	30,000	\$10		\$10
Mobile Internet for Field Work	1 50,000USH Refill	50,000	50,000	\$16.67		\$16.67
Wifi at St. Francis	2 Months of Use	350,000	700,000	\$9.33	\$224	\$233.33
Objective 2						

Appendix H: Research Work Plan

FSD Intern Name: Philip Moss
 FSD Community Partner Organization: St. Francis Health Care Services
 FSD Site Location: Jinja, Uganda
 Dates of Internship: May 21st, 2016 – July 23rd, 2016
 FSD Work Plan for Philip Moss

Goal:	To assess the impact and implementation of the SCORE (Sustainable Comprehensive Responses for Vulnerable Children and their Families) project in the Nyenga and Wakisi sub counties.			
Objective 1	To assess the impact of the socioeconomic empowerment, food security, child protection, and family strengthening activities carried out in Nyenga and Wakisi.			
Outcome	Activity	Resources	Person(s) Responsible	Timeline
Quantitative information about activity impact and participation.	Document Review	Project reports, Monitoring and Evaluation Reports.	Philip Moss, Paul Mwanje, Ali Nyende	6/6/2016-6/17/2016
A questionnaire or semi-structured topic guide for use in the FGDs	Question Development for FGDs (Focus Group Discussions)	Skills and Experience of SCORE Project Team, and M&E Officer. Online Research	Flavia Kacu, Constance Kisaka, Philip Moss, Grace Mukiza, Paul Mwanje, Maureen Nantondo.	6/30/2016-7/1/2016
A questionnaire for utilization with the KIs	Question Development for KIs (Key Informant Interviews)	Skills and Experience of M&E Officer. Online Research.	Philip Moss, Paul Mwanje	6/16/2016-6/17/2016
A list 10-15 interviewees	Determining which CBTs (Community Based Trainers) and CBFs (Community Based Facilitators) to interview (for KIs)	Experience of SCORE Project Team. List of all CBTs and CBFs	Flavia Kacu, Constance Kisaka, Philip Moss, Grace Mukiza, Maureen Nantondo	6/9/2016-6/10/2016
4 Groups with about 10 beneficiaries each	Determining the groups of beneficiaries to participate in the FGDs	List of all beneficiaries from SCORE Project Team.	Philip Moss, Paul Mwanje	6/8/2016 – 6/9/2016
Confirmed Dates for KIs	Scheduling KIs	Contact Information from SCORE Project Team. Mobile Phone of FSD Intern.	Philip Moss	6/13/2016-6/14/2016

Confirmed Dates for FGDs	Scheduling FGDs	Contact Information from SCORE Project Team. Mobile Phones of FSD Intern and SCORE Project Team.	Flavia Kacu, Constance Kisaka, Philip Moss, Grace Mukiza, Maureen Nantondo.	6/22/2016-6/26/2016
Confirmed Location(s) for FGDs	Reserving Space for FGDs	Community knowledge of SCORE Project Team	Flavia Kacu, Constance Kisaka, Grace Mukiza, Maureen Nantondo.	6/20/2016-6/24/2016
Knowledge, attitude and behavioral practices (KAP) regarding SCORE project activities.	Conducting FGDs	St. Francis HCS Transportation. Paper and notebook for records/notetaking. Audio recording device. Translator.	Philip Moss, One member of SCORE Project Team for each FGD,	7/4/2016-7/8/2016 (Following week if necessary)
Knowledge, attitude and behavioral practices (KAP) regarding SCORE project activities.	Conducting KIIs	Paper and notebook for records/notetaking. Audio recording device. Translator (if necessary).	Philip Moss, Paul Mwanje	6/20/2016-6/21/2016 (6/22/2016 if necessary)
Evaluation Method(s)	Log Frame, Group Meetings	(Midway and at end of Project)		
Evaluation Indicator(s)	No. of FGDs conducted, No. of KIIs conducted, No. of Project/M&E Reports Reviewed,			
Objective 2	To assess technical progress of project activities during the five years of implementation			
Outcome	Activity	Resources	Person(s) Responsible	Timeline
Quantitative information about activity impact, participation, and progress.	Document Review	Project reports. M&E reports.	Philip Moss, Paul Mwanje, Ali Nyende	6/6/2016-6/17/2016
Greater understanding of the quality of outputs and progress of SCORE Project as a whole	Comparison of activity progress in comparison with SCORE Project targets	Comments, Observations, and Data from Document Review	Philip Moss, Ali Nyende	6/22/2016 – 7/1/2016
Evaluation Method(s)	Log Frame, Meetings with Paul Mwanje and Ali Nyende			
Evaluation Indicator(s)	No. of Project/M&E Reports Reviewed			

Objective 3 To assess the impact of the project and contribution of St. Francis on the reduction of vulnerability with in the households located in Nyenga and Wakisi sub counties.			
Outcome	Activity	Resources	Person(s) Responsible
Qualitative accounts of project impact	Conducting Home visits/interviews	St. Francis HCS Transportation. Paper for records/notetaking. Audio recording device.	Flavia Kacu, Constance Kisaka, Grace Mukiza, Maureen Nantondo.
A form with a list of questions to be asked and responses written at each home	Form and Question Development for Home Visits/Interviews	Skills and Experience of SCORE Project Team, and M&E Officer. Online Research	Flavia Kacu, Constance Kisaka, Philip Moss, Grace Mukiza, Paul Mwanje, Maureen Nantondo.
Quantitative Data/Evidence regarding project impact on vulnerability and needs	Document Review	VATs (Vulnerability Assessments)	Philip Moss, Paul Mwanje, Ali Nvende
Qualitative accounts of project impact	FGDs (See Objective 1)	St. Francis HCS Transportation. Paper and notebook for records/notetaking. Audio recording device. Translator.	Philip Moss, One member of SCORE Project Team for each FGD,
Evaluation Method(s)	Log Frame, Meetings with Paul Mwanje and Ali Nvende, Group Meetings (Midway and at end of Project)		
Evaluation Indicator(s)	No. of Home Interviews Conducted, No. of VATs reviewed, No. of FGDs Conducted		
Objective 4 To assess the impact of the project on system strengthening and M& E coordination among service providers and stake holders in the district			
Outcome	Activity	Resources	Person(s) Responsible
Qualitative knowledge regarding the functionality of the reporting system, the coordination mechanisms in place, and referral structures both at district and	Kilis (See Objective 1)	Experience/Knowledge of SCORE Project Team	Philip Moss, Paul Mwanje
			6/20/2016-6/21/2016 (6/22/2016 if necessary)

community level.						
Evaluation Method(s)	Log Frame, Meetings with Paul					
Evaluation Indicator(s)	No. of KIs conducted					
Objective 5	To generate a report to be disseminated for major stakeholders showing them the overall outputs from the project					
Outcome	Activity	Resources	Person(s) Responsible	Timeline		
A draft report	Writing a draft report to be reviewed by Supervisor and M&E Officer	All data collected from Quantitative and Qualitative research activities	Philip Moss	7/11/2016-7/15/2016		
A final report	Finalizing draft report for dissemination	The draft report	Philip Moss	7/16/2016 - 7/22/2016		
Evaluation Method(s)	Check-ins with Ali Nyende					
Evaluation Indicator(s)	No. of pages completed					

Appendix H: How to Access Data Online

The following sets of data, notes, recordings, and documents are available online to view.

Vulnerability Assessment Data:

<https://drive.google.com/folderview?id=0B8Fon9wmz7MWcjFncHJnT0JRZFk>

Key-Informant Interviews Notes and Recordings:

<https://drive.google.com/folderview?id=0B8Fon9wmz7MWckdKcnVaZjkzalE>

Home Visit Notes, Data, and Recordings:

<https://drive.google.com/folderview?id=0B8Fon9wmz7MWTmg0MDIEUmRxbVk>

Project Reports and Notes:

<https://drive.google.com/folderview?id=0B8Fon9wmz7MWanUwLUp5MTIDUKU>

Focus Group Discussion Notes and Recordings:

<https://drive.google.com/folderview?id=0B8Fon9wmz7MWNnBZMzZZTVFDZU0>