2021

Review of the World Vision Finland's Child Rights Programme 2018-2021

FINAL REPORT

March 11th 2021
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When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children.

Convention on the Rights of the Child: The children's version, Article 3

Abbreviations

AP	Area Programme
DRR	Disaster Risk Reduction
CVA	Citizen Voice and Action
CBO	Community-based Organisation
EQ	Evaluation Question
FBAK	Finnish baby aid kit
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
FMNR	Farmer Managed Natural Regeneration
HRBA	Human Rights-based Approach
MFA	Ministry for Foreign Affairs
NO	National Office
OECD/ DAC	Organisation for Economic Co-operation and Development / Development Assistance Committee
PCM	Project Cycle management
PBS	Programme-based support
PTA	Parent Teacher Association
RBM	Results-based Management
SO	Support Office
SP	Special Project
ToC	Theory of Change
ToR	Terms of Reference
WVI	World Vision International
WVF	World Vision Finland

Executive Summary

The Review of the World Vision Finland's Child Rights Programme 2018-2021 was conducted in November 2020-January 2021 to assess the relevance, coherence, effectiveness, efficiency, impact and sustainability of the Programme. It was conducted to provide recommendations for future programming. Information was collected through document review and interviews of programme implementers.

The review was conducted during an unusual time, when the COVID-19 pandemic and related travel restrictions did not allow field trips and therefore the team did not have an opportunity to visit project sites and consult beneficiaries and local stakeholders. At the time of the review, the Area Programmes and Special Projects were preparing the 2020 Annual Report and most recent monitoring data from 2020 was not yet available. Therefore, the work focused on analysing the functionality of the programme.

The goal of the World Vision Finland's (WVF) Child Rights Programme 2018 – 2021 Programme, is "Sustained well-being of children within families and communities, especially the most vulnerable". It will be reached through six outcomes:

1. Parents and caregivers provide well for their children and adolescents are ready for economic opportunity
2. People living with disabilities enjoy equal rights and opportunities to participate in a society free from discrimination
3. Children are cared for, protected and participating
4. Children enjoy the right to good health
5. Children enjoy the right to quality education
6. Finnish citizens understanding of current issues development policy and positive attitude towards development cooperation has increased

The Programme focuses on three sectors of excellence: Child Protection, Youth Employment and Disability Inclusion (also as a cross-cutting objective). The Child Rights Programme is implemented through seven long-term Area Programmes (AP) and six special projects (SP) in seven countries: Cambodia, Ethiopia, India, Kenya, Uganda, Rwanda and Somalia. The total available budget for the Child Rights Programme is EUR 16 108 618. Government of Finland finances 70% of the programme and 30% is mobilized by WVF.

Key findings per review criteria:

Relevance: The WVF Development Cooperation Programme 2018 – 2021 is well aligned with the goals and priorities of the Finnish Development Cooperation policy. The strongest strategic guidance and influence is provided by the WVI and National Country strategies which the Child Rights Programme supports on its part.

Coherence: There is limited internal coherence between the thematic areas of the programme. Complementarity with interventions supported by other agencies and MFA is not explicitly analysed at the programme and intervention level.

Effectiveness: Based on the information provided in the AR 2019 of the WVF Programme, it can be concluded that the programme is making progress towards the intended outcomes. All programme outcome indicators are on track and some indicators were already exceeded by the end of 2019. However, the Review Team considers that the monitoring systems do not capture reliable data on outcomes and that to same extent inappropriate outcome indicators are used. The outcomes are presented as vision statements rather than measurable objectives.

Impact: The programme has potential to make an impact at individual level but systemic impacts are difficult to verify without proper background data and monitoring information.

Sustainability: The project teams have been able to take advantage of the sustainability drivers in varied degrees. Few examples on concrete sustainability measures exist or they are at very general level.

Review of the World Vision Finland's Child Rights Programme 2018-2021

Summary of key findings, conclusions and recommendations

Finding	Conclusion	Recommendation
Programme design		
The WVF Programme Document contains generic level background analysis (also with regards to Human Rights and gender). The document contains limited information about the child protection systems, which the programme aims to influence.	It remains unclear how the analysis has guided the programme development	WVF should ensure that the forthcoming programme document contains sufficient **background and context analysis**, including gender and human rights assessments, and elaboration of for instance Child Protection systems towards which the interventions aim to contribute.
The outcomes are presented as vision statements rather than measurable objectives. A proper needs or rights analysis is not included in the WWF Programme Document or Country Strategy. The Programme Document highlights 'main challenges to child-wellbeing' but the linkages with between these challenges and expected outcomes are not straightforward.	Although Child Protection is the core of the WV actions, it is difficult to figure what aspects the WVF actually addresses and with what results, that is to what extent the WVF has succeeded to 'empower children, families, communities, governments and other partners to prevent and respond to exploitation, neglect, abuse and other forms of violence affecting children, especially the most vulnerable'. The programme lacks focus.	WVF should **define the focus and objective** of its Development Cooperation Programme clearly, and elaborate what concrete aspects of Child Protection the programme intends to contribute to.
Monitoring		
The selected indicators do not track the achievement of the Outcomes. For instance, the selected indicators for outcome 3 Children are cared for, protected and participating' do not reflect the areas defined in the outcome statement, namely caring, protection and participation. The indicators also have quality and measurability challenges.	The monitoring system in its current form it does not capture data on the changes made at beneficiary (right holder and duty bearer) level. There are issues related to the reliability of indicators and quality of analysis can be questioned.	WVF should develop a **monitoring system** which captures data on changes made and which can be used for managing and learning purposes. The WVF should ensure that the National Offices have sufficient **capacities** to collect, validate and analyse the data obtained through the monitoring systems and use this data to guide the implementation and management of the programme.
Capacity issues		
The Child Rights Programme Document and Annual Reports lack analysis of results and contextual factors.	More in-depth situation analysis (including gender and human rights) would help to understand the position and added value of the WVF supported programme. A human rights assessment would be needed to ensure that the programme contributes to the realisation of human rights and reduction of human rights violations.	Similarly, the WVF should continue building its staffs' capacity to conduct **Quality Assurance** to assess not only the technical quality of the plans and programmes but also the approaches and substance related issues and data.

Thematic considerations		
Although Youth Employment is one of the three core themes of the WVF programme, it is addressed only in one AP (Busia AP) and in two special projects (Roysambu Youth Livelihood Project in Kenya and Buliza Youth Empowerment Partnership Project in Rwanda) and integrated in some other interventions.	Addressing youth employment in any of the targeted countries is relevant because young people find it particularly difficult to enter the labour market and they have limited knowledge about various options. the programme could more intensively look for alternative and innovative models for employment generation in the rural and remote locations and with employers	With regards to the thematic areas, Youth Employment is, and continues to be a relevant area to focus. Innovative and **localised approaches** should be developed, inclusion provision of opportunities to catch up with foundational skills (literacy and numeracy), which are needed in the labour market. Synergy should be sought by for instance, integrating employment with the FGM project.
The WVF programme has four main implementation strategies to promote participation of persons with disabilities: conducting disability prevalence surveys in targeted communities, training of NO staff, promoting collaboration with local DPOs and mainstreaming disability inclusions in all of its activities.	There is limited evidence on how the disability screenings have guided the programming and how mainstreaming disability issues has been applied and with what results.	WVF could broaden its approach to disability inclusion to **promoting inclusive services** which focus on removing the barriers to participation and delivery of services and activities accessible and available to all. The developments in those services should also be monitored and sustainability measures defined. Close cooperation with local authorities and staff training in this regard is needed.

WORLD VISION FINLAND CHILD RIGHTS PROGRAMME:

"Every Child Counts"

1. Background

1.1. World Vision Finland

World Vision Finland (WVF) is a Christian humanitarian organization established in 1983 working to create a lasting, positive change in the lives of children, families and communities living in poverty, and to secure and promote children's rights. WVF is part of World Vision International (WVI), one of the leading development and humanitarian organizations in the world and the world's biggest child sponsorship organization. World Vision operates through a partnership approach that is based on close collaboration between funding and implementing World Vision offices. Membership in the global World Vision organization provides professional support and advice when finding the strategic niches as well as special projects that provide important opportunities of innovation. Project/Programme implementation is done through World Vision National Offices that have long presence in the country and extensive networks.

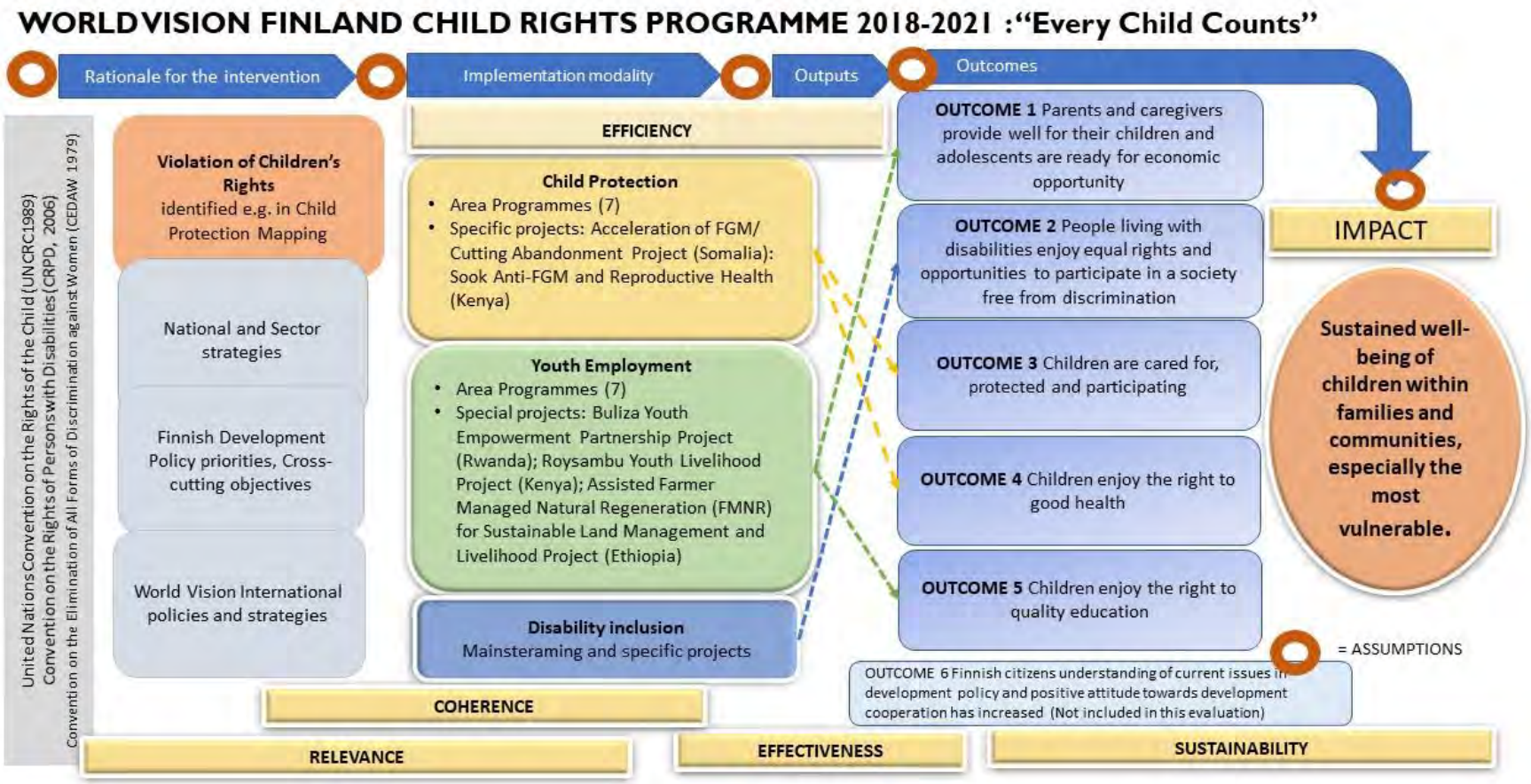
1.2. World Vision Finland's Child Rights Programme 2018 – 2021

The World Vision Finland's (WVF) Child Rights Programme 2018 – 2021 focuses on sustainable development and empowerment of vulnerable children and their communities. The goal of the Programme, financed by the Ministry for Foreign Affairs of Finland (MFA), is drawn from the global impact of the World Vision International (WVI) which is "Sustained well-being of children within families and communities, especially the most vulnerable". The goal will be reached through six outcomes:

1. Parents and caregivers provide well for their children and adolescents are ready for economic opportunity
2. People living with disabilities enjoy equal rights and opportunities to participate in a society free from discrimination
3. Children are cared for, protected and participating
4. Children enjoy the right to good health
5. Children enjoy the right to quality education
6. Finnish citizens understanding of current issues development policy and positive attitude towards development cooperation has increased

The Programme focuses on three sectors of excellence: Child Protection, Youth Employment and Disability Inclusion (also as a cross-cutting objective). The elements of the programme is presented in the Figure 1 below. This figure maps out the elements of the programme and hierarchy of the results. It is to be noted that the current programme does not define assumptions, that is, factors outside programmes control, which influence the performance of the programme overall and achievement of its results. These assumptions are an important part of the programme logic and they need to be realized to achieve results and to move from one result level to another and in transforming the inputs into activities. Monitoring the realization of these assumptions is part of project management, monitoring and reporting (MFA 2016).

Figure 1 World Vision Programme



The Child Rights Programme is implemented through seven long-term Area Programmes (AP) and six special projects (SP) in seven countries: Cambodia, Ethiopia, India, Kenya, Uganda, Rwanda and Somalia (See the Overall Framework of the Programme in Figure 1 and Programme portfolio in Table 1). Six APs were ongoing already during the previous WVF Development Programme that ended in 2017. The current programme introduced a new Santuk Area Programme in Cambodia (2018 – 2030), and five special projects of three-year duration: Roysambu Youth Livelihood Project, and Sook Anti-FGM and Reproductive Health Project in Kenya, Buliza Youth Empowerment Partnership Project in Rwanda, Assisted Farmer Managed Natural Regeneration (FMNR) for Sustainable Land Management and Livelihood Project and Acceleration of FGM/Cutting Abandonment Project. The Weconomy project, Finnish Baby Aid Kit Project (FBAK) in Kenya is implemented during 2020-2021.

- An ***Area Programme*** is implemented in a distinct geographical area where WV partners work with local stakeholders to promote self-sufficiency and improve the wellbeing of children through multi-sector projects to address root causes that negatively impact children. The locations of the programmes are chosen based on recommendations from World Vision National Office in the partnering country. Area Programmes last in general 10-15 years and are implemented in consecutive phases of approx. four years each. They consist of Technical Programmes of which the most common are: Economic Development, Health and Nutrition, WASH, Education, Child Protection and Sponsorship. The programmes are large with an average of approximately 38 000 direct partipants (direct beneficiaries).

- ***Special projects*** can be implemented as part of the Area Programmes and they can be used as a kind of piloting mechanism to develop and test new ideas and new models of working for further scaling up. In special projects the number of direct participants (direct beneficiaries) fluctuates with about 400 direct participants in Buliza Youth Empowerment project (Rwanda) to over 72 000 in the FMNR project (Ethiopia).

WVF interventions are implemented by WV National Offices. A WV National Office will typically be funded by several Support Offices (SO) like WVF, each supporting different Area Programmes (AP).

Table 1 Programme portfolio

Country / Programme or Project	Start year	End year	Budget during 2018-2021, EUR	Thematic focus
Cambodia				
Santuk Area Programme	2018	2030	1 302 398	Maternal and child health, WASH, child protection, local level advocacy
India				
Hoshangabad Area Programme	2007	2025	1 122 158	Maternal and child health, WASH, child protection, local level advocacy
Rajnandgaon Area Programme	2007	2020	872 158	Maternal and child health, WASH, child protection, local level advocacy
Kenya				
Mogotio Area Programme	2007	2022	1 220 817	WASH, child health, livelihoods, child protection, climate resilience
Ng'oswet Area Programme	2014	2030	1 548 898	WASH, child health, livelihoods, child protection, climate resilience
Roysambu Youth Livelihood Project	2018	2021	395 058	Youth employability, life skills
Sook Anti-FGM and Reproductive Health Project	2018	2021	683 694	Reproductive health and rights, violence against girls
Finnish baby aid kit in Kenya (FBAK-project, Weconomy)	2020	2021	87 122	Maternal and child health, reproductive health and rights
Rwanda				
Buliza Youth Empowerment Partnership Project	2018	2021	395 058	Youth employability, life skills
Uganda				
Busia Municipal Council Area Programme	2009	2025	900 542	Health, child protection, livelihoods, youth employability
Kirewa-Nabuyoga Area Programme	2004	2023	1 602 758	Food security and climate resilience, livelihoods, child protection, youth employability
Ethiopia				
Assisted Farmer Managed Natural Regeneration (FMNR) for Sustainable Land Management and Livelihood Project	2019	2021	896 775	Forestry, livelihoods, community resilience
Somalia				
Acceleration of FGM/Cutting Abandonment Project	2019	2021	756 940	Female genital mutilation, reproductive health, gender equality
Country specific initiatives (Studies, research, capacity building)				
Uganda: Research on Sexual violence against children with disabilities	2018	2021	57 000	Child protection, sexual and reproductive rights of children and young people with disabilities
Ethiopia, Kenya, Rwanda, Uganda and Somalia: Citizen Voice and Action (CVA) mapping and capacity building	2020	2021	20 000	Civil society, capacity building
Ex-post impact evaluations				
India: Ambegaon ex-post evaluation	2018	2018	34 653	Learning and impact analysis
Uganda: Kituntu ex-post evaluation	2019	2019	34 653	Learning and impact analysis

1.3. Programme budget and expenditure 2018-2021

1.3.1. Programme budget 2018-2019

The total available budget[1] for the Child Rights Programme is EUR 16 108 618. Government of Finland finances 70% of the programme and 30% is mobilized by WVF. Budget allocations during the four-year programme are presented in Table 2. The allocation to Programmes and Projects is 75% of the programme budget. The allocation for Planning, Monitoring and Evaluations of Programmes and Capacity Building is 9%. The budget allocations for Communications and Advocacy and Administration are 7% and 9%, respectively.

Table 2 Budget allocations per cost category, 2018-2021, EUR (Source: WVF Annual Programme Budgets 2018-2021)

Cost category	Budget (2018-2021), EUR	% of programme budget
A. Programmes and Projects	11 784 376	75
B. Planning, monitoring and evaluations of programmes and capacity building	1 399 447	9
D. Communications and advocacy	1 102 156	7
E. Administration	1 461 314	9
Total allocations	**15 747 293**	**100**

The budget allocation for Programmes and Projects is approximately EUR 11.8 million (Table 3). The highest country allocations are for Kenya (33%), Uganda (21%) and India (17%). The allocation for Asia (three Area Programmes in two countries) is 28 % and the allocation for Africa (four Area Programmes and six Special Projects in five countries) is 72% (Figure 1).

Table 3 Budget allocations per country, 2018-2021, EUR (Source: WVF Annual Programme Budgets 2018-2021)

Country	Budget (2018-2021), EUR	% of budget allocated for Programmes and Projects
Rwanda	395 058	3
Somalia	756 940	6
Ethiopia	896 775	8
Cambodia	1 302 398	11
India	1 994 316	17
Uganda	2 503 300	21
Kenya	3 935 589	33
Total allocations	**11 784 376**	**100**

1.3.2. Programme expenditure 2018-2019

Table 4 depicts actual costs of the programme during 2018-2019. The total expenditure was EUR 6 791 508 which is 42% of the available programme budget. Disbursements on Programmes and Projects were 74% and on Planning, Monitoring, Evaluations of programmes and capacity building 10% of the total. The disbursements on Communications and Advocacy, and Administration were both 8% of the total expenditure.

Table 4 Programme expenditure per cost category, 2018-2019, EUR (Source: WVF Annual Financial Reports 2018 and 2019)

Cost category	Expenditure 2018-19, EUR	% of expenditure
A. Programmes and projects	5 023 064	74
B. Planning, monitoring, evaluations of programmes, capacity building	649 311	10
D. Communications and advocacy	546 499	8
E. Administration	572 634	8
Total	**6 791 508**	**100**

[1] The original budget of the four-year programme was EUR EUR 14 832 200. Also, additional funding of EUR 1 276 418 for years 2020-2021 has been provided by MFA.

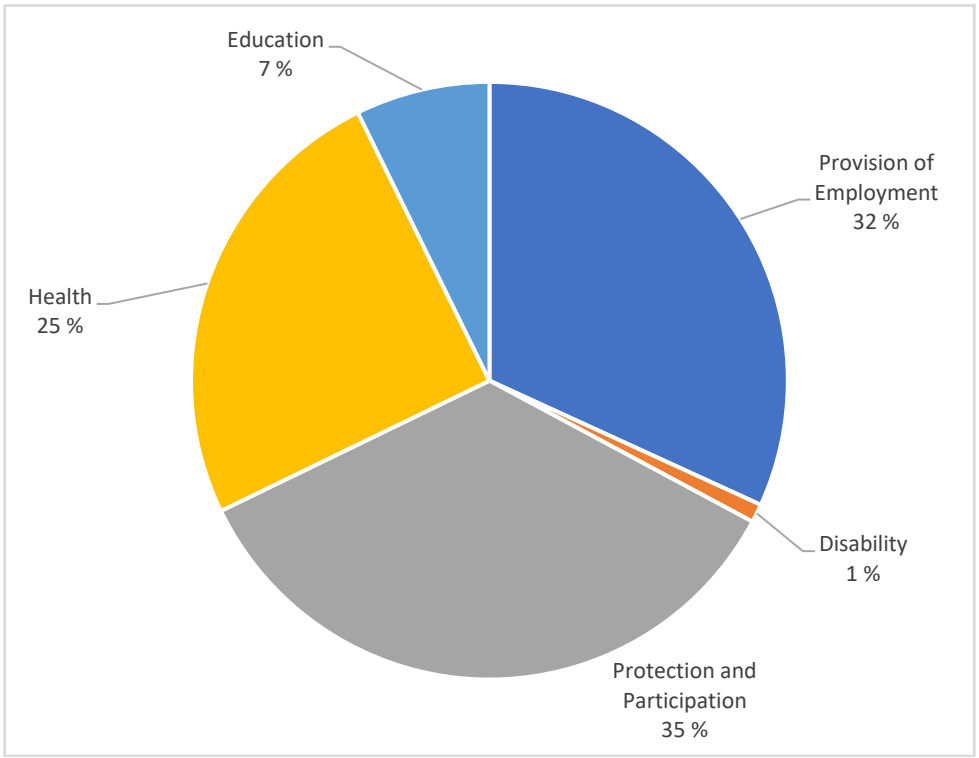
During 2018-2019, the expenditure on Programmes and Projects was EUR 5 023 064 (Table 5). 35% of the project expenditure was disbursed in two Asian countries (Cambodia and India) whilst 65% was disbursed in Africa (Kenya, Uganda, Rwanda, Ethiopia and Somalia). Kenya had the highest country share (34%) followed up by Uganda (24%) and India (22%). The share of expenditure in Rwanda, Ethiopia and Somalia reflects the fact that the Child Rights Programme supports only one Special Project per country. In Cambodia, India and Uganda the programme supports Area Programmes whilst in Kenya the portfolio consists of both Area Programmes and Special Projects.

Table 5 Expenditure on Programmes and Projects, 2018-2019, EUR (Source: WVF Annual Financial Reports 2018 and 2019)

Country	Expenditure on projects and programmes, EUR	% of expenditure
Ethiopia	110 117	2
Somalia	123 234	2
Rwanda	170 430	3
Cambodia	661 445	13
India	1 081 604	22
Uganda	1 186 927	24
Kenya	1 689 307	34
Total	**5 023 064**	**100**

The expenditure by thematic areas in 2018 -2019 is presented in Figure 2 below. As shown, during the first two years of implementation, the programme has invested a lot on Protection and Participation (35 % of total expenditure) and on Provision and Employment (32 % of total expenditure). The expenditure on disability (1 %) shows only funding for specific disability inclusive activities such as disability trainings and mappings. Majority of the disability inclusive work has been funded within other thematical areas such as Health and Provision of employment.

Figure 2 Thematic spending 2018 – 2019 (Source: WVF Annual Programme Reports 2018 and 2019)



2. Purpose of the Review

This assignment is a review of the Child Rights Programme 2018- 2021. The purpose of the review is to provide evidence about the impact and learnings of the Programme to contribute recommendations for future programming of WVF (Annex 1 ToR). The review will

- Assess the Programme in terms of relevance, coherence, effectiveness, efficiency, impact and sustainability.
- Document key challenges and lessons learnt and provide practical recommendations that can be utilized for future programming.
- Conduct a case study to map the application and learnings of using the Citizen Voice and Action (CVA) model.

The review will provide recommendations for the remaining period of the current programme and for the development of the forthcoming Programme. The Report will be used by WWF and its internal and external stakeholders, namely World Vision National Offices in countries where WVF operates and WVF's main donor, the Ministry for Foreign Affairs (MFA) of Finland. It is also expected that the findings and lessons learned will be useful to World Vision teams globally.

Some modifications have been made in the scope and questions based on consultation with the WVF evaluation management:

- Because due to the COVID-19 pandemic it is not possible to conduct a full-scale evaluation with field missions and beneficiary/ stakeholder consultations, the assignment is considered as a review of the functionality of the programme as a guiding document for the development cooperation implemented by WVF. According to the Manual for Bilateral Programmes of the Ministry for Foreign Affairs MFA (MFA 2016), reviews are used as an additional tool to deepen monitoring and they focus on operational aspects of a programme. A review does not cover comprehensively the whole evaluation agenda or evaluation criteria but may focus on selected issues.
- Relevance assessment will focus on the application of Human Rights Based Approach (HRBA) and crosscutting objectives of the Finnish development cooperation principles.
- Evaluating the CVA in the scope as proposed in the ToR (e.g., its contribution to enlargement of civil society) is not feasible and possible without a field study. It was agreed with the WVF evaluation management to conduct a field study by local consultants in Uganda only.
- Weconomy and Advocacy in Finland (outcome 6) are not included in this evaluation.

3. Criteria and Methodology

3.1. Criteria

In accordance with the Terms of reference, the Review Team sought to the extent possible answers to the following questions under the OECD/DAC criteria.

Table 6 Evaluation Criteria and evaluation question

Criteria	Key question and sub question
Relevance	EQ 1 Are the objectives of the Programme consistent with beneficiaries' requirements and Finland's policies including the promotion of human rights and gender equality, non-discrimination and promotion of climate resilience? • How the programme is aligned with the priorities of the Finnish Development Cooperation Policy? • How Human Rights based Approach (HRBA) is applied in the programming cycle? • How the Crosscutting Objectives of the MFA - Gender, non-discrimination, climate resilience and Low emission development are incorporated in the programme?
Coherence	EQ 2 Is WVF's Programme compatible and consistent with other related interventions in the same context?
Effectiveness	EQ 3 Is the Programme making progress towards the outcomes and key outputs? If outcomes are not achieved can they be expected to be achieved in the future? • What has been achieved so far in comparison of planned results? Has there been deviations from the work plan? If yes, why and what are the corrective measures? • What support has WVF provided and how it is perceived? What support is needed to achieve the results? • What has been achieved in terms of Cross-cutting objectives?
Efficiency	EQ 4 How well is the Programme using the available resources for implementing various planned activities to achieve results in terms of quantity, quality and timeliness? How are management and administrative arrangements working? • How are available resources (e.g., networks, partnerships) used? • How the use of LEAP has supported accountability, management and learning? • How management/administrative arrangements are supporting the programme implementation and monitoring?
Impact	EQ 5 Is the Programme contributing to improved child wellbeing and changing and transforming communities, including cross-cutting themes? • What specific measures have been applied to ensure sustainable impacts to improved child wellbeing and changing and transforming communities? • Are any intended and unintended, short- and long-term, positive and negative impacts observed or anticipated?
Sustainability	EQ 6 How likely will the Programme's achievements (economic/financial, institutional, technical, socio-cultural and environmental) sustain after WV's support comes to an end? How well are World Vision's '5 drivers of sustainability' been taken into account in Programme? • Are sustainability strategies/exit strategies prepared, including risk and assumption assessment? • What has been done to ensure sustainability of necessary key actions and achievements. for instance, what has been done to ensure resilience? • How the WV's 'Drivers of Sustainability' are applied to ensure sustainability? Are these factors sufficient to ensure sustainability? • What needs to be done during the remaining time of programme period to ensure sustainability of achievements and for further scaling up if relevant?

3.2. Methodology

The unit of this review is the WVF Development Cooperation programme, not an Area Programme, project, or specific country. Data was collected through document review and interviews.

Document review: The document review contained analysis of the Annual Reports 2018 and 2019, project reports and Country Strategies and other relevant documentation. The findings were compiled in a matrix. The list of documents reviewed is presented in Annex 5.

Inception meeting and initial consultations: An inception meeting was held with the WVF Development cooperation team. Interim interviews were held with the WVF development cooperation management to get an overview of the programme and to adjust the criteria and methodology to the current situation of COVID-19 pandemic. Initial consultations with WVF were held. WVF provided documentation and assisted in identification of relevant persons to be interviewed.

Interviews: A semi-structured interview outline was developed and used in the interviews also allowing dialogue and inquiries on both sides. Seven WVF staff members were interviewed using a semi-structured interview guide. A total number of 32 representatives programme and project staff working in National Offices were interviewed individually or in focus discussions. All interviews were conducted online.

Mapping study: A mapping study of Citizen Voice and Action (CVA) was conducted to provide a 'snapshot' on the use of CVA in the health sector interventions in Uganda. With the help of WV Uganda (WVU) and WVF Finland, local consultants were identified and the ToR and the thematic focus of the review were developed in consultation with the WWU. The local team and the Team Leader drafted the questions and methodology and the data collection took place in early January 2021.

The mapping study sought to answers the following questions;

- What is the perception of stakeholders on the relevance of the approach as a means to empowering citizens in the target communities to be able to articulate policy standards and to be able to demand for better service delivery from Government in the health sector? How does it complement the other advocacy activities in the health sector with particular focus on Child Protection?
- What results has the application of CVA produced in terms of empowering and capacitating communities and in terms of policy changes and implementation and in relation to Child Protection? What other factors contribute to the success? What have been the challenges in the two contexts?
- What measures are in place to sustain and further develop use of CVA? Are capacities supported by CVA interventions likely to be sustained?

The mapping was conducted using document review, Focus Group Discussions (5) and Key Informant Interviews (13) of a purposive selected key respondents. The local team also visited structures and construction sites to observe achievements of CVA. A report was prepared and it is attached hereto (Annex 7).

3.3. Limitations

The assignment was conducted in an unusual time when, due to the COVID-19 pandemic and related travel restrictions, it was not possible to conduct field trips and primary data collection on the ground. Furthermore, the team did not have an opportunity to analyse the compatibility and consistency of the WVF supported Child Rights programme in relation to the interventions supported by other WV partners or organisations and in relation to work other CSOs, networks and donors in the targeted areas. This would also have required consultation with several stakeholders on the ground.

The team had a plan to administer an online survey and engage stakeholders through online interviews but it appeared that conducting online interviews e.g., of local authorities was not feasible due to language issues. Although the National Offices offered generously their assistance for translation, the sample of stakeholders would have remained small, thus generating a reliability challenge.

The review is based only on document review and interviews of programme implementers (who in most cases are also the authors of the reports). This also limits the analysis as it was not possible to triangulate data obtained from different sources. Only CVA study consulted some stakeholders in Uganda.

At the time of conducting this assignment, the APs and SPs were preparing the 2020 Annual Report but 2020 data was not yet available. Thus, 2019 data was used to reflect the situation prior COVID-19.

In order to make best use of the assignment, the Team tried to avoid making a meta-analysis of the reports, but aimed to analyse the functionality of the programme using the questions in the ToR as a reference. This made it possible also to identify gaps and development needs for instance in the reporting.

4. Findings

4.1. Relevance

EQ 1 Are the objectives of the Programme consistent with beneficiaries' requirements and Finland's policies including the promotion of human rights and gender equality, non-discrimination and promotion of climate resilience?

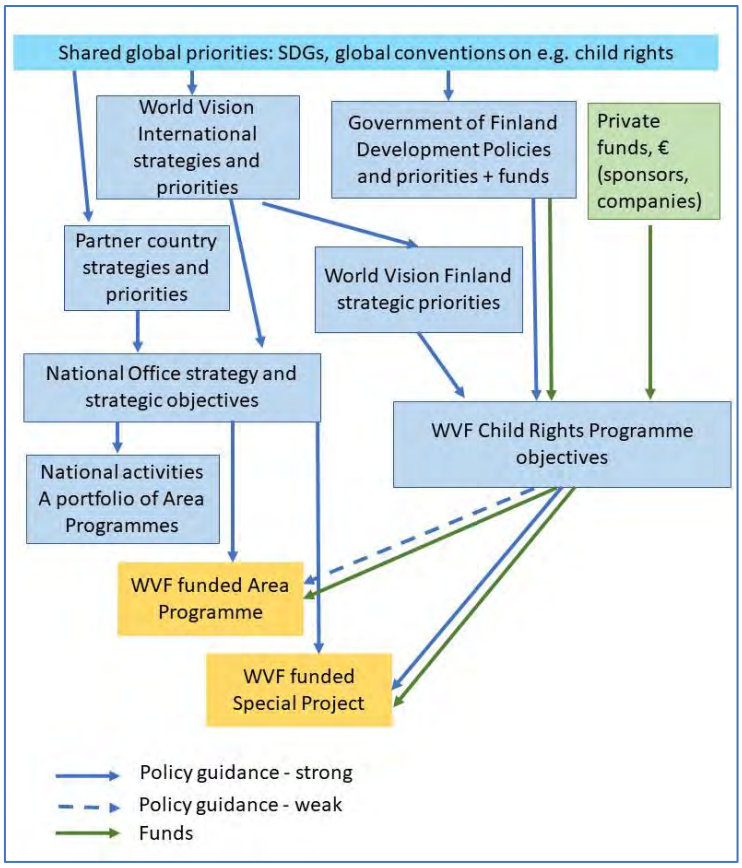
4.1.1. Policy relevance

The strongest strategic guidance and influence is provided by the WVI and National Country strategies which the Child Rights Programme supports on its part.

The global frameworks such as 2030 Agenda for Sustainable Development (SDGs) and human rights treaties, particularly the Convention of the Rights of the Child (CRC, 1989), Convention on the Rights of Persons with Disabilities (CRPD, 2006), the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) and the Convention on the Elimination of Discrimination against Women (CEDAW, 1979) are the overall foundation of the WVF Development Cooperation work.

Policy guidance, in turn, for the WVF Development Cooperation Programme is provided from many directions (Figure 3), from the Ministry for Foreign Affairs of Finland, World Vision International, national and sector specific polies of the respective countries and other guiding policies and strategies. Also, the sources of funding (public or private) and volume of available funds are strongly influencing the types of projects and programmes WVF is able to support.

Figure 3 Policy guidance



The WVF Child Rights programme is strongly influenced and guided by the policies and priorities of the Word Vision International (WVI). These policies are applied in the Country Strategies, developed by the World Vision National Offices on the selected countries. These Country Strategies define the country level objectives and monitoring systems in accordance with the WVI guidelines, towards which each AP and SP is expected to contribute. Commonly, the National Offices have a large portfolio of ongoing projects financed by many donors and Support Offices. For instance, in 2019, the Kenya World Vision budget ($12,237,779) was financed by 18 partners, among them Finland with a 1.77% share of the total budget (8th donor out of 18)[2]. WVK is the second biggest office/programme in Africa after Ethiopia, with some 900 staff in total.

The Child Rights Programme 2018-2021 is largely developed based on the Country Strategy of the respective country. It is the framework for the programme-based support provided by MFA and channelled through WVF. The APs and SPs included in the programme are designed locally in consultation with the communities and local authorities. The role of the WVF is to provide guidance and Quality Assurance to ensure that the programmes meet the requirements of the WVI and funding agencies, in this case Ministry for Foreign Affairs of Finland. The WVI as the umbrella organization guides the programme development, implementation and reporting through guidelines, tools that apply across the partnership (both Support Offices and National Offices).

Some deficiencies in the Child Rights programme document were identified compared to the standard programme document: The WVF Programme Document contains only a generic level background analysis (also related to Human Rights and gender) of the context and thematic issues and it remains unclear how the

[2] World Vision (2020) Annual report, Kenya. https://www.wvi.org/publications/annual-report/kenya/world-vision-kenya-2019-annual-report

analysis has guided the programme development. For instance, although country descriptions highlight some central child protection related issues, the document contains limited information about the child protection systems, which the programme aims to influence, although according to the WVI's tool 'ADAPT for Child Protection (2011)[3], the analysis of the Child Protection system at national and community level is the starting point for development [of a Country Strategy]. As informed by one interviewee, this information may have been collected when preparing the Country Strategy but yet is not incorporated in the Programme Document or the information may be found in the earlier Programme Documents. Such sector specific and thematic analyses are particularly important for WVF, which according to the informants, is not, and does not aim at being specifically a Child Protection expert organisation, but it relies on the expertise on its staff and the international network.

The Child Rights programme provides resources and some (limited) strategic guidance for implementing certain components of the Country Strategy. It has not explicitly guided the selection of the programme areas as five of the Area Programmes are a continuation from the previous Programme Period. With respect to Special Projects, also they reflect WVI and NO strategic priorities. The selection of themes (FGM, FMNR, youth employment) and choice of projects and project sites is strongly influenced by WVF Child Rights Programme**.** The rationale for choosing these objectives or thematic areas of operations is not elaborated in the Programme Document. Although the Programme document has a limited function as a strategic document guiding the actions, it has however been used to boost Disability Inclusion in the targeted areas.

Alignment with the Development Cooperation Policy of the Government of Finland. The WVF Development Cooperation Programme 2018 – 2021 is well aligned with the goals and priorities of the Finnish Development Cooperation policy (MFA 2016[4]). However, the programme does not have an explicit objective and strategy for the *strengthening of the civil society*, which is the main goal of Finnish support to civil society, spelled out in the Guidelines for Civil Society in Development (MFA 2017). However, many actions such as the Citizen Voice and Action serve this purpose.

4.1.2. Human Rights based Approach (HRBA)

The evaluation used the MFA guidelines 'Human Rights Based Approach in Finland's Development Cooperation' (MFA 2016) to assess the application of this approach in the programming cycle. According to the MFA, application of HRBA entails a systematic integration of human rights as means and objective in development cooperation and the process contains:

- An analysis of the Human Rights situation in the given context and identification of human rights violations as a basis for defining areas of interventions and implementation strategies.
- Stakeholder mapping to identify the relevant duty bearers and rights holders and their capacity gaps as a basis for targeting the actions, defining the expected outcomes and implementation strategies.
- Enhancing capacities of rights-holders, duty bearers and when relevant, other responsible actors.
- Applying inclusive, participatory, and non-discriminatory processes, which are transparent and enhance accountability.

The findings of the analysis of the HRBA application are presented below.

[3] World Vision 'ADAPT for Child Protection' (2011).

[4] The goal of the Finnish development coordination is to contribute to the eradicating poverty and reducing inequalities. Development cooperation focuses on 1. Strengthening the status and rights of women and girls, 2. Strengthening the economic base of developing countries and creating jobs, 3. Education, well-functioning societies and democracy, and 4. Climate change and natural resources, with an emphasis on strengthening adaptation alongside mitigation of climate change, food security and water, meteorology and disaster risk prevention, forests and safeguarding biodiversity.

The evaluation observed, that although the WVF's Child Rights programme for 2018 – 2021 aims – as indicated by its title – at supporting the fulfilment of the human rights, only generic references to Human Rights are made in the Programme Document 2018-2021 such as: '--- there are serious human rights concerns in India. Gender disparity is high, the casteism still plays a role in the society and all these factors play a role in prevailing situation of child rights in the country. --- As inequality is on the rise, it is important to keep up an active civil society and an on-going dialogue with officials about the human rights of poor and marginalized groups.' (p, 50).

Secondly, although stakeholder mapping is done, it does not define duty bearers and rights holders and related capacity gaps the programme/project aims to address. Having this information would be useful to define expected outcomes and develop appropriate implementation strategies and also for learning and identification of good practises across APs supported by WVF. In the current programme, the outcome statements are generic statements on Human Rights but they do not specify what are the intended changes in terms of duty bearers and rights holders as per identified in the Human Rights assessment.

One of the strengths of the programme is that the APs have been developed in a highly participatory manner, engaging key duty bearers and rights holders through focus groups and consultations. This was confirmed by all NOs and it is also reported in detail in the AP and SP documentation. The Review Team learned that there are accountability mechanisms back to communities but because field missions were not possible, it was not possible to verify how it works. The following examples are drawn from the Annual Reports showing the level of participation in the programme design.

- 'The working group met three times to collect data by stakeholder group (youth, children, mothers and parents). Afterward, program design working group conducted FGDs to 6 different sample villages. There were 329 participants which, 197 females including youth group, children group, mother group and parents' group'. (04759, Cambodia).
- 'Children actively participated in the community conversations, 18 Child Participation Centres (CDPs), 8 Early Childhood Development Centres (ECDs) centre, Community Learning Centres and Sunday schools provided rich ground for fun and later on they presented their views at sub county meeting. Kirewa-Nabuyoga Area'. (12345, Uganda).

4.1.3. Programme Design

Programme design and internal logic of the programme Child Rights Programme has altogether six outcomes related to the thematic areas of youth employment/ livelihood (Outcome 1), disability inclusion (Outcome 2), and child protection with focus on health and education (Outcome 3-5)[5]. For each outcome area, two outputs are defined.

In accordance with the OECD/DAC Criteria, the Review analysed the Programme design using an evaluability assessment criterion [6]. The analysis is presented in the Table 7 below.

[5] Outcome six related to advocacy and global education is not included in this evaluation.

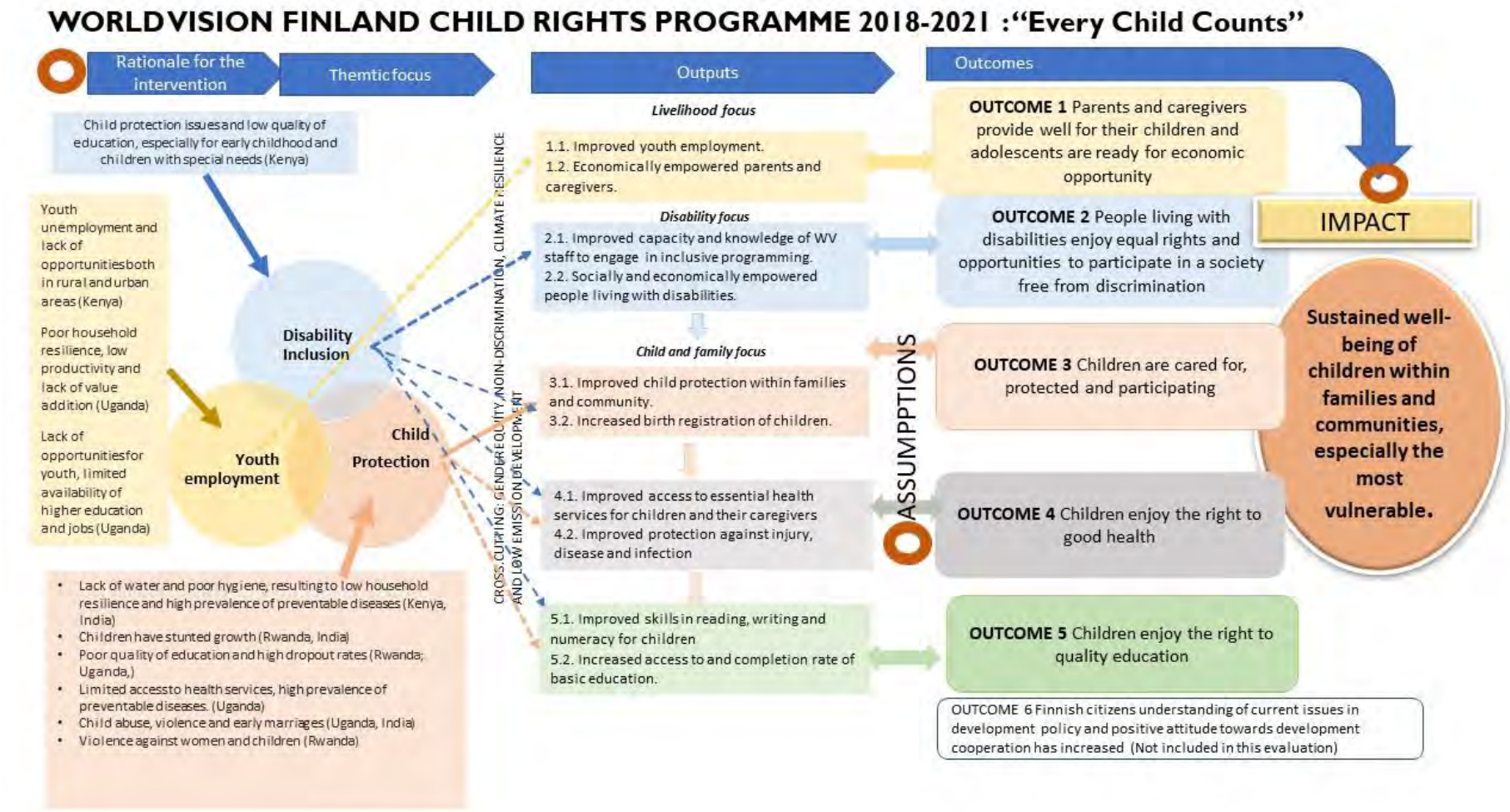
[6] (https://www.betterevaluation.org/en/themes/evaluability_assessment#eval_assess_some_tools).

Table 7 Assessment of the Programme design

Project Design (as described in a Theory of Change, Logical Framework or narrative)	
Clarity?	*Are the long-term impact and outcomes clearly identified and are the proposed steps towards achieving these clearly defined?* The outcomes are presented as vision statements rather than measurable objectives. For instance, outcome 5 'Children enjoying their right to quality education' is a vision but improved learning outcomes and completion are outcomes for quality education.
Relevant?	*Is the project objective clearly relevant to the needs of the target group, as identified by any form of situation analysis, baseline study, or other evidence and argument? Is the intended beneficiary group clearly identified?* A proper needs or rights analysis is not included in the WWF Programme Document or Country Strategy on which it is based. The Programme Document highlights 'main challenges to child-wellbeing' but the linkages with between these challenges and expected outcomes are not straightforward. Human rights assessment and gender analysis do not guide the Programme design.
Plausible?	*Is it likely that the project objective could be achieved, given the planned interventions, within the project lifespan?* Due to the fact that the outcomes are defined at very general level, it is not possible to assess the achievements overall. The programme lacks focus. The Theory of Change and APs do not specifically define assumptions – external factors which need to hold, in order for the programme to achieve the intended outcomes. The planned outputs are insufficient to achieve the expected outcomes
Validity and reliability?	*Are there valid indicators for output, outcome and impact levels?* The monitoring framework contains both output and outcome indicators. The crosscutting objectives are not integrated in the results statements. Similarly, as per required by the HRBA, the result statements do not specify results with regards to duty bearers and rights holders.

The following Figure 4 illustrates the links between the thematic areas and outputs and main implementation modalities. The figure shows that there is limited internal coherence between the outputs and outcomes. Assumptions - external factors outside the programmes control, which influence the performance of the programme and achievement of its results – are an important part of programme and programme management, but for the WVF Child Rights Programme 2018-2021 they are not defined. According to the MFA Manual for Bilateral programmes (MFA 2016), these factors beyond the control of the project are taken into consideration when setting results and monitoring the realization of these assumptions is part of project management, monitoring and reporting.

Figure 4 Links between the thematic areas, specific outputs and main implementation modalities



4.2. Coherence

EQ 2 Is WVF's Programme compatible and consistent with other related interventions in the same context?

There is limited internal coherence between the thematic areas of the programme. Complementarity with interventions supported by other agencies and MFA is not analysed.

Information on other interventions supported in the target country are not systematically mapped out in the Country Strategies and consequently, in the WVF programme document. For instance, MFA supports programmes on gender-based violence (and FGM) in Kenya and Somaliland implemented by UNWOMEN, CSOs, and a bi-lateral intervention in Kenya is being planned. In Ethiopia, Finland has supported Disability Organisations for decades and these organisations are in a position to provide advice to the WVF. There are many opportunities for synergy benefits and learning.

The WVI network provides a good platform for internal coherence and complementarity within one country and in thematic areas. Few examples on building on the concepts developed by the World Vision partners were observed such as the FMNR project in Ethiopia, which is based on a concept developed by WV Australia and is a replication of two other FMNR projects earlier supported by WV Australia in Ethiopia. Two APs in Kenya (Ng'oswet and Mogotio) also incorporate FMNR activities. WVF has hired the former staff member of WV Australia to work as the climate financing expert to develop the Gold Standard documents – this is a good initiative!

4.3. Effectiveness

EQ 3 Is the Programme making progress towards the outcomes and key outputs? If outcomes are not achieved can they be expected to be achieved in the future?

4.3.1. Progress towards the outcomes

The programme is making progress towards the intended outcomes. All programme outcome indicators are on track and some indicators were already exceeded by the end of 2019. However, the there are concerns to what extent appropriate outcome indicators are selected.

Below is a presentation of overall performance of the programme by thematic area.

Youth employment

Outcome 1:
Parents and caregivers provide well for their children and adolescents are ready for economic opportunity.
Results 2019:

- % of parents able to provide well for their children has increased from 34 % (2017) to 52 %.
- % of trained youth and young adults employed has increased from baseline 40 % (2017) to 47 %,
- % of household's food secure for the past 12 months has dropped from 50% (2017) to 49 %.

According to the 2019 Annual reports and interviews, this outcome area is well on track when measured through its three outcome indicators. However, there are concerns about the reliability and quality of indicators and of analysis. For instance, the significance of 1 % drop on food security remains unclear as it depends on the size of the population covered. It is also unclear on what basis the targets have been set. Overall, using statistical data should always be accompanied with careful analysis.

Although Youth Employment is one of the three core themes of the WVF programme, it is addressed only in one AP (Busia AP) and in two special projects (Roysambu Youth Livelihood Project in Kenya and Buliza Youth Empowerment Partnership Project in Rwanda). According to WVF, economic and employment related activities are also included and integrated in other interventions.

Overall, addressing youth employment in any of the targeted countries is relevant because young people find it particularly difficult to enter the labour market and they have limited knowledge about various options. Also, according to employer surveys, reasons for not employing young people is not primarily the lack of work experience, but deficiencies on basic numeracy and literacy skills. Also, when it comes to self-employment, young people may lack necessary assets and attitudes to become self-employed[7].

The Review Team learned that the students are keen to participate trainings but they are challenged by the long distances from rural and remote areas, which the programme actually wants to serve. For the same reason, the participation of persons with disabilities has been limited. Providing funds to travel would facilitate them and encourage continuing with training but at the same time, raises questions about sustainability.

The AR 2019 reports about youth who have got employed (mainly self-employed) but follow-up of the duration of the employment and generated income is not available. With regards to the contribution of the WVF to the Country Strategy results, in Rwanda the WVF contribution was 5 % (50 persons) of the total number of youths who gained vocational and entrepreneur skills in 2019 (944)[8]. The stakeholder interviews indicated that there are concerns on the sustainability as the unit costs in the current concept may be relatively high.

In the future programme, if employment generation still remains as a core thematic area for WVF, the programme could more intensively look for alternative and innovative models for employment generation in the rural and remote locations and with employers. If it is intended to serve as a pilot to be scaled-up (see also previous Development Cooperation Programme), as a pilot, it should be evaluated in the context and in comparison, with other similar interventions.

One very important and relevant point was made by one of the informants who pointed out that youth employment should be integrated with the programme focusing on FGM because FGM is closely related to income – economic empowerment will help ending FGM. Also, self-employment need to be wrapped with other support, in particular solid entrepreneurship and business training, facilitation of market linkages and intensive follow-up and mentorship. One should also not ~~of~~ forget that keeping youth longer in education and training increases their chances on labour market. Therefore, providing opportunities for the youth to upgrade the education will pave their way to the labour market as according to employer surveys one of the major challenges of hiring youth is their limited fundamental skills in reading and calculation.

Disability inclusion

Outcome 2: People living with disabilities enjoy equal rights and opportunities to participate in a society free from discrimination.
Results 2019:

[7] http://vision2030.go.ke/wp-content/uploads/2018/05/WB_Youth-Employment-Initiatives-Report-13515.pdf

[8] World Vision. Rwanda Annual Report. 2019. https://www.wvi.org/publications/annual-report/rwanda/2019-rwanda-annual-report.

- Compared to the 2017 baseline of 12 %, progress has been made as 47 % of PWDs in four out of twelve program areas reported having equal access to community groups supported by the project/ programme.

Although disability inclusion is a cross-cutting theme of all Area Programs and projects **and** a specific outcome area for WVF Development Cooperation Programme 2018 – 2021, the generic approach and related budget (see Figure 2 on page 9) as well as the number of persons engaged in programme activities are modest.

The Review Team considers that the selected indicator does not track the achievement of the Outcome 2. It tracks only the participation in community groups supported by the programme. The NOs reported that the projects have focused on ensuring physical accessibility but no actions for e.g., providing Sign Language interpretation were reported.

The WVF programme has four main implementation strategies to promote participation of persons with disabilities: conducting disability prevalence surveys in targeted communities, training of NO staff, promoting collaboration with local DPOs and mainstreaming disability inclusions in all of its activities. A disability screening was conducted in collaboration with the Disability Partnership, focusing mainly on sexual abuse of persons with disabilities in Busia region in Uganda. Similar study has been conducted nationwide by [9]

Disability prevalence surveys. By the end of 2019 six APs or projects out of twelve projects had conducted the disability prevalence survey as means to receive up-to-date data on number of persons with disabilities in the targeted areas in order to plan for inclusive services and activities. The surveys use the Washington Group methodology on Disability Statistics, which is globally taken into use by WVI. The disability prevalence surveys have increased awareness on disability issues and also led to some concrete actions.

- With the available data on disability, the Busia AP held two engagements with the district leadership over increased investment (budget) for disability related interventions. The AP also took stock on children with disabilities who require some assistive devices. This was factored into the FY20 budget plans. The AP also created a position for children with disability on the Children parliamentary committee as well as the Child Protection Coalition leadership.
- The AP also worked with the Child protection coalition, Police and Busia District Probation and welfare office, to sensitize people with disability on protection and education for their children. Through this AP Initiative, the district authorities later rounded off and arrested about 21 parents who had children with disabilities that were not attending school yet were of school going age. Under a similar campaign, 4 other local traders who were using children with disability to work for them instead of the children attending school, were also arrested and about 8 children that were working in the nearby gold mines were rescued.

The staff of the NOs expressed concerns to what extent they have the appropriate capacity to conduct these surveys, some staff members also pointed out that such screenings are in some contexts culturally sensitive. Also, the Washington Group methodology and instrument itself has its limitations. It is not appropriate for children under age 5, and misses some children with developmental issues age 5-18, which actually are the target age of WVI's Child Protection activities. It also does not capture environmental barriers and functioning with and without assistive devices.

Staff training. The WVF programme provides training to the NO staff on disability inclusion using the WVI training package 'Travelling together'. The pace of delivering trainings has, however, slowed down because of lack of trainers and of course, due to COVID. The NO interviews indicate that the trainings have succeeded

[9] Uganda Violence Against Children Survey. (2018) Findings from a

National Survey, by Ministry of Gender, Labour and Social Development August 2018.

to increase the awareness on the disability but more understanding and examples on how disability inclusion can be practised in the WV operations and overall is needed. This would require special expertise and innovative approaches as the programmes are implemented already in hard core' areas where for example transportation to school itself is a challenge.

Partnerships with local organisation. WVF aims at establishing functional partnerships with local organisations of persons with disabilities. This has not taken place as planned and some informants were uncertain on the purposes of these partnerships and what resources are needed to maintain them. WVF could revise the indicator of this output because a Memorandum of Understanding is not a sufficient and relevant measure for functional partnership.

All NOs considered WVF's commitment towards Disability highly commendable. WVF insists field offices to look into the component of Intentional inclusion of Children & people with Disabilities in all programs. Some informants even considered WVF stands as model SO in entire WV partnership for Disability Inclusion, because it seems to the only SO which had taken Disability as one of the priority sectors for program approach.

Child Protection

Outcome 3: Children are cared for, protected and participating.

Achievements as reported in 2019 Annual Report:

- Programme has exceeded its 2021 target (5000 community members) as by 2019 cumulatively 6470 people had engaged in advocacy and/or CVA activities.
- The percentage of adolescents who know of the presence of child protection services and mechanisms has increased from 68% to 89 % in 2019
- The percentage of communities that can identify, understand and respond adequately to violations on child rights in coordination with local justice mechanisms has progressed from baseline 48% (2017) to 81 % and is close to its target 83%.
- The proportion of children that felt that their communities are safe has increased from 60 % to 74 % in 2019. The indicator has now achieved its 2021 target of 74 %.

The programme reporting shows progress in the increased awareness among parents and adolescents on rights and social protection as means of preventing and reducing violence against children but it leaves an appetite to learn about higher level results and outcomes: How is this awareness bought into practise? Are the social protections services available and if they are, are they used? For instance, the programme report indicates that child protection units have been opened but does not provide information on the use of those units and effects of its work.[10] The indication that children consider their communities as a safe place is a good sign, but it would be interesting to know what has made this community safe and what (structural, not only attitudinal) changes the APs have contributed to.

However, similarly, as it is with the indicator related to disability inclusion, the Review Team considers that inappropriate outcome indicators are selected for this Outcome. The selected indicators do not reflect the areas defined in the outcome statement, namely caring, protection and participation. There are also quality and measurability challenges: One indicator contains many parameters 'identification, understanding and

[10] The FRAMEWORK FOR THE NATIONAL CHILD PROTECTION SYSTEM for Kenya. © THE NATIONAL COUNCIL FOR CHILDREN'S SERVICES
http://www.socialserviceworkforce.org/system/files/resource/files/The%20Framework%20for%20the%20National%20Child%20Protection%20System%20for%20Kenya.pdf

responding adequately to violations on child rights', each of them deserving an indicator on its own, including an indicator measuring the work with local authorities. Also, an indicator related to 'knowledge of beneficiaries on child protection issues' is only the first step (or output).

Outcome 4 and Outcome 5: With regards to health and education outcomes, relevant indicators have been selected but the contribution of the AP is difficult to verity.

Right to good Health

- % of safe births has increased from 2017 baseline 74% to 77% in 2019.
- % of underweight children has gone down from 2017 baseline 19% to 18% in 2019.
- % of coverage of essential vaccines has increased slightly from 2017 baseline 83% to 84% in 2019.

The AR 2019 results show that progress towards the targets has been made. From the reports, it remains unclear what the actual contribution of the WVF programme towards the results has been. Modest improvements on access to clean water and availability of sanitation facilities are reported. These should be in focus as a main means for COVID-19 -response in the future.

Rights to quality Education

- Functional literacy has improved from 2017 baseline of 55% to 60% in 2019.
- % basic education completion rate has increased from 63 %to 80 %.

With regards to reporting, more analysis and quality assurance is needed. For instance, achieving a completion rate from 63% to 80% in few years is a good result and would deserve a good analysis. Also, the results on functional literacy are remarkable (although not defined by grade level), compared to the global results which indicate that despite spending years in school, globally, students are not gaining even basic literacy and numeracy. According to the World Bank, in low-income countries—where WVF is largely concentrated—only 14 percent of students reach the minimum proficiency in math by the end of primary school. In lower middle-income countries 37 percent reach the minimum proficiency. (Reinikka 2018).

The APs and SPs are working in close collaboration with local authorities and particularly the CVA approach has been used to make the voice of the communities heard. However, limited information is available on the policy advocacy of the WVF supported programmes although according to the informants, some NOs are very active in this regard.

4.3.2. Crosscutting Objectives

Discussion below is focused on MFA's cross cutting objectives (2020) as they are considered particularly relevant for WVF's future programming. These objectives are gender equality, non-discrimination (with emphasis on mainstreaming disability inclusion), climate resilience (with emphasis on adaptation) and low carbon development (with emphasis on mitigation). WVI also has identified **six cross-cutting programme themes** that are important to programmes and projects globally: Gender, Disability, Peace building and conflict resolution, Protection, Environment and Christianity.

Gender. In all countries, where WVF operates gender gaps exist. The Annual Reports 2018 and 2019 of the Programme contain no systematic analysis on cross cutting objectives of MFA or cross-cutting themes of World Vision, but the interviews and document review indicate that there has been some discussion on the gendered roles and norms that are socially constructed. For instance, the Programme Document reads; 'in the cultures where WVF operates, child protection activities engage mainly mothers and --- The existing

gender stereotypes limit for example women's employment and men's involvement in child rearing and protection activities.' (Programme document p 2) and restrictive gender stereotypes are mentioned as main challenges along to drastic weather conditions and other natural disasters. Although attempts are made to bring men along, further measures and analysis is needed to initiate models and approaches which would break these barriers.

According to the Annual Report 2019, the programme has benefitted both sexes nearly equally. In 2019 the Child Rights Programme benefitted 325 018 people (97 384 women, 92 795 men, 68 287 girls and 66 552 boys, of which 1848 were persons with disabilities). However, less information is available on the changes (outcomes) made in on the behaviour and mindset of the beneficiaries.

Although gender disaggregated reporting has increased among the supported APs, there is still much work to be done. Also, when gender -related differences are observed such as different school performance between boys and girls in Rajnandgaon AP where 39 % of the boys and 48 % of the girls were functionally literate, the reasons need to be analysed and mitigation measures applied, otherwise the disaggregation does not have any purpose. In Ethiopia, the Project Plan for the FMNR project has explicitly addressed concerns and project approaches with respect to women.

FMNR Project Plan: Gender: The project will benefit the entire community but will have a particular positive impact on women because poverty has a disproportionate impact on rural women. In Ethiopia, this is not only due to their inferior socio-economic, legal and political status, but also due to their critical roles as both producers and household managers. The project is gender sensitive. In many of the target project areas gender equality and equity problem remains at a higher level. Hence, in all the project processes, from problem identification, planning, implementation and monitoring, the project will make deliberate consideration of gender. This includes but not limited to natural resource management, alternative energy sources utilization and decision making on issues that may affect their lives. There is no cultural barrier that prevents open dialogue between parents and children on issues that may affect their lives. The project has strategic mechanism for children and women in empowering them to play their rightful roles towards natural resource management and livelihood diversification and get access to any benefit that comes from the project.

Non-discrimination (with emphasis on mainstreaming disability inclusion). The Non-discrimination is recognised in the Programme Document as a central operational priority, particularly with reference to Persons with disabilities as elaborated earlier in this report. The programme does not analyse what discriminatory actions exist in the communities and elaborate them in the programme document. Regarding disability mainstreaming, some examples were reported such as building ramps and accessible WASH facilities. This is a good starting point. Promoting access to information is particularly important at this time of COVID-19 pandemic as majority of the persons with disabilities do not get information on the prevention measures as they need sign language or braille or other means.

Climate. The WVF Programme document - under programming approach and implementation - addresses the challenges that climate change is posing to vulnerable groups, including children, in sections discussing resilience, access to water (right to basic needs and health) and economic development (children's right to provision). Interestingly, only the background analyses for Cambodia and India bring forward information about vulnerability to climate change.

The analysis of the Programme Annual Report 2019 and discussions with both WVF and NO staff indicate that attention to climate change adaptation and mitigation has increased in the Programme and among the

Programme partners (NOs). For example, these themes were discussed in the annual impact seminar in 2019. Also, the updated analysis of the implementation context vis-à-vis the ongoing APs and special projects reflects a deeper understanding about the risks and challenges that effects of climate change bring to activities in rural and urban contexts. In the Annual Report, the analysis for Ethiopia, India, Kenya and Rwanda all bring up the necessity to take action to protect the people and communities from the adverse effects of climate change. The identified climate risks include, for example, the effects of floods and drought and access of water (India, Kenya) and dependence on rainfed agriculture (Rwanda).

The LEAP 2 guidance text on cross-cutting themes (WVI 2007) expects that the NOs would analyze climate resilience under WVI's cross cutting theme Environment. This seems not to happen according to the evidence provided in the Area Programme Plans and Special Project Plans. While most plans reviewed contain a section on cross cutting themes, under Environment the partners have discussed other issues. Some positive examples of incorporating climate change related issues into the analysis are provided by the Plans for Mogotio AP (2016) and Santuk AP (2018) as these plans contain some relevant analysis about vulnerabilities created by climate-related risks. Mogotio AP Plan also links grant interventions, for example Farmer Managed Natural Regeneration interventions among activities that seek to promote environmental conservation and mitigate the impact of climate change.

The interviews and documents reviewed indicate that the partners apply different climate change adaptive and mitigating measures. The choice of measures depends on the context and the phase of the AP. These approaches and measure include, for example, Farmer Managed Natural Regeneration (FMNR), climate smart agriculture and access to water and irrigation. Communities are trained in disaster management and climate-sensitive agricultural methods to increase the resilience of the households to external stress factors. Many APs also support the communities in community-level disaster preparedness and planning. Income generating activities and support to the formation of different types of savings and loans groups is also applied in all APs as a measure to improve community resilience. For example, the rural APs in Kenya support disaster preparedness. Climate-related natural disasters are an issue also in the urban context. Thus, disaster preparedness is part of activities in the Youth Employment Project in Nairobi. In rural APs, promotion of climate-smart agriculture to ensure food security is one of the key strategies. FMNR is supported as one key approach to develop resilience to climate extremes (see below).

The importance of responding to climate change has become more evident with the new World Vision policy on Climate Action (WVI 2020). The policy draws attention to the importance of addressing climate change as a justice issue. It seeks to establish linkages between protecting the rights of most vulnerable children and ensuring that climate change decision making processes also involve children and youth. Further, it emphasizes the importance of targeting the most vulnerable communities in climate action whilst being child-centred, inclusive and supportive to women's economic and social empowerment. Environmental assets must be protected and restored to mitigate climate change and to support livelihoods and food security of vulnerable peoples.

Farmer Managed Natural Regeneration

The WVF Programme contains one Special Project that has been specifically designed to address both climate mitigation and adaption. This is the Farmer Managed Natural Regeneration Project that was started in 2019 in Southern Nationalities and Peoples Regional State. The project intends to build the capacities of the cooperatives to restore and sustainably manage 2,250.5 hectares of degraded forest land. It needs to align with the strict standards and requirements of Gold Standard that is expected to purchase and pay for the sequestered carbon. Carbon financing and carbon stock monitoring are very technical issues that the target communities are not able to start without the external support provided by WV Ethiopia and WV Finland. Among the Gold Standard requirements are Project Design Document, carbon baseline survey (forest

inventory), regular forest inventories to measure the carbon increment, and external audits (verification). It is expected that income from selling carbon credits can start at the earliest in 2025 (i.e., sixth year from establishing the baseline) and that the communities would need external support at least until 2027 for the system to be sustainable.

The FMNR project builds on experiences and lessons learned from carbon financing projects that World Vision Ethiopia has implemented with support from World Vision Australia previously. As such, the WVF's new FMNR project demonstrates the potential for partnerships between Support Offices within World Vision. The experiences generated from the previous carbon sequestration projects in Ethiopia (see Box 1) indicate that FMNR is an approach that supports community-led solutions to restore the natural environment (i.e., protect biodiversity), improve land productivity and strengthen livelihoods while providing significant opportunities for climate change mitigation. The approach has demonstrated itself a low-cost, sustainable land restoration technique used for increasing food and timber production. The partner, World Vision Ethiopia, has a long experience in environment rehabilitation and natural resources management via rehabilitating degraded areas, agroforestry, support to government nursery sites, offering training to environmental club students and environmental advocacy. World Vision Ethiopia is the leading office in community-based carbon financing project management within World Vision.

Box 1. Humbo carbon financing project in Ethiopia (WVI 2020, WVU 2021)

WV Ethiopia with support from WV Australia launched the forestry project in Humbo district in Southern Nations, Nationalities and Peoples Regional State (SNNP) in 2006. The initiative is community-managed and has regenerated more than 2 700 ha of degraded land. The project was accredited under the Clean Development Mechanism (CDM). The project has sequestered 181 000 tCO_2 by 2020, with 880 000 tCO_2 projected by the end of accreditation period in 2036. The sale of carbon credits through the CDM has generated USD 1.64 million in income for the local community.

Other benefits: The restored landscape has helped to strengthen local community livelihoods through increased grass cover for livestock, increased availability of firewood, improved ground water and decreased erosion.

4.3.3. Other observations

Strengthening Civil Society. World Vision applies the Citizen Voice and Action approach which is a social accountability model that operationalises and strengthens relationships of direct accountability among citizens, policymakers and service providers. The CVA model equips communities with knowledge on policies, strategies, government responsibilities and skills as well as on platforms for influencing local governments to fulfil their commitments and mandate.

As part of the evaluation a review of the use of CVA in Busia municipality in Uganda was conducted. This review concluded that the CVA is a relevant and efficient means for strengthening the civil society. Before CVA engagements, the community were not aware of their roles and responsibilities in regards to improved health service delivery but also were not aware of their entitlements and expected standards of service delivery at the health facility and community. Through sensitisation and training by the CVA practitioners with support from the Local Government and Busia Municipality Council, communities have been empowered and aware of their rights and expectations and as such are able to demand and hold LG and BMC officials accountable for improved quality of service provided.

Results of empowered community and well prepared and guided dialogue with the authorities were reported:

Results of Citizen Voice and Action in Busia Municipality

Busia Health Centre IV is the municipality's main health facility that previously had history of poor health service delivery for some time since 2010. With the introduction of CVA in BMC, communities were empowered to demand for appropriate health service delivery.

The improvement of health service delivery in Busia HC IV is as a result of a number of CVA achievements at the facility. Through community CVA dialogues that are held at the health facility, issues of structural challenges affecting health service delivery were discussed and actioned but ultimately resolved as follows; The children's ward was renovated and upgraded with the support from World Vision Uganda Busia Programmes through funding from WVF, staff quarters are now under construction with funding from government of Uganda, the old Out Patient Department was secured and HIV patients stopped receiving health services from a tent. The maternity ward is now under procurement and hopefully construction should be commenced in 2021. The theatre was as well constructed and improved to required standards with funding from Samia Marathone Group in BMC. These structural improvements in the health facility were achievements of CVA engagements and as such have contributed to improved health services in BMC.

Community members and the district are indeed proud of the health facility in terms of the quality-of-service delivery to the extent that community members believe it is a facility of choice in BMC. To date, the heath facility receives an average of over 150 OPD patients on a daily basis compared to an average of less than 50 patients before 2010 and an average of

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The implementation of CVA came along with a number of challenges that hindered the accelerated achievements of CVA in terms of empowering and capacitating communities and in terms of policy changes and implementation. Among these were the following challenges:

- Some community members have misconceived the idea of CVA as a way of pinning or criticising of district or local government officials for the poor service delivery and this has in some cases resulted into conflict. This has been addressed through continuous sensitisation of the communities and district leadership both political and technical on the basics of CVA and the expectations from the CVA engagements.
- There have also been delays in addressing some of the CVA actions from the CVA dialogues or even failure to update community members in time in regard to updates or progress of the actions by the action owners. This has resulted into loss of trust in the process for some community members and district officials as well.
- Some of the CVA actions pointed out are long term and need financial support from both government and other stakeholders. These have been hard to deal with especially on issues to deal with construction at the health facility or within the community. Due to the limited government resources, CVA practitioners have opted to engage WV and other private sectors for support which has often come in especially from World Vision.
- There has also been lack of consistency in the CVA practitioners in BMC with some members dropping off from the team due to factors beyond the members. This has in most cases paralysed CVA engagements some times in certain divisions and once new members brought on board, it takes time to build their capacity to the level expected and this in a way slows down CVA achievements.
- High expectations from the community in regard to CVA processes are some of the challenges faced by the CVA practitioners. Some actions have taken longer than expected to be delivered but the community sometimes expects immediate solutions which is sometimes not feasible and this often kills their motivation.

- Political leaders have sometimes taken CVA achievements for political gains and sometimes politicized the approach. There is thus a need to intentionally target such leaders and sensitize them in detail in regard to CVA processes but also empower the community more through sensitization to know what is entitled to them

Overall, it can be concluded that although not systematically applied in all WVF supported interventions, the review of the documentation and the CVA study conducted in Uganda indicate strongly that CVA is one means of strengthening Civil Society 'given that it is well planned and that interventions are channelled through existing government structures such as the local government while targeting both the technical and political leadership in addressing the same objectives. This is also a particularly a strong pillar of sustainability if the already existing government structures are a channel through which the approach is implemented.

Capacity development: Apart from CVA, the WVF Programme does not have an explicit outcome for civil society development although the Guidelines for Civil Society Development (MFA 2017) indicates that the CSOs must specify in their plans how, for example, the provision of services or capacity-building of their developing-country partner through their projects will promote the strengthening and sustainability of the activities of civil societies in developing countries. It was learned that in case substance related support is needed, it is available in NOs or from the international network.

In 2019 WVF conducted a '*Mapping on Project and Programme Staff Capacity on Child Protection'*. According to the results of this self-assessment, the staff considered its capacity good and considered that they have knowledge on where to receive more support or information regarding child protection if needed. However, this survey did not specifically capture data what capacities exist in the NOs in the thematic areas such as knowledge on legal and institutional Child Protection systems, identification of child abuse and neglect, consequences of neglect, risk factors, early intervention etc.[11] as well as on disability inclusion practices which are core elements of the NO's work.

Impacts of COVID-19 outbreak:

The Review Team discussed with the NOs about the impacts of the COVID-19 to the programme/ project implementation and WVF response to the pandemic. All Key informants were of opinion that WVF responded swiftly to the requests and the programmes were allowed to use 10% of the budget for COVID-19 response within the Area Programme. This helped a lot. Other SOs allowed up to 20% reallocation and pooled funds to be used within the whole county.

Overall, the NOs did not show significant concern of COVID-19 impact to the programme implementation and achievement if its results. In many countries' activities were implemented as planned though with smaller amounts of participants following the government advise. However, when asking about the long-term impacts of the COVID-19, it appears that no significant analysis has been done although many reports alert from the cumulative effects particularly in the Child Protection.

Shivit Bakrania et al. (2020) for instance found evidence on serious negative impacts of COVID-19 particularly for Child Protection. The research team found that economic insecurity and a lack of food increased pressures on families and caregivers, and school closures increased the likelihood of children to a higher risk of becoming sexually abused. Disruptions to existing violence prevention programmes and potential safe spaces, such as schools, also increased exposure to violence. There are also increasing concerns about the rights of persons with disabilities to information related to COVID-19. In many countries, instructions are issued in formats not accessible for many persons with disabilities.

[11] See more on https://www.childwelfare.gov/pubPDFs/acts.pdf

4.4. Efficiency

EQ 4 How well is the Programme using the available resources for implementing various planned activities to achieve results in terms of quantity, quality and timeliness? How are management and administrative arrangements working?

The administrative arrangements within the Programme are clear. Partnerships have been established at local levels to support implementation.

One of the strengths of World Vision is that the LEAP guidelines are applied by all members of the partnership. LEAP stands for 'Learning through Evaluation with Accountability & Planning'. The World Vision LEAP –format defines exactly the standards and principals for the work as well as provides the tools and principles for planning, tracking and evaluating the project. The intention of LEAP is to improve programme quality through providing templates, tools and giving guidance on step-by-step processes e.g., during planning or in evaluations. All NOs are required to use identical templates for e.g., AP Plans, Annual Reports and budgets.

The main evidence on the use of LEAP is provided by the review of documents, supported by WVF staff interviews. The evidence suggests that staff capacity in applying LEAP varies from AP to AP and from NO to NO. In the review, the evaluators have come across with some reports and plans that are quite analytical and reflect learning on behalf of the programme planner and managers. However, in many cases the document quality is at a level that provides only basic information to accountability and management. The interviews, with both WVF and NOs suggest that the plans and reports do not capture the full picture. As indicated earlier in this report, this is due to the selection of indicators which do not reflect the changes made by the projects.

A lot of efforts have been put to the establishment of robust monitoring systems, but some key Informants were of opinion that the current monitoring system has limitations and does not provide accurate data on the achievements made. This is due to the quality and nature of the selected indicators. For instance, the indicator 'Communities can identify, understand and respond adequately to violations of child rights, in coordination with local justice mechanisms' contains many domains; identification, understanding and responding as well as coordination with local justice mechanisms, each of these parameters having its own purpose. Also gender disaggregated data could be more analysed for instance to explore to what extent the 'well' (Outcome 1) reaches both boys and girls equally.

The programme has attempts to report on cumulative indicators in form of percentages at the programme level, but with challenges as all projects do not report on same indicators. If there are only few programmes/ projects tracking one indicator (e.g., 4 out of 12) the lack of results indicators of one programme influences the result indicator significantly. For instance, in 2019 it was reported 'striking decrease in the percentage of families that were able to provide well for their children from 74 % in 2018 to 52 % in 2019 is due to the low results in both of our APs in India where last year's droughts affected household incomes.'

In the AR 2019 significantly more programs and projects were able to provide data disaggregated by sex and disability on output and outcome levels in comparison to the first year of implementation. This implies a positive trend towards increasing focus and of improved capacity within the programs and projects towards disability inclusion and gender equality

Partnerships; The Review got ample evidence of active and effective use of partnerships at the local level - with local authorities on e.g., education, health, child protection, agriculture, and with CBOs and CSOs (NO responsibility and initiative). For instance, the WV Somalia interview described how they are organizing their programme and working with multiple partnership arrangements: project by project financing by

many WV SOs, at the national level partnering with Ministry of Justice and Ministry of Women, partnering with other international agencies and INGOs (UNFPA, Save the Children, Adra, etc.).

Local authorities are engaged and informed about the planning process and engaged in several activities. However, it was informed that sometimes the partnership remains on paper, and when it comes to resourcing, it appears that only goodwill has been provided; while WV has done its part but the partner has not delivered their part, especially with water projects. Another challenge is that partnerships rely on individuals rather than systems and in such cases staff turnover becomes a risk for the continuity of the partnership.

Programme management: The management and administrative arrangements within the Programme are clear. Fund transfers from Finland to National Offices are done using World Vision International systems. Same applies to accounting. National Offices and programme teams within shoulder the full responsibility on all aspects of managing their programmes and projects. WVF reviews and provides comments the draft plans, budgets and reports.

Each Programme Coordinator at WVF is responsible for a cluster of projects. Some thematic focus evident in the clustering – e.g., youth employment, FGM – which supports learning across similar projects. In the present WVF set up the Programme Coordinators are not thematic experts.

The LEAP system of WVI provides a detailed system for programme/project planning to be followed by the country teams. Planning is done in collaboration with communities and stakeholders. In addition, several tools are developed and used for monitoring and tracking the performance of the APs. For instance, it was reported that new tools and platforms have been taken into use in India such as: i) piloted field monitoring tool (mobile), ii) Horizon platform to share experiences and reporting, iii) database from where to generate reporting – used for annual updates are initiated and taken into use in India and that monitoring is done with 3 tiers: community /CBOs, cluster, ADP level using monthly and quarterly monitoring data sheets.

WVF supported the international partner staff's implementation and program management and reporting capacity through field visits, annual Impact Seminar and capacity building call on annual reporting. WVF programme advisors conducted 15 monitoring visits to 7 countries in 2019. The Programme Team from Finland visits frequently the partner countries doing follow up and training. During the pandemic, contacts have been held through e-mails and WhatsApp. Without exception, the National Offices appreciated the support and partnership with WVF. The comments received have been useful and they have promoted technical quality of the programme. The Programme Officer has always been supportive with regular meetings with all staff to get updates. The same applied with the financial management and reporting which also has also been supported through monitoring visits and by providing detailed instructions to the projects on financial management.

All National Offices key informants were positive about their partnership with WVF as a Support Office. The following positive practices were cited by many:

- Frequent/requlr monitoring visits from WVF, also visiting the communities
- Visits timed with annual planning to discuss plans and budgets face to face
- Annual impacts seminars in Helsinki were considered useful by all: interestingly in some NO interviews an idea about organizing the seminars in programme countries was recommended – e.g., the participants could also visit projects, "the participants could come and see with their own eyes", see things in practice and not just discuss theories. This has been the practise some years ago.
- The WVF team is always close, easy to contact, have very close tie with the field, one interview also mentioned that have had contact with the CEO of WVF. "Robust relationship – if something needs to be addressed, it is addressed on time."

- One response summarises: “WVF have continued to support us generously with funds, guidance on strategic focus and how to bridge the different expectations from our National Office, Global Centre and WVF.”

When inquiring ‘what the WVF is good at’ and what technical know-how and thematic capacities the WVF has, diverse responses were received both from WVF staff and NOs. Most responses referred to the programme management support provided by the WVF Team. The respondents generally did not see the WVF as an expert organisation on the thematic areas it supports although thematic expertise of individual team members was recognised. The Review Team was also told that WVF does not explicitly aim to be an expert organisation e.g. in Child protection as such , but its role is to finance and facilitate the implementation of development programmes and projects on the ground. The programme implementation relies on the expertise and capacities of the NOs and if specific thematic advice is needed e.g., in Child Protection issues, support is available from the WVI.

In terms of support needs from the WVF, the National Officers pointed out their limitations on the disability inclusion issues and particularly on the implementation of the disability screenings. Support would be needed e.g., in terms of analysing the disability polices and in the development of employment models for youth particularly in the rural areas where ‘business-as-usual’ does not work.

WVF is considered as a flexible partner. An example of WVF flexibility was the possibility of integrating interventions of economic empowerment and water. Although it makes monitoring more complex it supports the resilience of communities.

Policy influence: WVF staff interviews indicate that WVF actively participates in the WVI platforms (to share experiences, learn from others, contribute to WVI policies and practices. Particularly, its role in promoting Disability Inclusion both at policy level and operations was recognised by the partners and it was pointed out that this should be well resourced and institutionalised. Policy influence at local levels is done through CVA and could be better recorded.

Advantages of Special Project vs AP: The Review Team learned that WVF is moving towards Special projects and discussed with the NOs about the advantages of the implementation of Area Programmes versus Specific project. The informants were of opinion that the advantages of the Specific Project are its capacity to produce outcomes and ‘quick wins’ in short term and probably deeper and broader impact while the advantages of long-term APs are more useful in long term change processes. An example of ‘quick wins’ is the FGM prevalence has gone down. Some informants also considered that projects of shorter duration are cheaper to implement and it is easier to community to monitor a single project than an AP with several activities.

4.5. Impact

EQ 5 Is the Programme contributing to improved child wellbeing and changing and transforming communities, including cross-cutting themes?

The programme has potential to make an impact at individual level but systemic impacts are difficult to verify without proper background data and monitoring information.

The Programme Impact is: ‘Sustained well-being of children within families and communities, especially the most vulnerable direct beneficiaries’ which will be assessed using the following indicators:

- Proportion of people living below the poverty line,
- Under-five mortality rate,

- Proportion of adolescents who rank themselves as thriving on the Ladder of Life,
- Proportion of children who feel supported within families and communities.

Assessing the impact of the programme as a whole, that is, to what extent the Programme is contributing to child wellbeing and cross-cutting objectives is challenging as the AP programmes are at different stages of implementation (some started in 2007 and some in 2019). However, the APs are of long duration and implementation of robust impact evaluations should be possible.

At this point and with the information available it is possible to conclude with a relative confidence that the programme is moving towards the planned impact particularly when the indicators under five mortality and poverty are of concern, with an assumption that no major risks take place. However, it is noted that achievement of these result is a contribution of many factors.

The Team reviewed the risk analysis of the programme/project plans and reports and observed that for many APs and SPs risks analysis and their mitigation measures are missing or not adequately assessed. Another important measure which is missing is the assumptions, that is, external factors that need to be in in place for the programme/project to achieve its long-term impacts.

The WVF practice of commissioning both end-of phase and ex-post (impact) evaluations of past projects is commendable. In 2019 ex-post evaluation of Kituntu Area Programme in Uganda that was supported by WVF during 1997-2010 was conducted (Whale Consult 2019). The purpose of the evaluation was to assess the impact and sustainability of World Vision interventions in Kituntu Sub-County after programme closure in 2010 by qualitatively and quantitatively examining whether outcomes on key indicators remain static or change several years following closure. The evaluation assessed a range of education, child protection, WASH and livelihood and agriculture indicators. The evaluation findings indicate that positive changes have continued to take place in Kituntu in almost all key areas supported by WVF. The challenge – which is also duly in the report by Whale Consult – is that in ten years the local context and approaches have changed. The report provides hardly any evidence about the government and other actors that have been present in Kituntu in the past decade.

Also, during the present WVF Programme, three end-of phase evaluations (Mogotio and Ng'oswet APs in Kenya and Rajnandgaon AP in India) were conducted. The ToRs for the evaluations and evaluations have been commissioned by the respective NOs reflecting an emphasis on collecting quantitative data through field surveys. The timing of these evaluations is excellent and end-of-phase evaluations, in principle, provide excellent opportunities for learning from the past programme phases and improving the future programme. We consider the usefulness of these reports limited because there is very little attention provided to the reasons for changes – what are the factors behind successes (as measured by positive indicator data) or failures (progress falling behind targets).

4.6. Sustainability

EQ 6 How likely will the Programme's achievements (economic/financial, institutional, technical, socio-cultural and environmental) sustain after WV's support comes to an end? How well are World Vision's '5 drivers of sustainability' been taken into account in Programme?

The project teams have been able to take advantage of the sustainability drivers in varied degrees. Few examples on concrete sustainability measures exist or they are at very general level.

Based on the review of AP Plans the NOs are addressing sustainability concerns mainly through the sustainability drivers and through the overall project approach that emphasises partnerships with local government and civil society actors. The Project Plan template incorporates a section on Transition Plan (exit plan), but in most of the AP plans it is lacking detail and analysis, even for final project phases. Interestingly,

the Plan for the new AP in Santuk, Cambodia (planned duration 2018-2030) contains a Transition Plan that sets out the product/results, categories of sustainability, issues to be addressed, possible action/activities and even responsible persons that will have a direct role in ensuring the sustainability of the Santuk products/result after the programme has concluded.

Sustainability drivers: The Review observes, that while the sustainability drivers are systematically used, it is difficult to see to what extent they provide any added value beyond the overall project approach. The five sustainability drivers themselves are to the point and address critical elements of sustainability, namely:

- ownership of local communities,
- partnering / partnerships with relevant government and local government partners and local
- importance of local and national advocacy incorporating approaches such as CVA.
- transformed relationships among the children, peer groups, at family level and at community level
- household and community resilience whereby children and their families will be facilitated to have access to resources and improved employment opportunities.

Based on the review of the AP and Project Plans and Annual Reports, it is evident that the project teams have been able to take advantage of the sustainability drivers in varied degrees. For example, the Hoshangabad AP in India has focused on building the community capacity to sustain the interventions with help of strengthened systems and structure and has both planned and reported on the sustainability drivers in detail. In comparison, for the Rajnandgaon AP (programme completed in 2020) the Plan has listed all the correct elements of sustainability but the Plan is lacking context specificity which is then reflected also in the Annual Reports.

The documents do not provide adequate suggestions on what needs to be done to ensure sustainability and for further scaling up if relevant. Very few examples on sustainability measures exist or they are at very general level such as Mogotion AP Annual Progress Report 2019: “The AP will enhance partnership with other wash sector players like rift valley water services board, county government, national government and line ministries to ensure that after drilling successful bore holes we equip them “.

5. Conclusions and emerging issues

Word Vision is doing an important work for the benefit of the poor communities. It has strong presence on the ground and strong international network which guides all actions in a standardised manner. WVF is a small donor in the network, but it has achieved a lot in terms of partnerships and results, although based on the findings of this evaluation, a wealth of valuable information about the AP and SP achievements is lost in the current monitoring system which consists of inappropriate indicators which do not track the outcomes of the programmes.

Throughout the evaluation process, the Review Team was searching for evidence of analytical approach at all levels, at programme level, in AP and SP plans and moreover, in the reports. While rich in content explaining the overall WVI approach, the Child Rights Programme Document and Annual Reports lack analysis of results and contextual factors. More in-depth situation analysis (including gender and human rights) would help to understand the position and added value of the WVF supported programme. A human rights assessment would be needed to ensure that the programme contributes to the realisation of human rights and reduction of human rights violations.

Although Child Protection is the core of the WV actions, it is difficult to figure what aspects the WVF actually addresses and with what results, that is to what extent the WVF has succeeded to ‘empower children, families, communities, governments and other partners to prevent and respond to exploitation, neglect, abuse and other forms of violence affecting children, especially the most vulnerable’. This is due to the lack

of clearly spelled strategic focus and consequently, selection of inappropriate indicators as shown before. Based on the interviews, it is evident that the programme achieves more than the indicators and results reporting show.

In some countries, such as Kenya, WNF is a small donor. This evaluation was not able to analyse the complementarity and coherence between the WV actors in a given country, but learned that experience exchange and sharing of good practises is taking place. WVF has also continued interventions initiated by other network members It would be interesting to study how the different programmes funded by many different partners work together and how complementarity is applied at country level and what added value WVF brings in.

The evaluators had interesting conversations about the role of WVF either as a funding organisation or as a development organisation. Currently, fund raising is the most resourced part of WVF (in terms of human resources) and for instance substance-related expertise is incorporated in the tasks of the Development Cooperation team. WVF does not aim to be a specialist organisation and have a special expertise in all thematic areas it implements. There are technical people in the National Offices and if specialist advise is needed, it can be obtained from the global network. While the support received from WVF relates more to programme management issues rather than substance related consultations, one might also ask what the added value of Finland is in this network. It has been an advocate for Disability Inclusion, and in this regard, could even take a stronger and more ambitious approach by more intentionally focusing on developing inclusive services. In terms sustainable impacts, focusing on access for persons with disabilities is not sufficient but also systemic changes are needed.

In the future programme, if employment generation remains as a core thematic area for WVF, the programme could more intensively look for alternative and innovative models for employment generation in the rural and remote locations and also work with employers. If it is intended to serve as a pilot to be scaled-up, it should be evaluated in the context and in comparison, with other similar interventions. In the current form it is difficult to secure sustainability. More information should be provided on the co-operation with the local authorities and especially with the TVET schools as it is one of the key sustainability measures.

Although the NOs reported that so far, COVID-19 pandemic has not affected the performance of the programme, there are already some indicative studies pointing out the negative consequences of COVID-19 pandemic particularly with regards to child wellbeing. For instance, during the school closures and lockdowns, an increasing number of children have been exposed to gender-based and other violence including sexual abuse and child marriages. UNICEF (2020) also reports that while the pandemic's impact on the number of children becoming child brides and grooms is not precisely known, experience shows that the circumstances created by this crisis introduce risks for children.

6. Recommendations

Programme design

1. WVF should ensure that the forthcoming programme document contains sufficient **background and context analysis**, including gender and human rights assessments, and elaboration of for instance Child Protection systems towards which the interventions aim to contribute. WVF and other agencies have produced surveys and policy briefs, which the WVF could use in programming.

2. WVF should **define the focus and objective** of its Development Cooperation Programme clearly, and elaborate what concrete aspects of Child Protection the programme intends to contribute to.

Monitoring

3. WVF should develop a **monitoring system** which captures data on outcomes and which can be used for managing and learning purposes. Overall, the monitoring system need to be reformed as in its current form it does not capture data on changes made at beneficiary (right holder and duty bearer) level. For instance, the selected indicators for outcome 3 'Children are cared for, protected and participating' do not reflect caring, protection and participation. The indicators also have quality and measurability challenges. As instructed in the Manual for the Bi-lateral programmes (MFA 2016), WVF could consider of having one outcome statement for the programme, towards which all thematic result areas would contribute.

Capacity issues

4. The WVF should ensure that the National Offices have sufficient **capacities** to collect, validate and analyse the data obtained through the monitoring systems and use this data to guide the implementation and management of the programme.
5. Similarly, the WVF should continue building its staffs' capacity to conduct **Quality Assurance** to assess not only the technical quality of the plans and programmes but also the approaches and substance related issues and data.

Thematic considerations

6. With regards to the thematic areas, Youth Employment is, and continues to be a relevant area to focus. Innovative and **localised approaches** should be developed, inclusion provision of opportunities to catch up with foundational skills (literacy and numeracy), which are needed in the labour market. Synergy should be sought by for instance, integrating employment with the FGM project.
7. WVF could broaden its approach to disability inclusion to **promoting inclusive services** which focus on removing the barriers to participation and delivery of services and activities accessible and available to all. The developments in those services should also be monitored and sustainability measures define. Close cooperation with local authorities and staff training in this regard is needed.

Annex 1 Terms of Reference

Terms of Reference for the Evaluation of World Vision Finland's Child Rights Programme 2018-2021

September 2020

World Vision Finland

1. Background

World Vision Finland (WVF) is a Christian humanitarian organization established in 1983 working to create a lasting, positive change in the lives of children, families and communities living in poverty, and to secure and promote children's rights. WVF is part of World Vision International (WVI), one of the leading developments and humanitarian organizations in the world and the world's biggest child sponsorship organization. World Vision operates through a partnership approach that is based on close collaboration between funding and implementing World Vision offices. Membership in the global World Vision organization provides professional support and advice when finding the strategic niches as well as special projects that provide important opportunities of innovation. Project/Programme implementation is done through World Vision National Offices that have long presence in the country and extensive networks.

WVF's Child Rights Programme 2018-2021 is funded by the Ministry for Foreign Affairs of Finland with the total funding amounting to EUR 11, 200 0000. The Programme focuses on sustainable development and empowerment of vulnerable children and their communities. It has three Areas of Excellence; Child Protection, Youth Employment and Disability Inclusion and it is implemented through 7 integrated and holistic long-term Area Programmes (10-16 years) and 6 thematic special projects (4 years). The Child Right's Programme is being implemented in Ethiopia, Kenia, Rwanda, Somalia, Uganda, Cambodia and India.

The expected impact (goal) of the Programme is the sustained well-being of children within families and communities, especially the most vulnerable. The goal is targeted through six outcomes that support the fulfilment of the rights supported in the International Human Rights Framework, especially the Convention of the Rights of the Child and the Convention on the Rights of People with Disabilities. Outcomes are reflected on more thoroughly as part of the result framework in chapter 2.

WVF's previous development programme (2015-2017) was evaluated in 2017.

2. Description of Programme Being Evaluated

WVF's Child Rights Programme consists of Area Programs that normally have 2-3 Technical Projects (WASH, livelihoods, health etc.) within them, and Special Projects (youth employment, anti-FGM and reforestation).

Theory of Change

The Programme focuses on the sustainable development and empowerment of vulnerable children and their communities. Within WVF being child focused means that all work and resources are used to ensure the wellbeing of children. The development of communities is approached with the focus on the needs and rights of the children. The wellbeing of the children and supporting the rights of the children is the goal of all activities. In terms of achieving the sustained well-being of children within families and communities, especially the most vulnerable, the theory of change asserts that this is dependent on achieving four Child well-being Aspirations: children enjoy good health; children are educated for life; children are cared for, protected and participating; and children experience the love of God and their neighbor. These are also the foundation of Programme's result framework.

Although children are the focus, not all activities focus only on children. Children live in an environment, where attitudes, power structures, legislation and economical resources effect their well-being. For example, families' economic well-being needs to be assured; families' basic needs in terms of access and availability to education, health, care, nutrition, shelter and sanitation need to be met; families need sustainable livelihoods and food security; women and children need to be empowered as agents of change; families need to provide a safe and nurturing environment for children; families need to be resilient; strong and equitable relationships need to exist within the family that are based on respect for diversity; the spiritual well-being of family's needs to be nurtured; and families need to sustainably manage and protect their natural assets, including in the context of climate change.

The Result framework

The expected impact (Goal) of the Child Rights Programme 2018-2021 is the sustained wellbeing of children within families and communities, especially the most vulnerable. The Goal will be reached through six outcomes:

1. Parents and caregivers provide well for their children and adolescents are ready for economic opportunity
2. People living with disabilities enjoy equal rights and opportunities to participate in a society free from discrimination
3. Children are cared for, protected and participating
4. Children enjoy the right to good health
5. Children enjoy the right to quality education
6. Finnish citizens understanding in development policy and positive attitude towards development cooperation has increased

Programme's cross-cutting themes include gender equality, disability inclusion and climate change.

Citizen Voice and Action

One of project models used by World Vision is the Citizen Voice and Action (CVA) approach to local level advocacy and empowerment that seeks to widen the impact of the interventions, increase the cost-efficiency, enhance ownership and strengthen sustainability. In addition, the model includes active involvement and participation of local governmental officials. Ultimately, the CVA approach aims at strengthening the role of civil society organizations and widening the space for civil society.

3. Evaluation Target Audiences

The evaluation is a contribution to World Vision Finland's evidence and knowledge base in regards to the impact of the Child Rights Programme and development programming approach. In addition to WVF the findings of the evaluation will be useful to both internal and external stakeholders, namely World Vision National Offices in countries where WVF operates and WVF's main donor, the Ministry for Foreign Affairs of Finland.

4. Evaluation scope

The evaluation will focus on assessing WVF's Child Rights Programme as a whole with a case study on the application of World Vision's Citizen Voice and Action approach/model (CVA) in World Vision Finland's development programme.

WVF's humanitarian assistance is not included in the Evaluation.

5. Evaluation Purpose and Objectives

5.1 Evaluation Purpose

- The purpose of the evaluation is to assess the Child Rights Programme 2018-2021 by using OECD DAC evaluation criteria, in order to provide evidence about the impact and learnings of the Programme to contribute recommendations for future programming of WVF.

5.2 Specific Objectives

The specific objectives of the evaluation are following;

- To assess the Programme in terms of relevance, coherence, effectiveness, efficiency, impact and sustainability.
- Document key challenges and lessons learnt and provide practical recommendations that can be utilized for future programming.
- As a case study to map the application, impact and learnings of using the CVA model.

5.3 Evaluation questions

The following evaluation questions are expected to be assessed and analyzed during the evaluation in regard to relevance, coherence, effectiveness, efficiency, impact and sustainability.

Relevance	• Are the objectives of the Programme consistent with beneficiaries' requirements and Finland's policies including the promotion of human rights and gender equality, non-discrimination and promotion of climate resilience? •
Coherence	• Is WVF's Programme compatible and consistent with other related interventions in the same context? • Are there synergies and interlinkages with governments' policies and interventions?
Effectiveness	• Is the Programme making progress towards the outcomes and key outputs? • If outcomes are not achieved can they be expected to be achieved in the future?
Efficiency	• How well is the Programme using the available resources for implementing various planned activities to achieve results in terms of quantity, quality and timeliness? • How are management and administrative arrangements working?
Impact	• Is the Programme contributing to improved child wellbeing and changing and transforming communities, including cross-cutting themes? • What are the intended and unintended, short- and long-term, positive and negative impacts?
Sustainability	• How likely will the Programme's achievements (economic/financial, institutional, technical, socio-cultural and environmental) sustain after WV's support comes to an end? • How well are World Vision's *5 drivers of sustainability12)* been taken into account in Programme?

The evaluation should not be limited to these questions only and the consultant can propose other issue that should be covered in the evaluation. Emerging issues to be addressed might be raised during evaluation as well.

Case study on Citizen Voice and Action approach

The Citizen Voice and Action (CVA) is a local level advocacy and empowerment approach that seeks to widen the impact of the interventions, increase the cost-efficiency, enhance ownership and strengthen sustainability. The approach includes active involvement and participation of local governmental officials. The CVA approach has been used for years in World Vision's programme work. The case study as part of the Programme evaluation should

- map the scope and level of utilization of CVA in the WVF funded programs and projects;
- assess the implementation and impact of CVA;
- assess whether and how the space for civil society has been enlarged through CVA approach;
- document best practices, challenges and learnings in order to enhance program and project teams' capacity for more effective implementation-

6. Evaluation Methodology

The evaluation is proposed to be conducted as a desk study that uses mix-methods including document review and interviews, with possibility of field visit(s) if Covid-19 situation allows.

12 World Visions five drivers of sustainability include; Local ownership, Partnering, Transformed Relationships, Local and National advocacy and Household and Family resilience: https://www.wvi.org/sites/default/files/WV%27s%20Sustainability%20Drivers%20-%20Summary%20-%202-15.pdf

The evaluation should adhere to evaluation principles and other relevant guidance of the Ministry for Foreign Affairs of Finland.

The following research methods will be utilized for the evaluation:

(a) Document Review

The research will include a review of key documents relevant to the evaluation that will include Child WVF's Child rights programme document and annual plans and reports to Ministry for Foreign Affairs, sample of relevant World Vision International strategy and guidance documents, strategy documents and plans of selected National Offices, Area Program and Special Project annual plans, reports and possible evaluation reports and any other available relevant secondary sources as deemed necessary by the consultant.

(b) Key informant interviews with stakeholders

Different kinds of KIIs will include selected WVF Finland programme staff and management and board members, representatives of the MFA, partner countries National Office staff, AP and Special project staff. If feasible, representatives from selected local authorities and communities can be interviewed. The consultant will be expected to design an approximate methodology of identifying key informants and conducting interviews.

(c) Case Study Method

For CVA mapping, both methods described above can be used.

Timetable

The Evaluation should be conducted between October 2020 and February 2021.

8. Expected Products

- Inception report inclusive of detailed methodology after signing off contract.
- Draft evaluation report to World Vision Finland for review. The draft report will be reviewed by WVF and feedback incorporated into the final report.
- The final Evaluation report (maximum 50 pages, not including the annexes).
- Presentation on the evaluation findings and recommendations.

9. Budget

The total budget available for the evaluation in EUR 35 000.

10. Skills and qualifications required for the Evaluation team

The consultant/team should have experience and/or knowledge in the following fields:

- Programme evaluation and planning in the relevant sectors;
- Project cycle management (PCM) and Results Based Management (RBM), and their application in programme design, monitoring and evaluation (M&E);
- Relevant sectoral experience, including experience from the regions or countries where WVF's Programme is being implemented;
- Child rights, disability inclusion and gender and their integration in planning, implementation, monitoring and evaluation;
- Knowledge of Finnish and international development policies and civil society cooperation;
- Quality assurance in accordance to the quality assurance approach proposed in the tender.

Annex 2 Results Framework

IMPACT:	Indicator:	Baseline:	Status 2018	Status 2019	Target:	STATUS 2020	Definition	Data collection
Sustained well-being of children within families and communities, especially the most vulnerable direct beneficiaries: Target direct beneficiaries 251 673 Target total beneficiaries: 544 253	Proportion of people living below the poverty line Under-five mortality rate Proportion of adolescents who rank themselves as thriving on the Ladder of Life Proportion of children who feel supported within families and communities	40 %			25 %		Percentage of people whose income is less than 1,90 USD a day (World Bank)	
		47 /1000			36/ 1000		Probability of dying between birth and exactly five years of age expressed per 1,000 live births.	
		30 %			60%		Percentage of youth aged 12-18 years who rank themselves as 'thriving' on the 'Ladder of Life'	
		43 %			69 %		Children can describe ways in which they feel supported by their families and communities	
OUTCOME 1	Linked to youth employment area of excellence							
Parents and caregivers provide well for their children and adolescents are ready for economic opportunity Budget €: 2693 070 Beneficiaries: 165 848 Cost/beneficiary: 16 € •	Proportion of parents or caregivers able to provide well for their children	39 % (Baseline in AR 2019 is 34%)	74 % (change + 40 % points)	52 % (change - 22 % points)	51 % AR Target 70		Percentage of parents or caregivers who are able to provide all the children in the household with **three important items,** through their own means without external assistance in the past 12 months.	Source: Caregiver survey; Economic development module Programmes/projects to be measured (6/7):
	Proportion of trained youth and young adults who are employed	40 %	38 % (change –2 % points)	47 % (change + 9 % points)	80 %		Percentage of trained youth and young adults under the age of 30 who are employed	Source: **Youth Healthy Behaviour Survey; Youth survey Model;** FGDs Programmes/projects to be measured: 5/6
	Percentage of households that were food secure the past 12 months	50 %	54 % (change + 4 % points)	49 % (change –5 % points)	69 %		Percentage of households who report that there were no months where food was scarce or unavailable i.e., empty granary in the previous 12 months,	Source: Caregiver survey; Economic development module; FGDs Programmes/projects to be measured 5/7:

OUTPUT 1								
1.1. Improved youth employment	Number of adolescents and young adults who have a learning opportunity that leads to a productive life (1.1.&1.2)	not applicable			1900		Number of adolescents or young adults up to the age of 30 currently either in upper secondary or tertiary school or attending a skills or vocational training course or engaged in an apprentice-ship / livelihood with opportunities ahead.	Source: Youth Healthy Behaviour Survey; Youth survey Module
1.2. Economically empowered parents and caregivers	Number of households involved in starting a small business (1.1.&1.2)	365 HH			820 HH		Number of households involved in starting a small business	Source: Caregiver survey; Economic development module; FGDs
	Number of farmers (or individuals) who apply improved and sustainable agricultural techniques (1.1.&1.2)	800			2 400		Number of farmers trained in improved agricultural techniques who now practice those techniques -	Caregiver survey; Economic development module
OUTCOME 2	**Linked to disability area of excellence**							
People living with disabilities enjoy equal rights and opportunities to participate in a society free from discrimination Budget €: 546 535 Beneficiaries: 2014 Cost/beneficiary: 271 € •	Proportion of persons with disabilities who have equal participation opportunities in CBO, self-help group, saving group etc.	12 %	Not reported	47 % (change +35 percentage points)	64 %		Proportion of children/parents and adults with disabilities in the implementation area who report equal access to community groups supported by the project/ programme	Household survey among PLWD households Programmes/projects to be measured: 4/12•
OUTPUT 2								
2.1. Improved capacity and knowledge of WV staff to engage in inclusive programming	Number of programmes/projects where staff have been trained or refresher trained on disability inclusion (2.1)	Baseline: 4			Target: 10		Number of programmes/projects where staff has been trained or refresher trained yearly using WV Travelling Together training modules	Source: Project/programme annual reports
2.2. Socially and economically empowered people living with disabilities	Number of programmes/projects that have updated disability survey data every two years (2.1)	Baseline: 1			Target: 10		Number of projects/programmes that have carried out disability prevalence survey in the implementation area based on the methodology of the	Source: Survey reports Programmes/projects to be measured:

							Washington Group on Disability Statistics	
	Number of programmes/projects that have a functional collaboration with a Disabled People's Organization (DPO) (2.2)	Baseline: 2			Target: 10		Number of projects/programmes which have signed an MoU with a local or national level DPO for cooperation	Source: MoU documents. WVFIN field monitoring observations
	Number people living with disability included in project/programme activities (2.2)	2014 (1 % of direct beneficiaries)			Target: 12 584 (5 % of direct beneficiaries)		Number of projects/programmes in which all components (health, education, livelihoods, sponsorship etc.) include and benefit children and/or adults with disabilities	Source: Disability disaggregated data in project/ programme annual reports
OUTCOME 3	**Linked to child protection area of excellence**							
Children are cared for, protected and participating Budget €: 4 346 931 Beneficiaries: 250 509 Cost/beneficiary: 17 € •	Communities (including children) can identify, understand and respond adequately to violations of child rights, in coordination/partnership with local justice mechanisms	Baseline: 48 %	69 % (change +21 percentage points)	81 % (change +12 percentage points)	Target: 83 %		Community members, including children, report that systems of informal or formal or local justice systems are functioning to protect children, enabling communities and partners to respond to violations of child rights.	Source: Cared for, protected and participating FGDs, FGD Child Protection Systems_
	Proportion of adolescents who know of the presence of services and mechanisms to receive and respond to reports of abuse, neglect, exploitation or violence against children	Baseline: 64 % PD 68	80 %	89 %	Target: 84 %		Percentage of youth aged 12-18 years who know what to do or an adult they would turn to in case of abuse, neglect, exploitation or violence, and know that such services exist to protect them	Source: Youth healthy behavior survey; Physical violence module
	Proportion of children who feel that their community is a safe place	Baseline: 60 %	73 % (change + 13 percentage points)	74 % (change + 1 percentage point)	Target: 74 %		Percent of children aged 12-18 who feel that they are safe from danger or violence in the community	Source: Youth healthy behaviour survey; Physical violence module Physical violence
	Proportion of adolescents who report that their views are sought and incorporated into the decision making of local government?	Baseline: 30 %	36 % (change + 6 percentage points)	45 % (change + 9 percentage points)	Target: 45 %		Percentage of adolescents aged 12- 18 years who feel their ideas are valued by local government and they are able to influence decisions in their city.	Source: Youth Healthy Behavior Survey; Community participation module
OUTPUT 3								

3.1. Improved child protection within families and community Indicator:	Number of community members engaged in advocacy and/ or CVA community gatherings on child protection issues (3.1.)	Baseline: 1 800			Target: 4 000		Number of community members participating in advocacy and/or CVA community gathering on child protection	Source: community scorecard, monitoring standards, interface meeting/action plan
	Number of children and youth who have been trained on child protection (3.1.)	Baseline: 1 800			Target: 4 000		Number of children and youth aged 6-18 who have participated in child rights clubs, children's parliaments or life skills trainings	Source: attendance lists, Child protection and participation module.
	Number of communities with functional child protection systems (3.1.)	Baseline: 76			Target: 180		Number of active child protection units (CPU) within the programme/project area	Source: secondary data, household surveys
3.2. Increased birth registration of children	Number of children with a birth certificate (3.2.)	Baseline: 37 300 (37 %)			Target: 85 502 (85 %)		Number of children aged 0-59 months with a birth certificate, reported by caregiver and verified by observation.	Source: Caregiver survey; Child protection and participation module; verification of birth certificate where possible
OUTCOME 4	**Linked to child protection area of excellence**							
Children enjoy the right to good health Budget €: 2 987 722 Beneficiaries: 149 678 Cost/beneficiary: 20 € •	Percent of infants whose birth were attended by a skilled birth attendant	Baseline: 79%	81 % (change +7 percentage points)	77 % (change – 4 percentage points)	Target: 91 %		Percent of mothers of children aged 0-23 months whose last birth was attended by a skilled birth attendant	Source: Caregiver survey; Women module. Use secondary data where available
	Prevalence of underweight in children under five years of age	Baseline: 21 % / 19	20 % (change + 1 percentage point)	18 % (change – 2 percentage points)	Target: 16 %		Percent of children aged 0-59 months, whose weigh for age is less than minus two standard deviations from the median (WAZ) for the international reference population ages 0-59 months.	Source: Measuring Child Growth Tool, as part of Caregiver survey; Child anthropometry module
	Coverage of essential vaccines among children	Baseline: 87 % /83	83 %	84 % (change + 1	Target: 98 %		Percentage of children aged 12-59 who have completed 3rd DPT dose plus measles vaccination,	Source: Caregiver survey; 6-23 month and 24-59 months

			(change 0 percentage points)	percentage point)			verified by vaccination card and mother's recall	modules; vaccination cards
OUTPUT 4								
4.1. Improved access to essential health services for children and their caregivers	Indicator: Number of mothers who report that they have had four or more antenatal visits while they were pregnant with their youngest child (4.1 & 4.2)	Baseline: 8 000 (72 %)			Target: 10 000 (90 %)		Number of mothers of children aged 0-23 months who report that they attended four or more antenatal visits before the birth of their youngest child.	Source: Caregiver survey; Women module. Use secondary data, where available
4.2. Improved protection against injury, disease and infection	Proportion of households with sufficient drinking water from an improved source in the previous 12 months (4.2)	Baseline: 52 %			Target: 78 %		Proportion of households spending up to 30 minutes to collect water from an improved source during the dry period	Source: Caregiver survey; WASH module
	Proportion of households using improved sanitation facilities (for defecation) (4.2)	Baseline: 64 %			Target: 82 %		Proportion of households using an improved sanitation facility, typically a latrine or toilet for defecation.	source: Caregiver survey; WASH module
OUTCOME 5	**Linked to youth employment area of excellence**	**Baseline 2017**	**Status 2018**	**Status 2019**	**Target 2021**			
Children enjoy the right to quality education Budget €: 356 438 Beneficiaries: 23 240 Cost/beneficiary: 15 € •	Proportion of children who are functionally literate	Baseline: 60 % PD 55%	57 % (change +2 percentage points)	60 % (change +3 percentage points)	Target: 72 %		Percentage of children (boys and girls) in Grade 6 or equivalent who can read and comprehend a story (tested by FLAT tool)	FLAT (Functional Literacy Assessment Tool) 5/5
	Proportion of children who have completed basic education in a structured learning environment	Baseline: 69 % PD:63%	67 % (change +4 percentage points)	80 % (change +13 percentage points)	Target: 82 %		Percentage of children aged 12-18 years old who have completed basic education/primary schooling in a structured learning environment	Source: Caregiver survey; Education and ECCD module. Secondary data/school records were possible 3/5
OUTPUT 5								
5.1. Improved skills in reading, writing and numeracy for children	Number of parents/ guardians actively participating and supporting their children´s literacy development. (5.1)	Baseline: 20 500 (40 %)			Target: 41 000 (80 %)		Number of parents/ guardians with a child currently attending school who participate in at least one literacy activities outside of	Source: Caregiver survey; Education and ECCD module.

							school with their child. One parent per child.	
5.2. Increased access to and completion rate of basic education	Indicator: Number of schools improved based on performance measures defined by community through scorecard (CVA)	(5.2) Baseline: 53			Target: 100		Number of schools improved based on performance measures defined by community through scorecard (CVA)	source: Caregiver survey; CVA score cards; annual reports
	umber of ECD centers established or rehabilitated (5.2)	Baseline: 61			Target: 100		Number of ECD centres established or rehabilitated through engagement in the program.	Source: Caregiver survey; annual reports

Annex 3 Evaluation Matrix

RELEVANCE	**The extent to which the intervention objectives and design respond to beneficiaries', global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change. (OECD/DAC 2020).**			*Document review*	*WVF HQ staff interview*	*WVF country office*	*Other*
	EQ1: Are the objectives of the Programme consistent with beneficiaries' requirements and Finland's policies including the promotion of human rights and gender equality, non-discrimination and promotion of climate resilience?	EQ 1.1 How the programme is aligned with the priorities of the Finnish Development Cooperation Policy?	Reference to priorities of Finnish development cooperation	✓	✓	✓	
		EQ 1.2. How Human Rights based Approach (HRBA) is applied in the programming cycle?	Reference to HRBA (see MFA Guide 2015): reference to human rights/ human rights assessments: HR as a development result; application of inclusive, participatory and non-discriminatory processes.	✓	✓	✓	
		EQ1.3. How the Crosscutting Objectives of the MFA - Gender, non-discrimination, climate resilience and Low emission development are incorporated in the programme? e.g., How critical forms of discrimination are taken into account when interventions are planned, implemented and evaluated (see MFA 2020)	Reference to an assessment of the lack of equality in society, promotion of gender equity; non-discrimination and climate resilience in programming, implementation and M&E;	✓	✓	✓	
		EQ 1.4. Is the programme design sound? Are the objectives drawn from situation analysis, baseline study, or other evidence? Is there a causal chain, or internal logic connecting the interventions with the expected programme outcomes?	Clarity of programme objectives. Reference and relevance to the needs assessment/ situation analysis- Analysis of the Internal logic of the Programme (ToC).	✓			

COHERENCE	**Complementarity, coordination and coherence in relation to work other CSOs, networks and donors, and national policies in partner countries; and in terms of complement to other Finnish development funding modalities; (OECD/DAC 2020)**						
	EQ 2 Is WVF's Programme compatible and consistent with other related interventions in the same context?	EQ 2.1. What partnerships have been established and why?	Partnerships and their contribution to programme objectives	√	√		
EFFECTIVENESS	**The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. (OECD/DAC 2020)**						
	EQ 3 Is the Programme making progress towards the outcomes and key outputs?	EQ 3.1. What has been achieved so far in comparison of planned results? Has there been deviations from the work plan? If yes why and what are the corrective measures?	Achievements so far with reference to Results Framework; Deviations: Contributing/ hindering factors	√	√	√	
		EQ 3.2. What support has WVF provided and how it is perceived? What support is needed to achieve the results?	Perceptions of the partners on usefulness/ relevance/ effectiveness of type and nature of support provided by WVF	√	√	√	
		EQ 3.3. What has been achieved in terms of Cross-cutting objectives?	Measures to reduce vulnerability and to strengthen the resilience of people, ecosystems and societies to climate risks and the impacts of climate change.	√	√	√	
EFFICIENCY	**The extent to which the intervention delivers, or is likely to converse inputs (funds, expertise, natural resources, time, etc.) into outputs, outcomes and impacts, in the most cost-effective way possible (OECD/DAC 2020)**						
	EQ 4 How well is the Programme using the available resources for implementing various planned activities to achieve results in terms of quantity, quality and timeliness?	EQ 4.1. How are available resources (e.g., networks, partnerships) used?	Evidence on efficient use of resources and partnerships	√	√	√	√
		EQ 4.2. How the use of LEAP has supported accountability, management and learning? EQ 4.3. How management/ administrative arrangements are supporting the programme implementation and monitoring?	Evidence on the use of monitoring systems (Learning through Evaluation with Accountability and Planning)	√	√	√	√
			Perceptions of informants on the efficiency of management and administrative arrangements		√	√	
IMPACT	**The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level long-term effects. (OECD/DAC 2020)**						
	EQ 5 Is the Programme contributing to improved child	EQ 5.1. What specific measures have been applied to ensure sustainable impacts to improved child wellbeing	Measures targeted to generate sustainable impacts		√	√	

	wellbeing and changing and transforming communities, including cross-cutting themes?	and changing and transforming communities?	Risks and their mitigation measures				
		EQ 5.2. Are any intended and unintended, short- and long-term, positive and negative impacts observed or anticipated?	Impacts observed and anticipated Mitigation measures for negative impacts		√	√	
SUSTAINABILITY	**The extent to which the net benefits of the intervention continue, or are likely to continue.**						
	EQ 6 How likely will the Programme's achievements (economic/financial, institutional, technical, socio-cultural and environmental) sustain after WV's support comes to an end?	EQ 6.1. Are sustainability strategies / exit strategies prepared, including risk and assumption assessment?	Availability of sustainability analysis/ strategy/exit strategy;	√	√	√	
		EQ 6.2. What has been done to ensure sustainability of necessary key actions and achievements. for instance, what has been done to ensure resilience?	Measures for ensuring sustainability	√	√	√	
		EQ 6.3. How the WV's 'Drivers of Sustainability' are applied to ensure sustainability? Are these factors sufficient to ensure sustainability?	Drivers of Sustainability' indicators	√	√	√	
		EQ 6. 4. What needs to be done during the remaining time of programme period to ensure sustainability of achievements and for further scaling up if relevant?	Measures enhancing sustainability		√	√	

Annex 4 Summary of Programme allocations 2018-2021

Source: Programme Annual Budgets 2018, 2019, 2020 and 2021

Item	Budget, €/year				
	2018	2019	2020	2021	Total, €
A Projects					
ASIA					
Santuk Area Development Programme	346 535	304 348	318 182	333 333	**1 302 398**
Cambodia total	***346 535***	***304 348***	***318 182***	***333 333***	***1 302 398***
Hoshangabad Area Development Programme	311 881	273 913	286 364	250 000	**1 122 158**
Rajnandgaon Area Development Programme	311 881	273 913	286 364	0	**872 158**
India total	***623 762***	***547 826***	***572 728***	***250 000***	**1 994 316**
ASIA TOTAL	***970 297***	***852 174***	***890 910***	***583 333***	***3 296 714***
AFRICA					
Mogotio Area Programme	346 535	304 348	319 934	250 000	**1 220 817**
Ng'oswet Area Programme	425 743	373 913	390 909	358 333	**1 548 898**
Roysambu Youth Livelihood Project	99 010	86 957	109 091	100 000	**395 058**
Sook anti FGM and reproductive Health Project	99 010	86 957	272 727	225 000	**683 694**
Finnish baby aid kit in Kenya (FBAK / Weconomy)	0	0	45 455	41 667	**87 122**
Kenya total	***970 298***	***852 175***	***1 138 116***	***975 000***	***3 935 589***
Buliza Youth Empowerment Partnership Programme	99 010	86 957	109 091	100 000	**395 058**
Rwanda total	***99 010***	***86 957***	***109 091***	***100 000***	***395 058***
Busia Municipal Council Area Programme	247 545	217 391	227 273	208 333	**900 542**
Kirewa-Nabuyoga Area Development Programme	445 545	391 304	390 909	375 000	**1 602 758**
Uganda total	***693 090***	***608 695***	***618 182***	***583 333***	***2 503 300***
FMNR Special Project	0	178 000	410 442	308 333	**896 775**
Ethiopia total	***0***	***178 000***	***410 442***	***308 333***	***896 775***
FGM Special project	0	218 000	272 273	266 667	**756 940**
Somalia total	***0***	***218 000***	***272 273***	***266 667***	***756 940***
AFRICA TOTAL	***1 762 398***	***1 943 827***	***2 548 104***	***2 233 333***	***8 487 662***
A PROJECTS TOTAL	***2 732 695***	***2 796 001***	***3 439 014***	***2 816 666***	***11 784 376***
B. PLANNING, MONITORING AND EVALUATIONS OF PROGRAMMES AND CAPACITY BUILDING					
Evaluations, research and capacity building in programmes	87 623	81 293	52 500	57 500	**278 916**
Travel to programmes by WVF Programme Team	50 000	30 000	35 000	35 000	**150 000**
Capacity building of WVF Programme Team	55 000	42 000	42 000	42 000	**181 000**
Audit of the Child Rights Programme	7 000	7 000	7 000	7 000	**28 000**
Personnel costs of Programme Team	147 531	200 000	207 000	207 000	**761 531**
B PME & CAPACITY BUILDING TOTAL	***347 154***	***360 293***	***343 500***	***348 500***	***1 399 447***
D. COMMUNICATIONS AND ADVOCACY					
Programme communications	140 039	125 039	164 000	155 000	**584 078**
Development communication and advocacy	140 039	125 039	125 000	125 000	**515 078**
Global education	3 000	0	0	0	**3 000**
D. COMMUNICATIONS AND ADVOCACY, TOTAL	***283 078***	***250 078***	***289 000***	***280 000***	***1 102 156***
E. ADMINISTRATION	***373 600***	***376 900***	***451 500***	***259 314***	***1 461 314***
GRAND TOTAL	***3 736 527***	***3 783 272***	***4 523 014***	***3 704 480***	***15 747 293***

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WVI 2014. Compendium of Indicators for Measuring Child Well-being Outcomes, August 2014

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WVI 2020. Our Promise – Going Further.

WVI 2020. World Vision Policy Position – Climate Action.

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WV Cambodia Strategy Fiscal Year 2017-2022

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WV International Cambodia Field Office Strategy FY20-22

WV India Country Strategy April 2014 – March 2019

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WV Uganda Strategy 2016-2020. Equip, Advocate, Empower.

WV Rwanda Annual Report 2019. Our Impact Update

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Toimintakertomus FY2019

Tilinpäätös tilikaudelta 1.10.2018-30.9.2019

WVF Peer Review Report 2017

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Lasten ohjelma indikaattorit 2018-2021

Annual Plan and Budget 2018

Annual Report 2018

Annual Plan and Budget 2019

Child Protection Capacity Mapping Questionnaire for programmes/projects funded by World Vision Finland, September 2019

Annual Report 2019

Annual Plan and Budget 2020

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WV Kenya 2017. [Roysambu] Youth Livelihood Project. Project Concept

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WV Kenya 2019. Ng'oswet Area Programme. LEAP 3 Area Programme Annual Management Report FY18

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WV Kenya 2019. Sook Child Promotion Anti FGM Project. LEAP 3 Area Programme Annual Management Report FY 18

WV Kenya 2020. Mogotio Area Programme. LEAP 3 Area Programme Annual Management Report FY19

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Annex 6 Persons Interviewed

World Vision Finland

1. Ms Tiina Antturi, CEO
2. Ms Annette Gothoni, International Programme Director
3. Mr Miikka Niskanen, Head of Humanitarian Aid and Grants
4. Ms Merja Tikkanen-Vilagi, Project Coordinator
5. Janika Valtari, Project Coordinator (on leave of absence)
6. Jussi Laurikainen, Project Coordinator
7. Marjut Toroskainen, Finance Manager

Ministry for Foreign Affairs, Finland

8. Ms Tiina Kajakoski, Desk Officer, Unit for Civil Society

World Vision Cambodia

9. Mr Sokkhy Chan, Manager, Santuk AP
10. Mr Lyhorn An, Regional Manager for KPT&KCC Province
11. Mr Veasna Chhay, Child Protection and Advocacy Technical Lead

World Vision Ethiopia

12. Mr Kebede Regassa, Climate Change and Environment Projects Manager

World Vision India

13. Ms Priya Livingston, Manager Legal Services, Head Office
14. Mr Satya Prakash Pramanik, Associate Director, Central Zone
15. Mr Gabriel Das, Manager, Design, Monitoring & Evaluation (DME)
16. Mr Poonam Chand Kurre, Coordinator, Strategic Alliance and Monitoring (CSAM)
17. Mr Sandeep Singh, Program Manager (interim), Hoshangabad ADP
18. Mr Bishnu Mohan Jena, Coordinator - Strategic Alliance & Monitoring for Rajnandgaon ADP
19. Mr Yacobu Devabhaktula, Disability Adviser, member of DILT

World Vision Kenya

20. Mr Moses Kiptugen, Ng'oswet AP Manager
21. Ms Ruth Chebii, Project Coordinator
22. Mr Fred Wambia, Mogotio AP Manager (until Oct 2020 – responded via email)
23. Mr Titus Kaprom, AP Manager, Sook anti-FGM

World Vision Rwanda

24. Mr Aphrodice Muheshyi, Cluster Manager

World Vision Somalia

25. Ms Patience M. Kithaiga, Project Manager
26. Ms Beryl Auma, Technical Specialist, Protection and Education
27. Mr Paul Owora, Technical Specialist, Child Protection

World Vision Uganda

28. Mr Simpson Biryabaho, Programme Manager, Busia AP
29. Mr Joseph Ecidu, Programme Manager, Tororo-Butaleja AP)
30. Mr Edward Khaukha, Regional Programmes Manager (Kirewa-Nabuyoga AP)
31. Ms Immaculate Sekitto, Technical Programme Manager Resilience and Livelihood

Point Advisory, Australia

32. Mr Dean Thompson, Senior Manager, Climate Change & Environment, Point Advisory, Melbourne, consultant to the FMNR project in Ethiopia

Mapping of Citizen Voice and Action in Busia Community

January 2021

William Adibaku

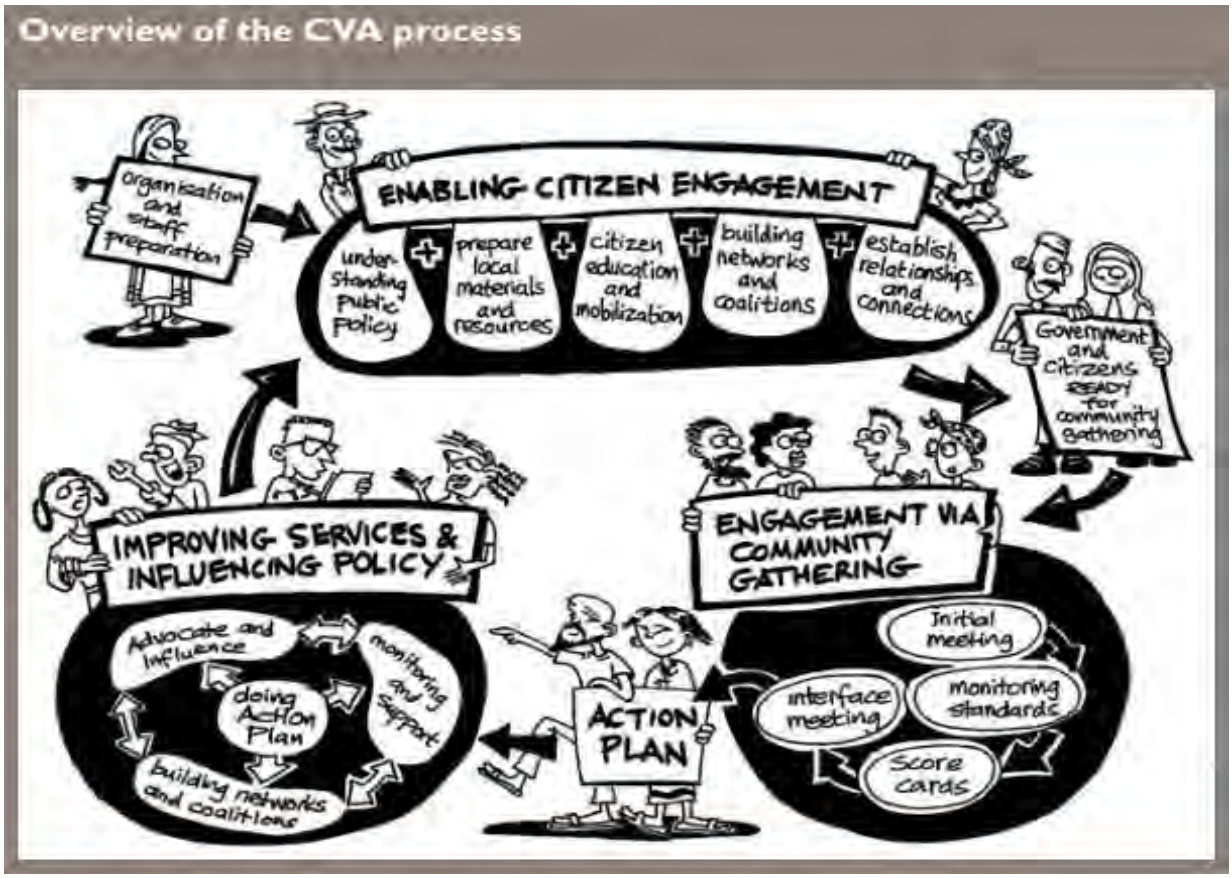
Munduru Susan

List of Abbreviations

Abbreviation	Description
ANC	Antenatal Care
AP	Area Programme
ART	Anti Retro Viral Therapy
BMC	Busia Municipal Council
BUFA	Busia Fisheries Association
CDO	Community Development Officer
CHW	Community Health Worker
COVID	Corona Virus Disease
CP	Child Protection
CVA	Citizen Voice and Action
FGD	Focus Group Discussion
HC	Health Centre
HF	Health Facility
HUMC	Health Unit Management Committee
LG	Local Government
LLITN	Long Lasting Insecticide Treated Net
MNCH	Maternal, Neonatal and Child Health
NGO	Non-Governmental Organisation
OPD	Out Patient Department
PNC	Post Natal Care
SMG	Samia Marathone Group
TBA	Traditional Birth Attendant
ToT	Training of Trainers
UGX	Ugandan Shilling
USD	United States Dollar
UWESO	Uganda Women's Effort to Save Orphans
VHT	Village Health Team
WASH	Water Sanitation and Hygiene
WV	World Vision
WVU	World Vision Uganda

1.Introduction

Citizen Voice and Action (CVA) is a local level advocacy and social accountability approach that facilitates dialogue between communities and government in order to improve services (like health care and education services) that impact the daily lives of children and their families. CVA works by informing citizens about their rights and then equipping them with a set of tools, designed to empower them to engage in local advocacy to protect and enforce those rights. First, communities learn about basic human and child rights, and how these rights are expressed under local law. Next, communities work collaboratively with government and service providers to compare reality against their government's own commitments. Communities also have the opportunity to rate government performance against criteria that they themselves generate. Finally, communities work with other stakeholders to influence decision makers to improve services, using a simple set of advocacy tools. As government services improve, so does the well-being of children. Figure below demonstrates the CVA process in a step-by-step diagrammatic process.



Source: Citizens Voice and Action. Field Guide.
https://www.wvi.org/sites/default/files/Citizen%27s%20Voice%20and%20Action%20Field%20Guide.pdf

World Vision Uganda (WVU) has been implementing "The Citizen Voice and Action" approach as one of its advocacy models aimed at empowering communities to hold duty bearers accountable by demanding for appropriate service delivery across all its Area Programmes (APs) since 2008 through different projects in health, education, child protection and resilience and livelihoods. To date, 45 Area Programmes are implementing the CVA approach with over 176 active CVA working groups across all the Programmes that have reached over 450,000 community members with CVA engagements in 2019-2020 alone.

The Area Programme has been implementing a number of projects that include; Health & Nutrition, Peace & Protection and Resilience and Livelihood that have enabled Busia Municipal Council Area Programme and her partners make a significant contribution to child wellbeing. Busia Municipal Council (BMC) is one of the Area Programmes implementing CVA in the eastern region of Uganda and is located in Busia District. BMC is located in Samia Bugwe North constituency in the eastern part of Busia District in the south-eastern part of the Republic

of Uganda. It is approximately 196km from Kampala the capital city of the Republic of Uganda and it is bordered with the republic of Kenya on the eastern side, Dabani Sub-county in the south, Bulumbi and Busitema Sub-counties in the west, and Buteba Sub-county in the north. The Town lies approximately between longitudes 3305' East and 3401' East, and latitude 0010'North and 0035' North. The Town covers a total area of 7.7 sq. km. BMC has a total population of about 57,383 (31,880 females, 25,503 males) people and an annual population growth rate of about 2.7% and the total fertility rate is 7.1 according to the 2014 Uganda census population projections. BMC is an urban centre and has several tribes with a more cosmopolitan atmosphere. Majority of the population within the programme area of BMC is a commercial hub of the district. It is predominantly inhabited by migrant populations who come from different ethnic backgrounds including the Baganda, Basoga, Bagwere, Langi, Banyankore, Banyarwanda and Japadhola among others.

The Area Programme has as such been implementing its interventions since inception in 2010 with a goal of improving the quality of life of the most vulnerable children and their families through joint action of partners in BMC by 2020. Among its interventions, CVA has been one of the core and cross cutting approaches aimed at empowering communities to demand for appropriate service delivery. This has mainly been through the identification and training of community members as Trainers of Trainers (ToTs) to act as CVA practitioners in their communities. Through these ToTs at community level, World Vision has focused on facilitating them to; sensitise communities on CVA engagements, reach out to local government and other categories of leaders and sensitise them on CVA engagements but also raise concerns from community on poor service delivery, mobilise communities for CVA dialogue meetings, conduct the community dialogue meetings, follow up on actions generated from the CVA engagements and meetings and as well train other community resourceful persons in CVA approach.

In 2019, the period covered by this mapping, the AP facilitated community engagements using CVA approach engaged and reached over 210 community members of school management and administration structures for the 7 primary schools, over 1,500 people through Maternal and Child Health sensitisations while 352 community members were sensitized at the health facility through CVA community gatherings. Accordingly, 32% of caregivers are aware of and appreciate the role played by the CVA teams in bringing reforms in service delivery at Busia Health Centre IV among other health facilities in the Programme Area compared to just 7.4% at baseline and 28.7% in 2018 (BMC, Annual Report, 2019).

2. Purpose of the mapping study

The purpose of the rapid CVA mapping conducted as part of the broader evaluation is to provide a 'snapshot' on the use of CVA in the health sector interventions and how they are linked with the Child Protection. This study was as such focused on assessing the utilisation of CVA in Busia Municipal Council which is one of World Visions operated Area Programme under funding from World Vision Finland with focus to the health sector and how this is linked to Child Protection. The study was as such a rapid highly qualitative assessment conducted in a period of about 10 working days to generate successes, lessons learned and challenges from the implementation of CVA in Busia Municipal Council (BMC).

This is not an evaluation but a mapping study to capture experiences and lessons learned in the use of CVA in World Vision supported interventions in the health sector. The mapping study will identify and document lessons learned challenges and learnings in order to enhance program and project teams' capacity for more effective implementation.

The mapping study focused on analysing how the use of CVA in the health sector is linked with the overall objective of the World Vision's work on Child Protection and sought to answers the following indicative study questions;

a. What is the perception of stakeholders on the relevance of the approach as a means to empowering citizens in the target communities to be able to articulate policy standards and to be able to demand for better service delivery from Government in the health sector? How does it complement the other advocacy activities in the health sector with particular focus on Child Protection?

b. What results has the application of CVA produced in terms of empowering and capacitating communities and in terms of policy changes and implementation and in relation to Child Protection? What other factors contribute to the success? What have been the challenges in the two contexts?
c. What measures are in place to sustain and further develop use of CVA? Are capacities supported by CVA interventions likely to be sustained?

3. Methodology

The rapid assessment was conducted using qualitative methods that involved the purposive selection of key respondents for the study in a highly participatory manner. The assessment as such utilised the following categories of qualitative methods and tools in undertaking the assignment;

a) Document review

As part of the CVA rapid assessment, document review was one of the processes used in the collection of relevant information in regards to the assessment. As such, different categories of documents were reviewed as provided by World Vision staff; Annual Reports and mid-year reports 2018, 2019 and 2020, World Vision Health Technical Programme, BMC project plans that included log-frames and budgets, national strategy 2016-2020 and the Child Protection Technical Programme. These documents guided and aided the assessment process right from inception for the tools development process to the analysis and comparison of results.

b) Focus Group Discussions

A total of 5 Focus Group Discussions (FGDs) were conducted within BMC were conducted using a well-structured focus group guide developed in consultation with WV team and the Lead consultant from Finland. Three categories of community structures or groups were purposively selected in consultation with WV Busia and National Office. The selection of these groups was based on their prior involvement and engagement with CVA activities in BMC and these included; 2 groups of Community Health Workers or Village Health Teams (VHTs), 2 groups of Care group/Lead mothers and 1 group of CVA practitioners. The FGDs were conducted by the consultants with support from WV Busia and National Office team that guided mobilisation and facilitation efforts.

c) Key Informant Interviews

Key informant interviews were conducted based on a list of purposively selected partners and technocrats at the district, Busia Municipal Council and Busia Health centre IV. These were selected based on their level of knowledge and involvement in CVA activities of the Area programme in BMC. A total of 13 key informants were as such interviewed using a well-structured key informant interview guide. A combination of both face to face and telephone while in the filled for data collection and phone interviews for those that opted for telephone interviews due to their busy schedule or the need to prevent contact in prevention of COVID-19 were used in the data collection process.

d) Observations

The observations method was used mainly to observe key tangible achievements of CVA as pointed out by the informants and from the group discussions by physically going to see these achievements that were in form of structures, construction sites or even individuals. This was as such combined with photographs for purposes of providing a pictorial view of the said achievements or challenges.

For all the participants engaged during the data collection process, these were mainly community members from the Local government such as Community Development Officer, Health Inspectors, participants from Busia Municipal Council such as Secretary for Health, Principal Medical officer, Divisional Health Inspectors, Divisional Chiefs in BMC and informants from the Busia Health centre IV where numerous achievements have been registered that include the Health In-Charge or Facility Doctor, Nurses and Mid Wives. These are different categories of participants that have been involved right from planning, implementation and the monitoring of CVA initiatives in Busia Municipal Council through training, sensitising communities, attending meetings, follow up and acting on CVA actions from the community dialogues organised.

4. Findings (by mapping question and stakeholder group)

The following table summarises the findings and conclusions of this m aping study as well as issues arising.

What is the perception of stakeholders on the ***relevance of the approach*** as means to empowering citizens in the target communities for them to be able to demand for better service delivery from Government in the health sector?		
FINDINGS - (By stakeholder group)	**CONCLUSIONS AND ISSUES ARISING -** *(based on the findings and your analysis)*	**LESSONS LEARNED AND RECOMMENDATIONS**
- *"CVA is an approach that amplifies the voice of the people to get social services e.g., health, education, etc", Community Health worker CHW* - *"An advocacy approach to bring better services to the community by speaking out on things that are not fine or not working e.g., improving of service delivery through community dialogues", (CHW)* - *"Voice of the voiceless",* CVA practitioners - *"Method that empowers local communities to link them to service providers for quality service delivery using various steps/methods and approaches",* CVA practitioners - *"Creating awareness on appropriate service delivery to people on policies and expected standards for services to be received by the community from government",* CVA practitioners - *"Advocacy approach to empower local communities to demand for quality service delivery", CVA practitioners* - *"Approach that empowers communities to demand for what they know they are expected to receive", Lead mothers* - *"Sensitization of communities on polices and standards in line with services they are supposed to received and they are in position to demand local government leadership to receive these services", CHWs* *"CVA is a bridge between the community and the organization hearing out the voice between the poor and un-privileged or vulnerable people and raising issues affecting them in line with social services they are supposed to receive",* Secretary for health BMC *"CVA is about empowering voices of the community and under privileged persons",* Secretary for health BMC *"Coordination of all stakeholders concerned both technical and political at the district and municipal level in holding them accountable as duty bearers for appropriate service delivery",* Secretary for health BMC *"Advocacy approach to improve health service delivery such as customer care, core staff, infrastructure, drugs",* Secretary for health BMC *"Protect the rights of mothers and children in regards to access to health services",* Secretary for health BMC	- There is a generally common understanding of CVA by community members and stakeholders in BMC with a general aim of improving health service delivery in BMC - The objectives of CVA in BMC are indeed well aligned to the objectives of the health sector and District Health Team that focuses on improving health service delivery in BMC. As such, the approach has been very well embraced by the BMC and district leadership as an advocacy tool - CVA comes along with a component of monitoring government services through the health inspectors across the district. CVA as such complements government initiatives and acts as an advocacy and accountability arm for appropriate service delivery - The approach as well empowers local communities to speak out on poor service delivery and as such complement's government efforts ensuring appropriate service delivery in BMC - The approach as well creates awareness on expected health service delivery by government and as such complements government efforts of sensitising communities on their entitlements in terms of health service delivery. - Overall, the CVA approach has been seen to be relevant and very much appreciated by local community members and local government officials as a means of empowering citizens in the target communities for them to be able to demand for better service delivery from Government in the health sector.	- Relevance of the CVA approach has been linked with the need to involve the community, local government, and the respective leadership in working together for a common goal. As such, it is imperative that at all stages of the CVA cycle, local leadership is involved in taking lead of CVA engagements in the community for aspects of sustainability. - For the CVA approach to be more relevant, it is important that the objectives of CVA in a community are aligned with the objectives of a sector of interest and in this case the health sector and see to it that the right persons within the health structure are involved and targeted right from the community structures to the district level structures. - It is important that Local Government (LG) owns up and takes lead in the planning, implementation and monitoring of CVA engagements in the district and institutionalise it as an advocacy approach to health system strengthening within the district and BMC if this approach is to become more relevant to district health system strengthening

How does CVA ***complement*** the other advocacy activities in the health sector with particular focus on Child Protection?		
FINDINGS (by stakeholder group)	CONCLUSIONS AND ISSUES ARISING (based on the findings and your analysis)	LESSONS LEARNED AND RECOMMENDATIONS
"CVA approach aims to see to it that all children receive quality health services especially children under 5 who are more at risk", CHWs *"CVA approach as well aims at ensuring that all children are registered at birth which is a key Child protection issue",* CHW *"CVA practitioners have engaged with the CP coalitions on issues of domestic violence and child abuse with the aim of ending violence against children",* CVA practitioners *"The CVA engagements have engaged para-social workers with support from Uganda Women's Efforts to Save Orphans (UWESO) on issues of gender-based violence and their linkage to a child",* CVA practitioners *"The District Health team is mandated to ensure improved health service delivery with focus to under 5s who are most vulnerable. These are the same objectives of the CVA practitioners and as such have similar goals and expected achievements",* Health Inspector, BMC *"Some of the CVA practitioners are CHWs within BMC while Local Government (LG) staff involved as well include health inspectors and health assistants who are very much interested in improving health service delivery and have indeed used CVA as an advocacy tool to voice out issues affecting health service delivery and jointly iron them out",* Chief Eastern Division, BMC *"Through the World Vision's it takes a world to end violence against children, the district has supported initiatives such as ensuring that all children are immunized, all children are registered at birth for purposes of protecting their rights and protecting them from violence or even infections",* Principal CDO, BMC	- The Health Technical Programme for BMC focuses on improving health of children under 5 years of age. The Child protection TP as such focuses on all children under 5. This means that interventions of CVA in line with CP need to focus on health of children under 5. As such, below are some of the interventions under CVA that have complemented health initiatives in BMC; - CVA approach aims at ensuring that all children receive quality health services which is the same objective of the health TP. Access to quality health services is a Child Protection (CP) requirement as one of the rights for all children - Through the World Vision's it takes a world to end violence against children campaign, the district has supported initiatives such as ensuring that all children are immunized, all children are registered at birth for purposes of protecting their rights and protecting them from violence or infections - CVA practitioners have engaged with the CP coalitions on issues of domestic violence and child abuse with the aim of ending violence against children. These have as well included engagement with para-social workers with support from UWESO on issues of gender-based violence and their linkage to a child. - Whereas there are areas where the CVA has complemented the other advocacy activities in the health sector, this has not manifested strongly in the Child Protection sector. This could be probably in line with the focus on the "It takes a world to end violence against children" that focuses on ending child marriage, ending violence children in school and ending child sacrifice which are not clearly in line with the objectives of CVA in the health sector.	- It is important that there is integration of all advocacy initiatives so as to complement each other and accelerate advocacy/CVA achievements. This has been seen with the CP sector and related advocacy campaigns that are not in line with the objectives of the CVA initiatives for the health sector in BMC
What ***results*** has the application of CVA produced in terms of empowering and capacitating communities and in terms of policy changes and implementation? What other factors contribute to the success?		
FINDINGS (by stakeholder group)	CONCLUSIONS AND ISSUES ARISING (based on the findings and your analysis)	LESSONS LEARNED AND RECOMMENDATIONS
"Communities have been educated and empowered of their roles and entitlements or services and community members have been empowered accordingly to speak out", Health Inspector Eastern division, BMC *"Service delivery at the health facility has greatly improved over time as a result of CVA engagements with Busia HF changing its status from a very*	- Improved health service delivery at Busia Health Centre IV and BMC coverage. This can be evidenced by the increased number of people visiting the health facility as well. This has been mainly as a result of; - Structural improvements at the health facility that have seen service delivery improved at the facility - Improvement in customer care at the health facility	**<u>World Vision</u>** - There is need for World Vision to priorities and popularize the CVA approach across all communities in BMC and train more CVA practitioners especially among the community structures especially the CHWs

bad health facility to a very good health facility", Health Inspector Eastern division, BMC *"The Facility used to charge patients a fee for services offered at the facility which was not legal and because of CVA bringing out these issues, this was stopped and services are currently free of charge",* Health Inspector Eastern division, BMC *"There has been an improvement in staffing of the health facility with about 80% of the staffing already covered at the facility and two additional doctors supporting the HC IV compared to one doctor in 2010",* Secretary for health, BMC *"Because of CVA, the health facility now boasts of 11 million Ugandan Shilling (UGX) worth of drugs compared to 7 million way back in 2014",* Secretary for health, BMC *"Staff housing at the facility has as well been improved with a new structure under construction to house more than 10 health facility staff within the facility. This was indeed majorly out of CVA engagements",* Secretary for health, BMC *"Community members are appreciative r service delivery at the facility and they attribute this to the opportunity given to them to air out these issues and hold duty bearers accountable",* Health Inspector Eastern division, BMC *"To date, due to influence of CVA engagements, budget allocations to the facility are now being displayed on the facility notice board for transparency which used not to be the case",* Secretary for health, BMC *"Issues of bribery at the facility were reduced with the removal fees charged to clients visiting the facility. This led to an increase in the number of Antenatal Care (ANC) and Post Natal Care (PNC) attendance and reduced number of deliveries in homes",* Health Inspector Eastern division, BMC *"Due to CVA efforts, there have been structural improvements at Busia HC IV that include; construction of Out Patient Department (OPD), theatre and now construction of the staff quarters and maternity are ongoing",* Secretary for health, BMC *"Timely service delivery has improved at the facility with clients now spending less time at the facility than was before as a result of CVA engagements",* Health Inspector Eastern division, BMC	- Increased government support for the health facility especially the LG and BMC - Increased work force at the heath facility with over 80% of the staffing ceiling covered. 3 Doctors now supporting the health facility compared to previous 1 doctor - Increase in the quantity of drugs received at the heath facility - Improvement in the number of outreaches conducted by the health facility reaching out to hard-to-reach communities and taking health services nearer - Increased level of security within the health facility with security lights installed at the health facility, two gates created at the facility i.e., main gate and the mortuary gate - Ordinances enforcement at community level of every household having improved hygiene and sanitation facilities and no animals roaming within the town centre have impacted the community with no more Cholera outbreaks reported during the last 5 years! - Communities have been empowered on their roles, entitlements and responsibilities in seeking for quality health services in BMC - All services provided at the health centre IV are now free of charge and patients not charged for health services offered as it used to be. - There are elements of increased transparency and accountability at the facility as most details such as available drugs and accountabilities are now pinned on the notice board for all members to see - Timely service delivery at the health facility with patients taking less time at the facility than before. Services are also available 24 hours a day which used not to be the case **<u>Other factors that have contributed to success of CVA</u>** - Involvement of community health structures such as Village Health team (VHTs), Health Unit Management Committee (HUMCs), mother care groups or lead mothers and the district health sector whose goals and objectives are similar to the expectations of CVA - Strong composition of the CVA practitioners identified and trained. These were linked to the health sector, vocal, articulate and aggressively followed through on CVA actions with the relevant authorities. - The support from the local leadership from both the district and BMC was very instrumental in contributing to the achievements of CVA. - CVA engagements as well in BMC were well funded with financial support from World Vision, BMC, LG and the private sector such as Busia Fisheries Association (BUFA), Samia Marathone Group, Uganda Revenue Authority and Banks within Busia.	- Support the CVA practitioners to group up as a Community Based Organization that can stand independently and lobby for funding specifically to run CVA activities in BMC - World Vision needs to start sub granting CVA activities to the CVA practitioners so as to strengthen their capacity in project management and future takeover of CVA interventions in BMC - During transition period, WV should support the monitoring of CVA engagements within the district and BMC and providing further mentorship in the application of CVA in BMC as a measure of sustainability - There is also need for WV to document learning's from CVA and publish these or share these with the central government at the Ministry of Health and sell the CVA initiative for possible takeover and institutionalization within the government system so that CVA is taken as an advocacy and accountability arm of the health system - WV should support in engaging the private sector and other potential NGOs or stakeholders in supporting the CVA initiatives within BMC for sustainability purposes **<u>District and BMC</u>** - BMC and the LG needs to institutionalize the CVA approach as part of the government advocacy and accountability process by planning and budgeting for CVA processes as WV transitions - Local government and BMC need to own up the CVA processes and plan, budget, implement and monitor CVA engagements within BMC - The district could bring on board other NGOs and stakeholders within the district to take up the approach as an advocacy engagement tool - LG needs to replicate the CVA engagements in other communities where WV is not present since this approach seems to have yielded results in BMC **<u>Learning's</u>** - Effective implementation of CVA requires the involvement of both political and technical leadership on CVA interventions right from planning, implementation and monitoring

"Through the CVA engagements, health workers as well had an opportunity to voice out their grievances which were addressed accordingly", Health Inspector Eastern division, BMC *"As a result of CVA dialogues meetings, isolation of Tuberculosis clients were effected and stopped mixing with others to avoid further infections. Anti Retro Viral Therapy (ART)",* Chairperson, Child Protection Committee *"Have tabled CVA issues to the attention of district management like members of parliament, and concerned community groups to cause positive change in improving quality of health service delivery in Busia",* Secretary for Health, BMC *"Through CVA, a new OPD block was constructed which led to an increase in outpatients, delivery beds were procured for the maternity wing, children's ward was renovated and well equipped",* Community Development Office (CDO), BMC		- Partnering with both internal and external stakeholders in the planning, implementation and monitoring of CVA is important as it creates a sustainable base for CVA actions that sometimes need financial support given the limited resources of government - CVA is an advocacy tool that empowers communities to be able to demand for improved service delivery and needs to be taken up by LG as a health advocacy and accountability approach - Composition of the CVA working teams need to align with the objectives of CVA for example in the health sector, it is important that community health structures are used to identify relevant CVA practitioners for training as the aim is to improve health service delivery
What have been the challenges?		
FINDINGS (by stakeholder group)	CONCLUSIONS AND ISSUES ARISING (based on the findings and your analysis)	LESSONS LEARNED AND RECOMMENDATIONS
"The fruits of the CVA approach are sometimes not immediate and take long to take effect. This sometimes demoralizes community members into thinking that nothing is happening. The CVA practitioners need to as such device means of ensuring feedback gets back to service users in time through different approaches of communication", CHWs *"Political leaders have sometimes taken CVA achievements for political gains and sometimes politicized the approach. There is thus need to intentionally target such leaders and sensitize them in detail in regards to CVA processes but also empower the community more through sensitization to know what is entitled to them",* CHWs *"There been changes in community and facility leadership that has seen good resourceful CVA practitioners transferred to other locations outside BMC that has limited accelerated improvement in CVA achievements",* CHWs *"The community has very high expectations from the CVA process and sometimes community is not given feedback timely on progress of some of the CVA actions which reduces their moral in engaging on some of the CVA issues",* CVA practitioners *"There are usually delays in facilitating some of the CVA community engagements which in turn delays some of the pending issues in the*	- Some CVA achievements are long term and therefore do not yield immediate results - Some political leaders have taken advantage of CVA achievements for their political popularity - Drop off of some CVA members or district leadership over time has affected accelerated CVA achievements with the need to re-identify and re-train or orient new members on board. - High expectations from community members in regards to CVA engagements - Delayed feedback to the community members on CVA actions agreed upon - Limited funding for CVA engagements in BMC - CVA misconceived as a way of criticising or pinning district/BMC leadership thus causing conflict among the two parties - Failure to fulfil some of the CVA actions in time - Limited number of CVA practitioners trained at district leadership level - Due to COVID-19, it has been hard to hold these community engagements in FY20 and this affected CVA processes and follow up on some of the actions made -	- Provide appropriate sensitisation to community members and build realistic timelines and targets during the CVA dialogues meetings - It is important that political leaders are intentionally targeted right from start and sensitised about the CVA approach and prevented from using the approach for political gains and popularity - There is need to engage leadership within the district and BMC to avoid transfer of staff especially those that have been trained on CVA unless clear successions plan for CVA engagements are clear and known - Continuous sensitisation and involvement of community members in all stages of the CVA process is important in creating a common understanding of CVA - CVA practitioners need to plan appropriately all CVA engagements and make use of all dialogue meetings in providing timely feedback on progress of previous actions before discussing any new issues - There is need for the LG to collaborate with the private sector and other institutions such as URA and Banks for financial support

community in regards to improvement of health services in BMC", CVA practitioners *"Little funding for CVA processes that has not allowed CVA engagements to be expanded across the whole BMC community",* CVA practitioners *"Late CVA engagements such a dialogue and some key participants failing to attend meetings has sometimes affected the CVA processes"* Lead mothers *"Some leaders especially LG and Facility staff look at the CVA process as a way of pining them yet this is aimed for improved service delivery",* CVA practitioners *"Some promises made through CVA engagements have often not been fulfilled or even take too long to be fulfilled",* Lead mothers *"There is change in staffing within the LG, BMC, WV and the Facility as well and this derail or slows down CVA processes as it requires retraining of these officers in taking over some of the tasks",* CVA practitioners *"The district has not fully embraced the CVA approach and needs to be brought up right from the grassroots to the central government through BMC and the district as it still looks as if it is owned by WV",* Secretary for health BMC *"Limited number of district officials that have been trained in this approach and therefore the need for more of them being trained for purposes of having easy buy in and adoption",* Secretary for health BMC		
What measures are in place to ***sustain and further develop*** use of CVA? Are capacities supported by CVA interventions likely to be sustained?		
FINDINGS (by stakeholder group)	CONCLUSIONS AND ISSUES ARISING (based on the findings and your analysis)	LESSONS LEARNED AND RECOMMENDATIONS
"There has been training and involvement of CVA practitioners that are within the government structure e.g., CHWs, BMC team, District leadership who can take on the approach in case World Vision Transitions", CHWs *"Expand the CVA process to the local level as well by training more of the CHWs in CVA so as to have more communities empowered for sustainability",* CHW *"Government needs to institutionalize the CVA approach as part of the government accountability process through planning and budgeting for CVA processes",* CHWs	- Partnerships with different partners and stakeholders in BMC e.g., community structures, LG, private sector etc - Involvement of district & BMC leadership right from planning, implementation and monitoring of CVA engagements has created a sense of ownership to the CVA processes which is a strong pillar for sustainability of CVA engagements - Building capacity of existing community structures in CVA methodology and uptake of CVA activities - However, involvement of the political leadership has not been very strong within the municipality - The composition of the CVA working teams is sustainable with members of this team belonging to the already existing community structures	- In fostering sustainability of the CVA process, it is important that a strong partnership with both government and the private sector is built right from the start at planning of CVA engagements within the district. This will ensure that CVA interventions are sustainable over time. - The involvement of district & BMC top political leadership right from the start is important in having buy in from central government given that this is the decision-making body. - In the section of CVA practitioners, it is important that the sector of interest is taken into consideration

"There is also need to bring on board the top political leadership and sensitize them on the CVA approach since they are the decision and policy makers", CVA	- Whereas BMC has engaged the private sector and other institutions like Banks and URA for financial support, there is still need to strengthen this approach as a sustainable approach to CVA given that World Vision has provided the majority of financial support to CVA achievements - Whereas LG and BMC have been involved at all stages of CVA engagements, they are still far from owning up the process. There is thus need to devise appropriate approaches on how LG and BMC can own up CVA engagements in BMC - As World Vision transitions with time, it should focus on monitoring and supervising CVA activities with the LG taking lead while WV supports to ensure that CVA is being well implemented in BMC. - It is with no doubt that CVA has yielded tremendous achievements in BMC. However, there is need for the LG to replicate the approach in other communities where WV is not	and that the goals of the individual participants align well to the goals of CVA for accelerated CVA results - Fostering community ownership starts from involving the community at all levels of CVA engagements. - Whereas BMC has engaged the private sector and other institutions like Banks and URA for financial support, there is still need to strengthen this approach as a sustainable approach to CVA given that World Vision has provided the majority of financial support to CVA achievements - It is imperative that WV in partnership with the lG or BMC devise appropriate means through which LG/BMC can take up ownership of CVA engagements in BMC as WV transitions over time. - As World Vision transitions with time, it should focus on monitoring and supervising CVA activities with the LG taking lead while WV supports to ensure that CVA is being well implemented in BMC. - WV could support the CVA groups develop into CBOs that can be supported to win grants so as to take on the knowledge and skills in CVA for sustainability purposes

"CVA approach will be sustained because the district and BMC have been involved right from the start. However, they now need to own up the process right from the grass roots and plan and budget for CVA engagements within the district and BMC budgetary allocations for a more sustained approach", Secretary for Health, BMC *"Yes, CVA is a sustainable approach since its successes have been clearly seen by leadership of the district and BMC where the HC IV has been improved from a worse situation to a much better Health Facility ",* Secretary for Health, BMC *"The approach not only seeks financial support from WV but also the district and BMC through budget allocations that have seen increase in core staff at the HF, construction of the staff quarters, set up of more pit latrines and many more plans that have been set aside by the district and BMC",* Secretary for Health, BMC *"CVA is a very sustainable approach given that LG and the local communities handle all the engagements and WV only provides financial support. This means that this team can take over even when WV transitions but only need to budget for CVA activities within the LG budgets",* Chief Western Division, BMC *"Yes, CVA is sustainable as it deals with the locals and the government structures such as Health Facilities but only needs to start budgeting for these for further sustainability even after WV leaves",* Chief Eastern Division, BMC *"Community has been involved right from the start and they are in the lead of CVA interventions while WV is at the side to ensure that processes are followed as per the model. This means the process is actually owned by the community members and such very sustainable",* Health Assistant, BMC *"I believe that CVA is a sustainable approach given that the local communities have owned up most of the process with local leadership in the driving seat",* Community Development Officer, BMC	-	

5. Analysis and conclusions

This section of the report has been structured according to the objectives of the assessment in line with relevance, effectiveness and sustainability of the CVA approach as implemented by WV programmes in BMC with focus to the health sector and its linkage to Child Protection.

a. Relevance of CVA

This section aims to analyse the relevance of CVA as a means for community empowerment, and policy advocacy and to what extent there is a common understanding on its use and purpose. Relevance of CVA was assessed with focus on the categories of partners and stakeholders engaged to implement CVA including vulnerable groups and their understanding of CVA, the extent to which objectives of this approach (CVA) are consistent with the objectives of the group addressing the needs of the health sector and extent to which CVA complements other advocacy activities in the health sector with particular focus on Child Protection including.

The CVA approach was found to be highly relevant in the context of Busia Municipal Council given that its interventions are channelled through existing government structures such as the local government and BMC while targeting both the technical and political leadership in addressing the same objectives of improving health service delivery in BMC. This is particularly a strong pillar of sustainability if the already existing government structures are a channel through which the approach is implemented.

> *"Coordination of all stakeholders concerned both technical and political at the district and municipal level in holding them accountable as duty bearers for appropriate service delivery",* Secretary for health BMC

The community of BMC has over time been grappling with the challenge of poor service delivery of health facilities in the municipality. This as such affected the wellbeing of children in BMC and ultimately the appropriate protection of child rights and entitlements such as the right to good health. CVA comes along to empower the same community to speak out and demand for appropriate health service delivery. This thus becomes a relevant approach in amplifying the voice of the community on issues that affect their wellbeing.

> *"CVA is an approach by WV to empower communities to advocate for improved service delivery by holding duty bearers accountable",* Chief Eastern Division, BMC

> *"CVA approach helps ensure that the voice of the voiceless is heard by identifying gaps and looking for solutions together with leadership",* Community Development Officer, BMC

> *"Timely service delivery has improved at the facility with clients now spending less time at the facility than was before as a result of CVA engagements",* Health Inspector Eastern division, BMC

The local government is as well constrained with the need to effectively sensitise the communities on their entitlements but also understanding the expected standards and thresholds. CVA as such presents an opportunity for appropriate sensitisation of the communities through the district and BMC leadership on the entitlements of community members but also in understanding the expected thresholds and standards for quality health services.

> *"CVA is an approach of empowering communities to know their rights and entitlements to demand for better service delivery",* Health Inspector Eastern Region, BMC

> *"Sensitize and mobilize communities in regards to health related issues at community level, link communities to health facilities, registration & follow up of pregnant and lactating mothers for antenatal care, immunization for children & monitoring the health of children under 5, conducting home visits related to health and Water Sanitation and Hygiene (WASH) issues and follow up actions",* Community Health workers

> *"CVA is about empowering voices of the community and under privileged persons",* Secretary for health BMC

"CVA helped in ensuring that community voices are heard on issues that affect the quality-of-service delivery in their community and holding duty bearers accountable", Chief Western Division, BMC

Through CVA, government activities and service delivery are easily monitored in ensuring that quality services are provided. This is the same case with the health sector in which the monitoring of community hygiene and sanitation and health facility performance is supposed to be monitored by the health inspectors who are within the LG structures. CVA as such comes in to enforce this in ensuring that quality health services are provided to the community.

"CVA helps correct the wrong and unmonitored services provided at HFs to the community in BMC. For example, Busia Health Care IV used to be a dumping ground for incompetent or troublesome health workers, lacked drugs and limited staffing. All this changed as a result of CVA engagements that helped bring out these issues and iron them out", Health Inspector Eastern Region, BMC

b. Effectiveness of CVA

Under effectiveness of CVA, the study aimed at analyzing the achievements of CVA engagements in BMC and contribution of CVA to policy changes, community empowerment etc. The study also focused on assessing what other factors that could have contributed to the successes of the application of CVA and the challenges in the two contexts. The achievements of CVA are as such pointed out as follows;

Busia Health Centre IV is the municipality's main health facility that previously had history of poor health service delivery for some time since 2010. With the introduction of CVA in BMC, communities were empowered to demand for appropriate health service delivery. This has as such since changed with improvement of health service delivery as to date community members and the district are indeed proud of the health facility in terms of the quality-of-service delivery to the extent that community members believe it is a facility of choice in BMC. To date, the heath facility receives an average of over 150 OPD patients on a daily basis compared to an average of less than 50 patients before 2010 and an average of

"Service delivery at the health facility has greatly improved over time as a result of CVA engagements with Busia HF changing its status from a very bad health facility to a very good health facility", Health Inspector Eastern division, BMC

"The issue of harsh health workers that led to poor health seeking behavior among community members was addressed through CVA approach that saw change of behavior among health workers. This has seen an increase in the number of clients visiting the facility especially with number of pregnant mothers that has increased over time. For example, before CVA, only 40 ANC visits per month would be recorded way back in 2012 but today over 240 ANC visits are recorded per month,", CVA practitioners

"Customer care has greatly improved among health workers and has seen an increase in the number of people visiting the health facility. For example, OPD attendance has improved from a previous 50 people to over 150 people per day", CVA practitioners

The improvement of health service delivery in Busia HC IV is as a result of a number of CVA achievements at the facility. Through community CVA dialogues that are held at the health facility, issues of structural challenges affecting health service delivery that included inadequate space in the children's ward, maternity ward, staff quarters and the ART clinic for HIV patients were discussed and actioned but ultimately resolved as follows; The children's ward was renovated and upgraded with the support from World Vision Uganda Busia Programmes through funding from WV Finland, staff quarters are now under construction with funding from government of Uganda, the old OPD was secured as the ART clinic after the new ODP had been constructed earlier and HIV patients stopped receiving health services from a tent that was not friendly. The maternity ward is now under procurement and hopefully construction should be commenced in 2021. The theatre was as well constructed and improved to required standards with funding from Samia Marathone Group in BMC. These structural improvements in the health facility were achievements of CVA engagements and as such have contributed to improved health services in BMC.

"Due to CVA efforts, there were structural improvements at the Health Facility IV in BMC that included; expansion of the ODP, renovation of the paediatric wing, installation of security lights, separation of the main

gate from the mortuary gate, construction of the immunization shade, painting of the OPD and paediatric ward in 2020, supported the children ward with incubators", CVA practitioners

"Through CVA, a new OPD block was constructed which led to an increase in outpatients, delivery beds were procured for the maternity wing, children's ward was renovated and well equipped", CDO, BMC

"Staff housing at the facility has as well been improved with a new structure under construction to house more than 10 health facility staff within the facility. This was indeed majorly out of CVA engagements", Secretary for health, BMC

"Today, the ART clinic at the facility is now using the old OPD as they used to use a tent. This was as well a result of the CVA engagements that voiced out challenges of the ART clients", CHW

The health facility as well had a history of harsh health workers and the lack of adequate health service providers at the health centre IV. This as such affected the quality of health service delivery and prevented patients from visiting the health facility thus contributing to a challenge of poor health seeking behaviour among community member's especially pregnant mothers and children under five years that are most at risk. With routine CVA engagements through which community members voiced out such challenges, leadership both at the health facility, BMC and the district were tasked to improve these challenges. To date, the facility health staff have improved customer care relations and the staff ceiling levels have improved from about 60% in 2015 to now slightly over 80% which is a big achievement that has greatly contributed to improved health service delivery.

"There are signs of improved attitudes of the community towards health workers to the extent that community members understand that they for example need to buy a treatment book before going to the facility which is not the case, community members know that some drugs have to be purchased outside the facility given the level of the HC IV etc. This has greatly improved relations between the facility staff and the community and this is mainly as a result of the CVA engagement dialogues that ironed out some of these challenges", CVA practitioners

"Due to improved relationship between community and the health facility staff and the construction/expansion of the OPD majorly as a result of CVA engagements, OPD now handles over 150 people in a day compared to less than 50 people before the CVA engagements started", CVA practitioners

"The facility has improved service delivery over time with now 2 doctors supporting the facility compared with 1 doctor in 2012 with a 3rd doctor (Principle Medical Officer) from the Municipal now supporting the facility as a 3rd doctor on a daily basis, increased number of facility staff from 23 staff in 2015 to 37 staff currently reaching 80% of the expected staffing levels for the facility, district as well re-allocated a mid wife to support the facility and the facility now receives drugs from government worth 11 million UGX compared to 7 million UGX way back before CVA engagements", CVA practitioners

"There has been an improvement in staffing of the health facility with about 80% of the staffing already covered at the facility and two additional doctors supporting the HC IV compared to one doctor in 2010", Secretary for health, BMC

"Because of CVA, the health facility now boasts of 11 million UGX worth of drugs compared to 7 million way back in 2014", Secretary for health, BMC

Before CVA engagements, the community were not aware of their roles and responsibilities in regards to improved health service delivery but also were not aware of their entitlements and expected standards of service delivery at the health facility and community. Through sensitisation and training by the CVA practitioners with support from the LG and BMC, communities have been empowered and aware of their rights and expectations and as such are able to demand and hold LG and BMC officials accountable for improved quality of service provided. For example, communities used to struggle with challenges of Cholera outbreaks in BMC as a result of poor hygiene and sanitation. However, when sensitised of their roles and responsibilities and the enforcement of ordinances such as "no animals roaming within the town centre" and "every household must have appropriate hygiene and sanitation facilities", the situation has greatly improved over time with no Cholera outbreaks registered in the Municipality over the last 5 years.

"As a result of continued CVA engagements and collaboration with CHWs to sensitize communities on appropriate hygiene and sanitation, communities have improved hygiene and sanitation facilities and practices. For example, BMC that used to have rampant cholera outbreaks as a result of poor hygiene and sanitation has now not registered any cholera outbreaks over the past 6 years". Recently through the CVA teams, it was advocated that the community is immunized from cholera which happened due to the efforts of the CVA working teams", CVA practitioners

"Communities now know their roles and responsibilities as individuals as a result of CVA sensitization engagements. Before CVA, communities would sometimes steal new installed hospital equipment but because they now know their roles and responsibilities, there are very few registered cases of community theft from the health facilities", Lead mothers

"Communities are now aware of their entitlements or services and whenever they get any challenges, they call us to intervene and address the issues. This means that community members have been empowered accordingly to speak out", Lead mothers

"Today, traditional birth attendants are no longer existent in BMC due to efforts of CVA teams speaking out and sensitizing communities on the dangers of using Traditional Birth Attendants (TBAs). Through the CHWs, all pregnant mothers are registered and referred to the HF for appropriate care. This is as a result of efforts of CVA engagements that have seen communities speak out on issues that affect them", CHWs

"Due to increased awareness of their rights and entitlements, community members have become mobilizes among themselves, for example, community members refer CHWs to visit households that have pregnant mothers and ensure that these mothers get appropriate health care", Lead mothers

Busia HC IV used to charge patients for accessing health services at the facility yet this was a government health facility meant to provide free health services to community members. However, due to ignorance of community members and the lack of strong leadership at the time, community members used to be exploited. However, as a result of CVA engagements through which these issues were resolved, the health facility to date provides free health services to the people of BMC.

"The Facility used to charge patients a fee for services offered at the facility which was not legal since this was a government facility and services were to be received for free. For example, expectant mothers used to be charged about USD.150 for caesarean section and USD. 50 for normal delivery while other patients charged between 3-5 dollars daily. Through CVA engagements, this was removed", CVA practitioners

"The Facility used to charge patients a fee for services offered at the facility which was not legal and because of CVA bringing out these issues, this was stopped and services are currently free of charge", Health Inspector Eastern division, BMC

"Issues of bribery at the facility were reduced with the removal fees charged to clients visiting the facility. This led to an increase in the number of ANC and PNC attendance and reduced number of deliveries in homes", Health Inspector Western division, BMC

There have been efforts that have involved self mobilisation of the community and the health facility with support from BMC in addressing issues raised in regards to improving health service delivery in BMC through CVA engagements. This have demonstrated that the community has been empowered and taken ownership of their own wellbeing which is a good sign for sustainability. The health facility has as well been able to come up with initiatives aimed at improving the quality of health services provided at the facility. This can be demonstrated in the examples below;

"In 2019, the facility ambulance broke down and again through CVA engagements, the issue was escalated to the attention of the district and BMC money was put aside to have it back on road", CVA practitioners

"The facility incinerator was as well improved as a result of continued CVA engagements at the facility from a very small one to a much bigger one to meet the needs of the facility", CVA practitioners

"In 2018, as a result of CVA dialogues meetings, isolation of TB clients was effected and stopped mixing with others to avoid further infections", CVA practitioners

"The facility has as well increased on the number of health outreaches to far communities in taking health services nearer to the community to 3 outreaches compared to the one outreach per week", CHW

"Communities have been educated and empowered of their roles and entitlements or services and community members have been empowered accordingly to speak out", Health Inspector Eastern division, BMC

Whereas CVA has been instrumental in improving the quality of health services delivery in BMC, there are other factors as well that have contributed to the achievements of CVA over the years as follows;

- CVA in the health sector was successful due to the involvement of community health structures such as VHTs, Health Unit Management Committees (HUMC)s, mother care groups or lead mothers and the district health sector whose goals and objectives are similar to the expectations of CVA which is to improve the quality of health service delivery. These structures accelerated the achievements of CVA in issues such as sensitisation of the community on health issues, participating and follow up of health actions from CVA at the health facility and mobilising of communities for CVA and health engagements in BMC.
- The CVA practitioners identified and trained where a very strong team with linkage to the health sector for example some of the members are CHWs. They were very vocal and articulate during CVA engagements and very well represented their communities and aggressively followed through on CVA actions with the relevant authorities.
- The support from the local leadership from both the district and BMC was very instrumental in contributing to the achievements of CVA. Both the political and technical leadership provided their support for CVA engagements by participating, mobilising and sensitising communities and acting on CVA actions within their mandate in regards to health issues in BMC. This indeed accelerated CVA results in the municipality.
- CVA engagements as well in BMC were well funded with financial support from World Vision, BMC, LG and the private sector such as Busia Fisheries Association (BUFA), Samia Marathone Group, Uganda Revenue Authority and Banks within Busia.

"The active participation of the CVA monitoring groups like lead mothers, Village Health Teams (VHTs), Health Unit Management Committee (HUMCs), Maternal, Neonatal and Child Health (MNCH) in voicing the concerns of community members contributed to success of CVA in BMC", Secretary for Health, BMC

"Active involvement of BMC and district which now needs to own the CVA process from grass roots to central government is also another factor", Secretary for Health, BMC

"Good budget allocation, monitoring and follow up meant to implement all CVA engagements", Secretary for Health, BMC

"Composition of the CVA working teams needs to be a team that are part of the health sector at community level such as the lead mothers, VHTs, HUMCs, HCs etc and or municipal level that are fearless and articulate well issues affecting the health sector", Health Inspector Eastern division, BMC

"The approach was very well funded and involved the key stakeholders from the district, BMC and other external stakeholders", Chief Western Division, BMC

"The consistent follow up of the CVA actions by CVA practitioners and other leaders was instrumental in ensuring that CVA is successful in BMC", CDO, BMC

"The district leadership is very appreciative of the CVA engagements and consider these as highly successful with the aim of having this approach replicated in other communities", Health Assistant, BMC

"There have been contributions to CVA actions by all parties that include WV, LG, BMC and the private sector e.g., URA, BUFA that have

"Financial support from institutions like World Vision, Uganda Revenue Authority that supported the health facility with Blankets, Long Lasting Insecticide Treated Net (LLITNs), mattresses and bed sheets, BMC, and other stakeholders from the private sector such as Banks, Busia Fisheries Association (BUFA) that supported the renovation and painting of the OPD and children ward while Samia Marathone Group (SMG) supported in renovating of the theatre in 2019 contributed to the successes as a result of CVA", CHWs

The implementation of CVA came along with a number of challenges that hindered the accelerated achievements of CVA in terms of empowering and capacitating communities and in terms of policy changes and implementation. Among these were the following challenges;

- Some community members have misconceived the idea of CVA as a way of pinning or criticising of district or local government officials for the poor service delivery and this has in some cases resulted into conflict. This has been addressed through continuous sensitisation of the communities and district leadership both political and technical on the basics of CVA and the expectations from the CVA engagements.
- There have also been delays in addressing some of the CVA actions from the CVA dialogues or even failure to update community members in time in regards to updates or progress of the actions by the action owners. This has resulted into loss of trust in the process for some community members and district officials as well.
- Some of the CVA actions pointed out are long term and need financial support from both government and other stakeholders. These have been hard to deal with especially on issues to deal with construction at the health facility or within the community. Due to the limited government resources, CVA practitioners have opted to engage WV and other private sectors for support which has often come in especially from World Vision. However, this questions the sustainability of this kind of support when WV transitions.
- There has also been lack of consistency in the CVA practitioners in BMC with some members dropping off from the team due to factors beyond the members. This has in most cases paralysed CVA engagements some times in certain divisions and once new members brought on board, it takes time to build their capacity to the level expected and this in a way slows down CVA achievements.
- High expectations from the community in regards to CVA processes are some of the challenges faced by the CVA practitioners. Some actions taken longer than expected to be delivered but the community sometimes expects immediate solutions which is sometimes not feasible and this often kills their moral.
- During FY20, it was impossible holding the CVA engagements and as such paralysed achievements of the FY in regards to CVA. No community dialogues were held due to restrictions of community gatherings.
- Political leaders have sometimes taken CVA achievements for political gains and sometimes politicized the approach. There is thus need to intentionally target such leaders and sensitize them in detail in regards to CVA processes but also empower the community more through sensitization to know what is entitled to them

  "Limited number of district officials that have been trained in this approach and therefore the need for more of them being trained for purposes of having easy buy in and adoption", Secretary for health BMC

  "Some community members have misconceived the idea behind CVA as criticising approach hence creating conflict yet it should be used as an avenue to raise issues that help improve health service delivery in this district", Secretary for health BMC

  "Delays in addressing some of the CVA actions and providing feedback in time", Secretary for health BMC

  "Limited funding of CVA to cater for all communities and categories of marginalized groups of people such as PWDs, PLWHIV, elderly and youths and as well plan for CVA engagements within the District Health budgets. LG should take up some of the actions", Secretary for health BMC

  "Due to COVID-19, it has been hard to hold these community engagements again in FY20 and this affected CVA processes and follow up on some of the actions made", Health Inspector Eastern division, BMC

  "The fruits of the CVA approach are sometimes not immediate and take long to take effect. This sometimes demoralizes community members into thinking that nothing is happening. The CVA practitioners need to as such device means of ensuring feedback gets back to service users in time through different approaches of communication", CHWs

  "Political leaders have sometimes taken CVA achievements for political gains and sometimes politicized the approach. There is thus need to intentionally target such leaders and sensitize them in detail in regard

to CVA processes but also empower the community more through sensitization to know what is entitled to them", CHWs

"The community has very high expectations from the CVA process and sometimes community is not given feedback timely on progress of some of the CVA actions which reduces their moral in engaging on some of the CVA issues", CVA practitioners

"There is change in staffing within the LG, BMC, WV and the Facility as well and this derails or slows down CVA processes as it requires retraining of these officers in taking over some of the tasks", CVA practitioners

c. Sustainability of CVA interventions

Sustainability of CVA interventions in BMC was assessed with focus on the measures that are in place to sustain and further develop use of CVA. These are herein described as follows;

- World Vision focused on working with the district leadership and Busia Municipal Council in the identification and training of CVA practitioners from BMC. These were community resourceful persons selected from within the existing community structures such as VHTs, HUMCs, mother care groups that are involved in health programming but also having similar goals of improving health service deliver in BMC.
- The CVA approach as well is one that empowers communities to demand for appropriate service delivery and thus this gives a strong sense of community ownership as the community members are the voices that speak out on issues that affect their health and well-being. This thus is a strong aspect of sustainability as power is placed in the hands of the community and they own up CVA engagement processes.
- The involvement of other stakeholders such as the private sector e.g., BUFA, Busia Marathon group and other government parastatals such as the Uganda Revenue Authority Banks in mobilising for financial support in supporting some of the CVA actions is a sustainable approach. This is because World Vision has been providing financial support as well which is not sustainable but the involvement of other actors as well is an indicator of a sustainable approach even after World Vision has transitioned. However, this needs to be further strengthened with the involvement of more actors within the district.
- The CVA approach in Busia has involved top leadership in the district and BMC such as members of parliament, the LCV, Mayor BMC etc in CVA engagements and they have been impressed with the approach as an advocacy and accountability tool in holding duty bearers accountable. This is an indicator for sustainability but needs to be further strengthened by engaging these leaders to institutionalise CVA within the government system by planning and budgeting for CVA engagements within the district.
- CVA engagements have been an avenue for transformed relationships between the community members and the local government and or BMC in such a way that the community members have been an opportunity to engage in dialogue with duty bearers, air out their issues and challenges, listened to their leaders on possible solutions but also clarity provided where need be. Community members have also witnessed some of the CVA actions addressed such as the improvement in health service delivery at BMC which has led to increased community trust in their leaders.
- CVA process has as well been seen as an advocacy and accountability tool by the community in raising key advocacy issues in BMC.

"There has been training and involvement of CVA practitioners that are within the government structure e.g., CHWs, BMC team, leadership who can take on the approach in case World Vision Transitions", CHWs

"Expand the CVA process to the local level as well by training more of the CHWs in CVA so as to have more communities empowered for sustainability", CHW

"Government needs to institutionalize the CVA approach as part of the government accountability process through planning and budgeting for CVA processes", CHWs

"There is also need to bring on board the top political leadership and sensitize them on the CVA approach since they are the decision and policy makers", CVA

"CVA approach will be sustained because the district and BMC have been involved right from the start. However, they now need to own up the process right from the grass roots and plan and budget for CVA engagements within the district and BMC budgetary allocations for a more sustained approach", Secretary for Health, BMC

"Yes, CVA is a sustainable approach since its successes have been clearly seen by leadership of the district and BMC where the HC IV has been improved from a worse situation to a much better HF", Secretary for Health, BMC

"Community has been involved right from the start and they are in the lead of CVA interventions while WV is at the side to ensure that processes are followed as per the model. This means the process is actually owned by the community members and such very sustainable", Health Assistant, BMC

"I believe that CVA is a sustainable approach given that the local communities have owned up most of the process with local leadership in the driving seat", Community Development Officer, BMC

However, in order to further sustain CVA interventions in BMC, the following recommendations are suggested for consideration;

World Vision

- There is need for World Vision to priorities in popularize the CVA approach across all communities in BMC and train more CVA practitioners especially among the community structures especially the CHWs
- Support the CVA practitioners to group up as a Community Based Organization that can stand independently and lobby for funding specifically to run CVA activities in BMC
- World Vision needs to start sub granting CVA activities to the CVA practitioners so as to strengthen their capacity in project management and future takeover of CVA interventions in BMC
- During transition period, WV should support the monitoring of CVA engagements within the district and BMC and providing further mentorship in the application of CVA in BMC as a measure of sustainability
- There is also need for WV to document learning's from CVA and publish these or share these with the central government at the Ministry of Health and sell the CVA initiative for possible takeover and institutionalization within the government system so that CVA is taken as an advocacy and accountability arm of the health system
- WV should support in engaging the private sector and other potential NGOs or stakeholders in supporting the CVA initiatives within BMC for sustainability purposes

District and BMC

- BMC and the LG needs to institutionalize the CVA approach as part of the government advocacy and accountability process by planning and budgeting for CVA processes as WV transitions
- Local government and BMC need to own up the CVA processes and plan, budget, implement and monitor CVA engagements within BMC
- The district could bring on board other NGOs and stakeholders within the district to take up the approach as an advocacy engagement tool
- LG needs to replicate the CVA engagements in other communities where WV is not present since this approach seems to have yielded results in BMC

List of persons consulted

Key Informants

SN	Title	Name	Contact
1	Secretary for Health – BMC	Barasa Patrick	0701191466
2	Principal Medical Officer	Dr Ojom James	0754876794
3	HCIV In Charge	Dr Lule Yusuf	0773118939
4	Health Assistant BMC	Ojambo Bonnex	0782990151
5	Health Inspector – Western Division	Nabunwa Peter	0772645743
6	Chief Western Division	Mashalla Feruzi	0701936781
7	Mid wife – Busia HCIV	Aliba Sharon	0789240048
8	Chief Eastern Division - BMC	Imalingant Atauti George	0772340534
9	Chairperson CPC	Juma Paul Ouma	0782027634
10	Community Health Worker	Kyogabirwe Jolly	0772663814
11	Chief Western Division	Mashalla Feruzi	0701936781
12	Principal CDO - BMC	Ogallo Julius	0772453520
13	CDO - BMC	Taaka Kevina	0782522082
14	Health Inspector – Eastern Division	James Mulimba	0772386840

List of the CVA facilitation team for Busia Municipal Council AP

SN	Name of CVA practitioners	Title	Contact
1	Malowa Charles	CVA Practitioner	0772835628
2	Wejuli Alexander	CVA Practitioner	0777065898
3	Odalang Godfrey	CVA Practitioner	0754042405
4	Wanyama Chris	CVA Practitioner	0787190018
5	Majimbo Poly Siraj	CVA Practitioner	0772301772
6	Mariam Babu	CVA Practitioner	0772962010
7	Young Charles Juma	CVA Practitioner	0785270815
8	Ajiambo Beatrice	CVA Practitioner	0774314320
9	Musisi Bruhani	CVA Practitioner	0772980718
10	Maanyi Gorretti	CVA Practitioner	0789733333
11	Egesa Amos	CVA Practitioner	0703951193

12	Hussein Mashalla	CVA Practitioner	0702631607
13	Orengo Fredrick Wafula	CVA Practitioner	0775407216
14	Nakhaima Everlyne	CVA Practitioner	0783845866
15	Molly Buyungo	CVA Practitioner	0782330595

SN	**Name of CHW**	**Title**	**Contact**
1	Wesonga Wilbon	Village Health Team	0775-929446
2	Igulu Bumali	Village Health Team	0785-189907
3	Birungi Dorah	Village Health Team	0756-429637
4	Owori Hudson	Village Health Team	074-907450
5	Ouma Sara	Village Health Team	0781-554057
6	Othieno Charles	Village Health Team	0773-633983
7	Wabwire Susan	Village Health Team	0772-386667
8	Mirembe Sarah	Village Health Team	0703-495026
9	Nekesa Esther Kitovu	Village Health Team	0780-875359
10	Wabwire Aisha	Village Health Team	0789-363590
11	Lyaka Betty	Village Health Team	0770-665023
12	Kwagala Grace	Village Health Team	0788-070877
13	Kyogabwire Jolly	Village Health Team	0772-663814
14	Asekenye Angela Rose	Village Health Team	0775-081040

SN	**Name of Lead mothers**	**Title**	**Contact**
1	Ajambo Enid	Lead mothers/Mother care groups	0755-554142
2	Akumu Brenda	Lead mothers/Mother care groups	0771-550434
3	Nafula Sandra	Lead mothers/Mother care groups	0778-757084
4	Mugabe Praise	Lead mothers/Mother care groups	0706-165445
5	Nafula Beatrice	Lead mothers/Mother care groups	0789-795401
6	Namande Gorreti	Lead mothers/Mother care groups	0753-274133
7	Nabwire Annet	Lead mothers/Mother care groups	0755-712348
8	Nabawanuka Irene	Lead mothers/Mother care groups	0752-148110
9	Birungi Hellen	Lead mothers/Mother care groups	0702-674717
10	Kyomukama Hajara	Lead mothers/Mother care groups	-

11	Mukoda Merabu	Lead mothers/Mother care groups	0775-652543
12	Babwenba Fatuma	Lead mothers/Mother care groups	0777-752296
13	Nabwire Sumaya	Lead mothers/Mother care groups	0752-542164
14	Nabawanuka Irene	Lead mothers/Mother care groups	0752-148110

INTERVIEW OUTLINE FOR THE SHORT-TERM CONSULTANCY ON MAPPING OF CITIZEN VOICE ACTION IN BUSIA COMMUNITY 2018 -2019

Purpose of the CVA Mapping Exercise

The purpose of the rapid CVA mapping conducted as part of the broader evaluation is to provide a 'snapshot' on the use of CVA in the health sector interventions and how they are linked with the Child Protection. This is not an evaluation but a mapping study to capture experiences and lessons learned in the use of CVA in World Vision supported interventions in the health sector. The mapping study will identify lessons learned and document lessons learned, challenges and learnings in order to enhance program and project teams' capacity for more effective implementation.

FOCUS GROUP DISCUSSION GUIDE

Introduction: ***This guide is for CVA beneficiaries and practitioners and is comprised of men and women from beneficiary communities in Busia Municipal Council (MBC) of up to a maximum of 10 participants per group. COVID-19 prevention measures should be taken into consideration such as having a face mask, social distancing and sanitising regularly.***

General Instructions

- The facilitator should introduce the evaluation team and explain the purpose of the discussion
- The facilitator should also assure participants about the confidentiality of information collected
- FGD to be attended by randomly sampled adult project beneficiaries both males and females
- The discussions should be conducted in the local language.
- Reference to the interview should be focused in the period 2018 to 2019 only!

Interview Guide

A. Relevance of CVA

This section aims to analyse the relevance of CVA as means for community empowerment, and policy advocacy and to what extent there is a common understanding on its use and purpose.

1. What are the objectives of this group in serving communities of BMC?
2. What is the purpose of the use of the CVA?
3. To what extent where the objectives of this approach (CVA) consistent with the objectives of this group in addressing the needs of the health sector in BMC? How could this consistency be improved?
4. How aligned is the CVA approach to empowering citizens in the target communities for them to be able to demand for better service delivery from Government in the health sector? How this could be improved?
5. To what extent does this approach (CVA) complement other advocacy activities implemented by World Vision in the health sector with particular focus on Child Protection?
6. In your opinion, at which stage (identification, planning implementation, monitoring) is most useful approach. Please justify why.
7. *"In 2018/2019, 3 health facility-based community gatherings were conducted at Busia Health Centre using the CVA approach to discuss issues that included: Improving customer care among health workers, displaying the available drugs on a notice board, increasing the number of core staff at the health facility, increasing budget allocation for drugs for the health facility, expanding the Maternity ward, installing security light for the health facility compound, among others".* Was this CVA approach an effective strategy, or would some other means have been more relevant? What were the results of these engagements? Has service delivery at the HF improved as a result of these engagements?

B. Effectiveness of CVA

This section analyses what has been achieved or what has been the contribution of CVA to policy changes, community empowerment etc.

1. How has the group participated in the implementation and roll out of CVA initiatives in Busia Municipal Council? – Planning, Implementation, Monitoring etc.? At what stages is the CVA most useful?
2. What has been achieved through application of CVA? Please give three most important achievements, e.g.in terms of empowering and capacitating communities and in terms of policy changes and implementation.
3. How can you verify the contribution/ attribution of CVA in these achievements? What other factors contributed to the success registered above?

4. What have been the challenges in the application of CVA p e.g.in terms of empowering and capacitating communities and in terms of policy changes and implementation? How these challenges can be mitigated?
5. Did you get your voice heard?
6. Are there any unintended (***negative or positive) changes*** that have been realized as a result of the application of CVA in empowering and capacitating communities and in terms of policy changes and implementation?
7. What was the contribution of this group towards the successes of the CVA approach in this community?
8. *In 2018/2019, the AP conducted periodic community based and facility-based sensitizations to over 1500 people including pregnant women during ANC and delivery visits, mothers and men who accompany their wives to the health facility through 17 members of the CVA working group*. What was achieved through this activity? What were the other contributing factors to these achievements?
9. How has the CVA approach contributed to the "It Takes a World to End Violence against Children" campaign by World Vision from the health perspective?
10. *"WV trained health workers in customer care services that improved relationship between patients and health workers at the facility. This has contributed to more people appreciating services offered at Health Centre IV Busia. For example, there are now more registered deliveries than before. (2655 pregnant women that delivered at Busia Health Centre IV in 2019 as compared to 2063 in 2018).* Do you believe health services in BMC have improved as a result of CVA engagements? Are there any other factors that could have led to this improvement? If so, what are they?
11. *In 2019, more health workers were recruited and now Busia health Centre IV has 80% of core staff as compared to just less than 60% few years back. Through WV supported community gatherings, a security light solar panel was installed at Busia Health Centre IV by Western Division local government, to improve on the security of the place.* What was WV's contribution to making the change happen? Do you believe health services have improved as a result of CVA engagements? Are there any other factors that could have led to this improvement? If so, what are they?
12. *In 2018,10 facility-based gatherings were conducted; 4 were conducted quarterly at Busia Health Centre using the CVA approach, while 07 were conducted at 07 government funded primary schools in the Municipality. The 03 periodic gatherings conducted at Busia health Centre IV attracted in total 596 people. The particular issues highlighted included; under staffing, inadequate drug allocation for the facility considering its big catchment area, inadequate space for maternity, poorly equipped children ward and unfurnished Out Patient Department.* Have these issues been addressed? What was WV's contribution and what is the impact of addressing these issues?

C. Sustainability of CVA

1. What have you done to ***sustain and further develop*** use of CVA?
2. What relationship(s) and cooperation do you have with other external groups or individuals other than WVU to ensure continued, and effective, service provision in line with the use of CVA?
3. Are capacities supported by CVA interventions likely to be sustained?
4. How involved is the local government in ensuring that the use of CVA is sustained across communities?
5. Please provide an example of successful application of CVA. Do you have experiences in not-so-successful application?
6. *"In 2019, World Vision in BMC facilitated the formation of a health advocacy coalition. Under WV guidance, the coalition came up with a position paper on improved health service delivery and submitted it to District council for consideration. Through such engagements, budget allocation for drugs has increased from 7 million to 11 within the financial year".* How sustainable is this approach in promoting health advocacy in BMC? Is this approach still yielding results as expected? What results?
7. *"World Vision's contribution was both financial and capacity building. For example, WV funded the community stakeholder consultation and other related process towards coming up with the child protection ordinance up to its final approval. The organization also invested in capacity building for the CVA working group such as training them on CVA process and educating them on various policies especially in the health, child protection and education sectors."* What ordinances have been enacted in line with the health sector? Are the ordinances still being utilized in this community? What is the impact of these ordinances?
8. *In 2018, BMC strengthen capacity of APs through mentoring of community structures especially the Village Health Team (VHT), Health Unit Management Committee (HUMC) and the Citizens Voice and Action team (CVA) team, to monitor the MNCH (maternal, new born and child health) services offered at the health facilities.* Are these structures still actively utilising the CVA approach in this community? What results are your seeing? Do you believe this approach is sustainable?

D. Recommendations

1. What are the practical suggestions that can improve the utilization of CVA in empowering communities to demand for better service delivery from Government in the health sector?
    a. What suggestions do you have for World Vision?
    b. What suggestions do you have for the Sub county and district leadership?
2. What good practices in line with the use of CVA should be maintained and which should be changed? (*Probe* for preferred changes and reasons for each response)

KEY INFROMANT INTERVIEWS

***Introduction:* This guide is for key stakeholders purposively selected in line with their involvement in the planning, implementation of monitoring of CVA interventions in Busia Municipal Council. This interview will be conducted either through phone interviews or face to face interviews in which case COVID-19 prevention measures should be taken into consideration such as having a face mask for both parties, social distancing and sanitising regularly.**

General Instructions

- The facilitator should introduce the evaluation team and explain the purpose of the discussion
- The facilitator should also assure participants about the confidentiality of information collected
- The discussions should be conducted in a language of interest to the respondent
- Reference to the interview should be focused in the period 2018 to 2019 only!

Interview Guide

A. Relevance of CVA

1. World Vision has been implementing the CVA approach as a way of empowering community members to demand for the effectively delivery of social services such as health services in BMC. How have you participated in the implementation and roll out of CVA initiatives in Busia Municipal Council? – Planning, Implementation, Monitoring etc.?
2. Why is CVA needed? What added value does it bring?
3. How aligned is the CVA approach to empowering citizens in the target communities for them to be able to demand for better service delivery from Government in the health sector?
4. To what extent does this approach (CVA) complement other advocacy activities in the health sector with particular focus on Child Protection?
5. How did this approach (CVA) take into consideration, issues of the marginalized groups such as the PWDs, PLWHA, and youth?
6. How did this approach include the priorities and needs of the most vulnerable in the Local Government planning process?
7. What added value does the CVA bring to the health development in Busia municipality?
8. *"In 2018/2019, 3 health facility-based community gatherings were conducted at Busia Health Centre using the CVA approach to discuss issues that included: Improving customer care among health workers, displaying the available drugs on a notice board, increasing the number of core staff at the health facility, increasing budget allocation for drugs for the health facility, expanding the Maternity ward, installing security light for the health facility compound, among others".* Was this CVA approach an effective strategy, or would some other means have been more relevant? What were the results of these engagements? Has service delivery at the HF improved as a result of these engagements?

B. Effectiveness of CVA

1. What has been achieved through the application of CVA in the health sector development? Please mention three concrete achievements.
2. What was your role in these achievements?
3. Are there any unintended (positive or ***negative) changes*** that have been realized as a result of the application of CVA in empowering and capacitating communities and in terms of policy changes and implementation?
4. What other factors need to be in place for the CVA be successful?
5. What have been the challenges in the application of CVA produced in terms of empowering and capacitating communities and in terms of policy changes and implementation?
6. What concrete indications you have to verify the impact of the CVA in health sector.

7. *In 2018/2019, the AP conducted periodic community based and facility-based sensitizations to over 1500 people including pregnant women during ANC and delivery visits, mothers and men who accompany their wives to the health facility through 17 members of the CVA working group*. What was achieved through this activity? What were the other contributing factors to these achievements?
8. How has the CVA approach contributed to the "It Takes a World to End Violence against Children" campaign by World Vision from the health perspective?
9. *"WV trained health workers in customer care services that improved relationship between patients and health workers at the facility. This has contributed to more people appreciating services offered at Health Centre IV Busia. For example, there are now more registered deliveries than before. (2655 pregnant women that delivered at Busia Health Centre IV in 2019 as compared to 2063 in 2018).* Do you believe health services in BMC have improved as a result of CVA engagements? Are there any other factors that could have led to this improvement? If so, what are they?
10. *In 2019, more health workers were recruited and now Busia health Centre IV has 80% of core staff as compared to just less than 60% few years back. Through WV supported community gatherings, a security light solar panel was installed at Busia Health Centre IV by Western Division local government, to improve on the security of the place.* What was WV's contribution to making the change happen? Do you believe health services have improved as a result of CVA engagements? Are there any other factors that could have led to this improvement? If so, what are they?
11. *In 2018, 10 facility-based gatherings were conducted; 4 were conducted quarterly at Busia Health Centre using the CVA approach, while 07 were conducted at 07 government funded primary schools in the Municipality. The 03 periodic gatherings conducted at Busia health Centre IV attracted in total 596 people. The particular issues highlighted included; under staffing, inadequate drug allocation for the facility considering its big catchment area, inadequate space for maternity, poorly equipped children ward and unfurnished Out Patient Department.* Have these issues been addressed? What was WV's contribution and what is the impact of addressing these issues?

C. Sustainability of CVA

1. Do you think CVA as an approach will sustain? What measures are in place to ***sustain and further develop*** use of CVA?
2. What local capacities exist and are needed to ***sustain and further develop*** use of CVA?
3. How involved is the local government in ensuring that the use of CVA is sustained across communities?
4. *"In 2019, World Vision in BMC facilitated the formation of a health advocacy coalition. Under WV guidance, the coalition came up with a position paper on improved health service delivery and submitted it to District council for consideration. Through such engagements, budget allocation for drugs has increased from 7 million to 11 within the financial year".* How sustainable is this approach in promoting health advocacy in BMC? Is this approach still yielding results as expected? What results?
5. *"World Vision's contribution was both financial and capacity building. For example, WV funded the community stakeholder consultation and other related process towards coming up with the child protection ordinance up to its final approval. The organization also invested in capacity building for the CVA working group such as training them on CVA process and educating them on various policies especially in the health, child protection and education sectors."* What ordinances have been enacted in line with the health sector? Are the ordinances still being utilized in this community? What is the impact of these ordinances?
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D. Recommendations

1. What are the practical suggestions that can improve the utilization of CVA in empowering communities to demand for better service delivery from Government in the health sector?
    c. What suggestions do you have for World Vision?
    d. What suggestions do you have for the Sub county and district leadership?
2. What should World Vision Uganda stop doing that should be done by other partners?