

From

Baseline to Endline

Impact of education sponsorship on OVC and their families

January 2020

1.0 Background of the Project

With support from The Waterloo Foundation, CCUG initiated a sponsorship project for 50 Orphans and Vulnerable Children (OVC) and their caregivers. The aim of this project was to increase access to quality education for 50 OVC while engaging their caregivers to improve household incomes so as to sustain them in school. The target for the project was OVC in primary schools in Jinja and Mayuge districts.

According to an initial survey conducted by CCUG in December 2017¹, most caregivers were unemployed or casual labourers (60.8%) earning an average of 20,000/= per month (\$5.6) and utilizing 666/= or (\$0.185) per day. The average number of dependents per caregiver was 5. Though most (55.9%) were not engaged in saving, they borrowed to meet their household's needs. The majority of caregivers (52.9%) were spending most on education and food (31.4%). The major challenge reported by respondents in improving their household income was inadequate capital, and while 69.1% desired to engage in IGAs, most (70.6%) did not have any requisite skills to do so. About 7 out of 10 respondents or (67.6%) were illiterate, and this was a major barrier in their involvement in their children's education. Six of every 10 respondents (61.4%) had at least 1 child not attending school in their households due to lack of school fees and scholastic materials. In addition, 8 of every 10 respondents' children missed school at least 5 days last term due to sickness, lack of school fees/scholastic materials, issues with menstruation, or truancy among others. Three out of every 10 caregivers were HIV positive; notwithstanding that, a third of them did not know the HIV status of their children.

Furthermore, a good number of children (18.6%) known to be HIV positive were not receiving care/treatment. Likewise, 5.8% of caregivers had a physical disability. Only 1 caregiver and all her household members were sleeping in insecticide-treated nets (ITNs), which contributed to malaria among 85.3% of respondents and their household members. Less than half (41.2%) failed to access health care the last time a member of their household fell ill due to the inability to afford transport and health care costs. The average amount of money used to access health care per respondent was 30,000/= -- 50% more than the average monthly household income – and more than half (61.4%) of caregivers reported that a member of their household delayed/was unable to access health care due to financial constraints in the last 6 months.

Nearly half of caregivers (48%) were experiencing depression, 53% did not have a confidant and 53.9% of respondents reported that someone in their household needed support/intervention from a health worker/counselor/religious leader or traditional healer in the last 6 months. At least 1 in 2 children interviewed, including those from these caregivers' households, were experiencing some form of child abuse (social, physical/sexual, psychological and neglect). This abuse occurred due in part to inadequate knowledge among caregivers about ways of protecting and accessing legal support for their children.

Coupled with parental depression, these circumstances led to disturbing behaviour among children, who reported feeling upset, distressed and depressed, engaging in aggressive behaviour, being withdrawn and sad, having difficulty in learning, and being truant/running away from home. More than 8 of every 10 respondents were facing

¹ <https://www.communityconcernsug.org/wp-content/uploads/2017/03/CCUG-OVC-Needs-Assessment-2017.pdf>

a food insecurity problem; half (56.9%) ate 1 meal 24 hours before the survey while (48%) said they usually eat 1 meal or some days no meal (31.4%). Though the main source of food for most households was homegrown, more than half (64.7%) did not have access to land to grow food.

All caregivers (100%) reported eating at least one nourishing meal one day in the week prior to the survey, but 54.9% were not able to regularly eat bodybuilding foods, predisposing them to protein-energy malnutrition. Most survey participants (59.8%) were living in houses made of bricks and iron sheets, although 58.8% reported to be living in houses that were inadequate for the number of family members. One in three caregivers (39.2%) were living with animals (cows, goats, pigs, poultry) in the same house, predisposing themselves to jiggers and fleas.

Poor sanitation and hygiene was evident in the majority of households: 67.6% lacked a latrine, 72.7% were not washing their hands with water and soap after latrine use, and 61.8% lacked a rubbish pit. The main source of power for lighting was paraffin (56.9%).

1.1 Project Interventions

1.1.1 Sponsorship of OVC

A baseline survey conducted among 102 households was used to select 50 households from 5 villages in Jinja and Mayuge districts. Selection of the 50 children for sponsorship was based on the following;

- A child passing a background check to ascertain that he or she was not receiving similar or related support through another source.
- The child was living in the project implementation areas and was eligible to attend primary school.
- The child's household was assessed as vulnerable (from moderate to severe vulnerability) in 3 main areas, including Economic Spending and Status (ESS), Education Accessibility and Food Security and Nutrition (FSN).
- The child's academic performance ranged from average to excellent. CCUG took extensive steps to discuss the child's academic potential and character with teachers and other school administrators.
- The child's caregiver was willing to join other project beneficiaries in small groups of 10-15 for adult literacy classes if he/she was illiterate.

The sponsorship was conducted between January 2018 and December 2019.

1.1.2 Adult Literacy Training

All the 50 OVC caregivers were enrolled for Adult Literacy Training to provide them with basic literacy skills such as reading, writing, and arithmetic. A modified Functional Literacy curriculum developed by the government was used during training. A total of 144 literacy sessions were conducted between January and May 2018. The sessions were conducted in the 5 villages at locations agreed upon by all OVC caregivers. Lusoga, Luganda, and English were used to enable easy comprehension of the caregivers during the training.

1.1.3 Business Skills Training

The 50 OVC caregivers were divided into 5 groups according to the villages in which they lived. Business skills training included business idea selection, capital accumulation, customer care and retention, business records, and borrowing/loaning. In addition, prior to business skills training, OVC caregivers were trained in financial literacy.

1.1.4 Saving and Loaning

Amongst the 50 OVC caregivers, 5 groups were formed according to meeting places after the business skills training. These included Mauta in Jinja district, Wabulungu, Bugodi, Mugeru, and Bukoli in Mayuge district. Actual savings in all the 5 groups started in the 6th month due to requests from nearly all groups to extend the business skills training for an additional month. For all groups, OVC caregivers participated in making rules and regulations governing the groups, including the minimum amount to save, the interest rate to be charged on loans, a convenient place to convene and the election of group leaders. Altogether, 273 visits were made to facilitate saving and loaning activities in the 5 groups.

1.1.5 Individual and Group Counseling

According to the baseline survey findings, half of the OVC caregivers were experiencing depression, ranging from Moderate to Severe Depression. Six caregivers who had moderately severe and severe depression were suicidal -- something which was taken as an emergency by project staff. In these cases, project staff conducted both group and individual counseling sessions to improve their psychological functioning.

Although 115 counseling sessions were conducted (group and individual), a significant number of caregivers still experienced poor psychological health due to causes ranging from lack of access to ARV drugs due to a national shortage², domestic violence, and poor climatic conditions which worsened food security and nutrition. In addition, due to moderately low incomes, caregivers experienced severe stress and fear towards the end of the project because the majority of their children had reached higher class levels, which required more money to fund, yet the project had ended.

1.2 Other Non-planned Activities

1.2.1 Child Rights, Protection and Positive Parenting Training

Two-Day training for child rights and protection was conducted among the 50 OVC caregivers. This training was based on the fact that 1 in every 2 OVC had experienced some form of child abuse (physical, sexual and/or emotional/psychological) as per the baseline survey. The training was conducted not only to enlighten caregivers about child rights and how to protect their children from abuse but also to reduce practices that were affecting their short- and long-term school attendance and performance.

1.2.2 Food Security and Nutrition

Due to the fact that an overwhelming majority of households (43 or 86%) were experiencing moderate to severe food insecurity, CCUG initiated a project to support caregivers' to access farming land, tools, and seeds. This project, which is still under fundraising on Global Giving³, has so far raised \$6,359 out of a goal of \$11,000. Altogether, 27 households have received support in the form of the following;

- Trained in better agronomic practices and monitored by an agronomist.
- Provided with soya and groundnut seeds
- Provided with orange fleshed sweet potato vines
- Rented land for 1 year—half an acre each
- Farm tools—hoes, pangas and slashers

² Three out of every ten caregivers are either HIV positive or have a child who is HIV positive. Between November 2017 and August 2018, there was a national ARV drug shortage in Uganda. This not only contributed to poor ART adherence but caused severe ill health including depression.

³ <https://www.globalgiving.org/projects/prevent-starvation-among-70-families-in-uganda/>

1.2.3 Emergency Health Care

CCUg supported OVCs and their caregivers to access the following services;

- A child with 3rd degree burns, severe malnutrition and epilepsy, to access skin grafting, nutritional therapy, and Anti-Epileptic Drugs (AED).
- An adult caregiver with an enlarged spleen, and moderate malnutrition to access treatment for the spleen and nutritional therapy.
- A child bitten by a poisonous snake to access care and treatment for the snake venom.
- A child under OVC sponsorship who sustained several bodily injuries and hand dislocation during a road accident to access care and treatment.
- 2 HIV positive Caregivers to access ARVs and health care for opportunistic infections.

2.0 Survey Implementation

The endline survey was conducted to assess the impact of education sponsorship on 50 OVC and their caregivers in Jinja and Mayuge district. The assessment was conducted between November and December 2019.

Table 1: Project Objectives and Indicators

Objective	Planned Activities	Output Indicator
Sponsorship of 50 OVC in 5 villages in Jinja and Mayuge districts for 2 years	Activity 1: Sponsorship of 50 OVC	50 children sponsored for 2 years; caregivers contributed 25% towards the sponsorship after 8 months, 50% after 12 months, 75% after 16 months and 100% after 24 months.
Basic literacy skills such as reading, writing and arithmetic to 50 OVC caregivers in 5 villages in Jinja and Mayuge districts	Activity 2: Literacy and business skills training among 50 caregivers.	50 OVC caregivers trained in basic literacy skills such as reading, writing, and arithmetic.
Train 50 OVC caregivers in financial literacy and business management, while organizing them into saving groups to improve access to credit	Activity 3: Organize 5 saving groups and facilitate 90 saving and loaning activities	50 OVC caregivers trained in financial literacy and basic business management skills. 5 Savings groups initiated in 5 villages; Mauta, Wabulungu, Bukoli, Mugeru, and Bugodi in Jinja and Mayuge districts.
Provide psychosocial support to 50 OVC caregivers through group and individual counseling.	Activity 3: 12 home visits to conduct group and individual counseling	80 individual and 35 group counseling sessions were conducted. 4 caregivers were encouraged and took HIV tests. 6 HIV positive caregivers routinely encouraged to adhere to ART.
Improve parenting and child care skills of 50 OVC caregivers		50 caregivers trained in child rights, protection, and positive parenting skills.

2.1 Project and Survey Objectives

2.1.1 Project Goal

To increase access to quality education for 50 OVC, while engaging their caregivers to improve household incomes so as to sustain them in school.

2.1.1.1 Objectives of the Project

1. To provide sponsorship of 50 OVC in 5 villages in Jinja and Mayuge districts for 2 years.
2. To provide basic literacy skills such as reading, writing, and arithmetic to 50 OVC caregivers in 5 villages in Jinja and Mayuge districts.

3. To train 50 OVC caregivers in financial literacy and business management, while organizing them into saving groups to improve access to credit.
4. To provide psychosocial support to 50 OVC caregivers through group and individual counseling, while encouraging them to access HIV testing, care and treatment services.
5. To improve parenting and child care skills of 50 OVC caregivers.

2.1.2 Objectives of the Endline Survey

The survey aimed at assessing the impact of education sponsorship among 50 OVC and their caregivers in Jinja and Mayuge district. The survey focused on the impact of the project on Economic Status and Spending (ESS), Access to Education⁴, Health Care and Utilization (HCU)⁵, Psychosocial Support and Utilization (PSC)⁶, Food Security and Nutrition (FSN), Child Protection and Legal Support (CPLS).

2.2 Research Questions

In order to make a good comparison of the study findings with those obtained in the baseline survey, the endline survey sought to assess the following questions as per the main sub-sections used during the baseline.

1. What is the impact of education sponsorship on the Economic Status and Spending (ESS) of 50 OVC families in Jinja and Mayuge districts?
2. What is the impact of sponsorship on education accessibility of 50 OVC families in Jinja and Mayuge districts?
3. What is the impact of education sponsorship on Health Care and Utilization (HCU) among 50 OVC families in Jinja and Mayuge districts?
4. What is the impact of education sponsorship on Psychosocial Support and Utilization among 50 OVC families in Jinja and Mayuge districts?
5. What is the impact of education sponsorship on the Food Security and Nutrition of 50 OVC families in Jinja and Mayuge districts?
6. What is the impact of education sponsorship on Child Protection and Legal Support (CPLS) among OVC families in Jinja and Mayuge districts?

2.3 Survey Methodology

The endline survey employed the same methodology as the one utilized during the baseline to enable the comparison of results. However, the endline survey also utilized quantitative methods of data collection.

2.3.1 Survey Design, Setting and Population

A descriptive cross-sectional study design employing both qualitative and quantitative methods of data collection was used. The setting included 5 villages; Mauta in Jinja district, and Wabulungu, Bukoli, Bugodi, and Mugeru in Mayuge district. Project interventions were conducted between December 2017 and December 2019.

2.3.2 Sample Size and Sampling Procedure

In order to ensure the credibility of the findings and allow comparability, the same 50 OVC and their adult caregivers who participated in the baseline survey were included in the endline survey. Although the baseline

⁴ Capacity of the primary caregiver to sustain all children (aged 5-17 years) in his/her household in school.

⁵ Ability of caregivers/households to afford and utilize health care services

⁶ Ability of the household to access psychosocial support and care from family members and friends.

survey included 102 caregivers, for purposes of comparison, reference is made as per the 50 caregivers who were selected, and whose children have been under CCUG's education sponsorship program.

2.3.3 Survey Instruments and Methods

There were no significant changes made in the study instruments used during the baseline and the endline surveys. The assessment used a modified version of the Integrated Care for Orphans and Other Vulnerable Children -- A toolkit for Community Service Providers by the Ministry of Gender, Labour and Social Development. The modified toolkit measured education, economic status and spending, food security and nutrition, housing, water and hygiene, health care and utilization, psychosocial support, child protection and safety, child self-esteem and resilience and depression of caregivers. The questionnaire was translated into Lusoga for easy comprehension by caregivers and their children who had limited understanding of the English language.

2.3.4 Data Management and Analysis

After each day of administering the surveys, collected data was checked for completeness and coded according to villages. It was later stored in spring files and kept in lockers at CCUG offices. Quantitative data was checked for completeness and coded after each day of data collection. It was later entered into the Statistical Package for Social Scientists (SPSS version 22), where it was cleaned and analyzed using descriptive statistics. Qualitative data was translated and transcribed verbatim. Two transcripts were developed from the audio interviews conducted among 7 caregivers and 7 children.

2.3.5 Ethical Issues

The same ethical clearance which was sought before the start of the baseline was again used for the endline survey. This included ethical clearance from the district authorities and local council leaders at the village level to collect data for the baseline survey. In addition, verbal consent was sought from household heads, caregivers and their children before collecting data from them. In addition, caregivers were assured of utmost confidentiality of information provided as the data collection team stressed that the data collected was only going to be used for report making purposes.

3.0 Survey Findings

This section presents the key survey findings according to the objectives and research questions of the survey. Results are arranged in sequence, starting with demographic data, Economic Status and Spending (ESS), Education Accessibility, Health Care and Utilization (HCU), Psychosocial Support and Utilization (PSC), Food Security and Nutrition (FSN), and Child Protection and Legal Support (CPLS). Comparisons are made with the baseline survey findings as obtained in 2017.

3.1 Demographic Characteristics of Respondents

There were no significant changes in the demographic characteristics of caregivers as first reported by the baseline. The majority of caregivers (86%) were female, aged 40 years and above (62%), and were the biological mothers of the children (46%). Most caregivers (58%) were caring for 5 or more dependents in their households.

3.2 Economic Status and Spending (ESS)

This section measured the changes in the ability of the 50 households through the household head to earn income through employment, main sources of income, the amount earned each month, saving trends and access to credit.

Table 2: Household head, source of income, household earnings and savings.

Household head (HHH)	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Male partner	23	46	21	42
Female partner	26	52	29	58
Child headed household	01	02	-	-
Primary occupation of HHH				
Unemployed	16	32	08	16
Self employed	18	36	22	44
Casual labourer	13	26	20	40
Others	03	06	-	-
Main source of income				
Small scale farming	21	42	13	26
Small scale retail business	05	10	06	12
Remittance from relatives	1	02	03	06
Donations from wellwishers	2	04	03	06
Casual work	14	28	21	42
Others	07	14	04	08
Monthly income for primary caregiver				
Less than 100,000	26	52	35	70
100,001-200,000	09	18	12	24
200,001-300,000	-	-	02	04
300,001-400,000	01	2	01	02
I don't know	14	28	-	-
Amount saved per month				
	(n=24)		(n=50)	
Less than 5,000	05		16	
5,001-10,000	18		26	
10,001-20,000	-		03	
20,001-30,000	01		05	

There was a slight increase in the number of female household heads, from 52% in the baseline to 58% by the endline. This could be attributed to marital problems which contributed to partner separation. Furthermore, there was a 50% reduction in the number of household heads who were unemployed, from 32% in the baseline to 16% by the endline. Additionally, the main source of income of respondents changed from small scale farming (42%) to casual labourer (42%). Between October 2018 and January 2019, Mayuge district—part of Busoga sub-Region, experienced 3 harsh dry seasons which forced many small scale farmers out of farming. Besides, the continued expansion of commercial sugarcane⁷ growing around Mayuge and Jinja districts has limited access to farming land especially among small scale farmers, pushing many into casual work in order to afford basic needs.

Regarding monthly income, the number of caregivers earning between Ugx 100,000 and 200,000 increased from 18% to 24%. In addition, the project had a meaningful impact on monthly average income earned per caregiver,

⁷ Mwavu, N.E., Kalema, K.V., Bateganya, F., Byakagaba, P., Waiswa, D., & Enuru, T. (2018). Expansion of Commercial Sugarcane Cultivation among Smallholder Farmers in Uganda: Implications for Household Food Security. *Land* 2018, 7, 73; doi:10.3390/land7020073

rising from Ugx 39,700 in the baseline to Ugx 63,360 by the endline, an increase of 60%. This shows that the interventions conducted significantly surpassed the projected 30% increase in household incomes set during project inception.

Apart from the above, the number of OVC caregivers who engaged in monthly savings increased from 48% at the baseline to 100% by the endline. This can be attributed to the fact that 5 saving and loaning groups were formed and it was mandatory that each caregiver save with at least 1 group. Qualitative data obtained from caregivers and OVC revealed that the majority of them were grateful that the project had inculcated a saving culture among them. According to 4 caregivers, availability of the saving groups not only enabled them to access hustle free credit whenever needed but also helped them to expand Income Generating Activities (IGAs) that increased their household earnings. They also explained that the saving culture initiated by the project helps them to avoid unnecessary spending of limited financial resources.

“Saving has helped me to increase on my income in that when I save, I can be able to get a loan at a low-interest rate which has enabled me to expand on my business and also helped to pay fees for other orphans whom they left me with.” (Interview I: Female Caregiver)

“This project has helped my mother adopt a saving culture which encourages her to save the little she has and that same money helps her to solve some problems because she can get a loan and pay back slowly with a low-interest rate.” (Interview II: Male OVC—Primary School)

“Saving has taught me that even if you earn little money, you can save a part of it and at the end of the saving period, you earn interest, and you can buy some small assets from that money like a goat or hens.” (Interview II: Male Caregiver)

In addition, more than half of OVC caregivers intimated that they would continue saving and loaning with the established groups even when their children are not being sponsored.

Table 3: Caregivers’ ability to afford basic needs in the 3 months preceding the survey

Food	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Less than a month	15	30	01	02
1 month	6	12	05	10
2 months	11	22	17	34
3 months	18	36	27	54
Health Care				
Less than a month	03	06	03	06
1 month	26	52	10	20
2 months	08	16	20	40
3 months	13	26	17	34
Education				
Less than a month	09	18	03	06
1 month	14	28	08	16
2 months	05	10	10	20
3 months	23	46	29	58

According to endline survey findings, there was an increase in the number of households that are able to afford to buy food in the 3 months preceding the survey, rising from 36% at the baseline to 54% by the endline. Likewise, the number of OVC caregivers who could afford to access health care for themselves and their household members increased from 26% at the baseline to 34% by the endline.

Furthermore, the number of caregivers who could afford education costs for their children increased by 26% from 46% at the baseline to 58% by the endline. This could be related to increased household incomes which enable caregivers to enroll more children not sponsored by the project in school.

3.3 Education Accessibility

This measured the capacity of the OVC caregiver to sustain all children in his/her household in school. This included OVC literacy levels, their involvement in the education of their children, the number of children attending school, the number not attending school, reasons for not attending/missing school, the ability to afford school fees/scholastic materials and days missed from school by children in the household.

Table 4: Literacy level, and number of children not attending school in the household

	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Whether OVC caregivers know how to read and write				
Yes	09	18	27	54
No	41	82	23	46
How important is it that people know how to read and write				
Not that important	10	20	02	04
Somewhat Important	11	22	07	14
Very important	09	18	15	30
Extremely important	20	40	26	52
Number of children aged 5-17 not attending school in the household				
1 child	17	34	03	12
2 children	04	08	03	12
3 children	02	04	-	-
4 children	01	02	-	-
None	26	52	44	88
Reasons why children do not attend school				
	(n=24)		(n=11)	
Lack of school fees	10	28	10	20
Lack of scholastic materials	12	24	-	-
Child does not want to go to school	-	08	03	06
Child is disabled	02	04	01	02
Child got pregnant	-	-	02	04

Survey findings above show that 27 or 54% of OVC caregivers know how to read and write. In comparison to the baseline, where only 9 (or 18%) of caregivers knew how to read and write, there has been an increase in literacy among caregivers of 200%. It is not surprising that an overwhelming majority of caregivers (41 or 82%) affirmed that it is very/extremely important to know how to read and write. This could be attributed to adult literacy training which was conducted early in the project. A modified Functional Literacy curriculum developed by the government was used during training. A total of 144 literacy sessions were conducted between January and May 2018. The sessions were conducted in the 5 villages at locations agreed upon by all caregivers. According to qualitative data, caregivers were very appreciative of the literacy skills gained. They highlighted that literacy is an important aspect of their access to credit. Besides, 2 caregivers revealed that the skills gained from the literacy training are vital in their involvement and support of their children's education.

"..this project has also helped me because I was illiterate. I underwent training and now I know how to read and write. I can write my name and I even know how to read some things. Being literate is important to me because even if I go anywhere, I know that no one will be there to direct me how to write my name or read basic

things...even if I need money from a financial institution, I will know how to read some things, write my name or even append my signature.” (Interview III: Female Caregiver)

“A child can tell you; ‘mom, I need shoes ne engaito⁸.’ If you don’t know some basic English, you can give him money for both items yet it is one. This project has helped me to learn how to read and write. Besides, my children now consult me when they have some small math issues. They now know that I also know how to read, write and can make simple arithmetic.” (Interview VII: Female Caregiver)

Slightly over three quarters (44 or 88%) of caregivers reported that they don’t have children aged 5-17 years in their households who don’t attend school. When compared to the baseline survey where 26 (or 52%) affirmed this, there has been an increase in child enrollment of other children not under sponsorship by 69.2%. This could imply that sponsorship of 1 child by the project could have increased enrollment of other children in school. This was confirmed by qualitative data obtained from sponsored OVC. All the 6 children interviewed asserted that sponsoring 1 child in their household reduced the financial burden related to school fees and scholastic materials on their caregivers thus enabling them to enroll their brothers and sisters in school.

“Before I was enrolled on the project, my mother consistently experienced challenges paying school fees for us, but since Community Concerns started sponsoring me, she is now somehow financially relieved in a way that the money which she would have spent on me is spent on my other two young brothers.” (Interview III: Female OVC—Primary School)

Similarly, OVC caregivers also pointed out the impact of the project on enrollment of other children in their households. They explained that instead of focusing on only 1 child to educate due to limited finances, they are now able to educate more children in the household with CCUG’s support.

“This project has helped me a lot; in a way, that money which I would have paid for the child who was being sponsored was used to pay for other children in my household. Initially, I would dig for people to get money to pay for that child and the other children would remain home. My goal was to first educate her since she is a bright girl so that when she finishes school, she can also help educate her siblings. But, I got a big relief when Community Concerns came in and gave me a hand.” (Interview I: Female OVC Caregiver)

In addition, 2 caregivers like 2 OVC interviewed for qualitative data, intimated that they would have dropped out of school if it was not for the support they accessed through the OVC sponsorship. One child disclosed that because of the project, he is now the highest educated person in his household as explained below;

“Community Concerns has helped to pay part of that my school fees, giving my mother a big hand in educating us. I don’t think she would have been able to afford it alone...and if it was not for the organization, I think I would have dropped out of school by now ...at home, no one has ever reached the education level I have attained...I am so happy and grateful for this project and hope it continues...” (Interview III: Female OVC—Primary School)

One caregiver also pointed out that the project has not only enabled her to enroll more children in school but made her more hopeful that her daughter will access education vital in reducing poverty.

“...I had lost hope that my daughter would go to school, but now I am hopeful. She is now accessing education and I know this will help her gain knowledge to reduce the poverty that is afflicting us. Besides, I am now able to use the money that I would have spent on her on other children to access school. So, the project has built my capacity to enroll more children in school. (Interview V: Female OVC Caregiver)

⁸ Engaito is a Lusoga word for shoes

Table 5: Missing school last term⁹

Children who missed school last term (3 rd term—2019)		Baseline		Endline	
No. of household who had at least a child who missed 1 or more days last term		45		36	
Total number of children who missed at least 1 day last term		115		71	
Total number of school days missed by all children last term		636		267	
Average number of children who missed at least 1 day last term per household		2.5		1.9	
Average number of days missed last term per child		5.5		3.7	
Reasons why children missed school last term		Baseline		Endline	
		Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Child was sick		38	76	31	62
Child did not want to go to school		-	-	1	02
Inadequate scholastic materials		3	06	1	02
Lack of school fees		42	84	25	50
Menstrual health issues		1	-	-	-

Respondents gave multiple reasons for their children missing school

Of the 50 OVC households that participated in the endline survey, 36 (or 72%) had at least 1 child who missed 1 or more days in the term prior to the survey. As compared to the baseline survey where 45 (or 90%) of households had at 1 child who missed 1 or more school days, this is a reduction of 20%.

In addition, survey findings revealed a reduction of 38% in the total number of children who missed school at least 1-day last term, from 115 at the baseline to 71 by the endline. Likewise, the project had a significant impact on the total number of school days missed by all children in all households, from 636 at the baseline to 267 by the endline, a reduction of 58%.

As regards the average number of children who missed at least a day last term per household, the endline survey found a reduction of 24%, from 2.5 during the baseline to 1.9 by the endline. Study results also showed a reduction of 32% in the average number of days missed during the last term per child, down from 5.5 at the baseline to 3.7 by the endline.

The number of children who missed school in the term before the survey due to lack of school fees fell from 42 (or 84%) at the baseline to 25 (or 50%) by the endline. This suggests that the project has had a considerable impact on school days missed by children aged 5-17 years in OVC households, which could be attributed to the increased capacity of caregivers to afford scholastic materials and school fees.

Qualitative data obtained from children validated the survey findings. Four out of the six OVC noted that the project had reduced their absenteeism due to an inability to pay for school fees and scholastic materials.

“My school fees are always paid on time and so am always at school every day without missing as compared to those days when I was sent home for school fees on nearly a weekly basis.” (Interview I: Male OVC—Primary School)

“I have also been able to get enough scholastic materials in time which is good... when compared to those days before sponsorship, where they could send me home often because of the scholastic materials, there has been a big change. (Interview III: Female OVC—Primary School)

⁹ This was the term prior to the survey, the 3rd term of 2019, which ended in November and December 2019.

Likewise, one OVC who joined secondary school after the end of the first year of the sponsorship explained that the project provided him with an opportunity to stay in school, focus on education and excel. He believes that through CCUg’s sponsorship, he will be able to attain his education goals.

“It is because of this project that I study from a good school which mother couldn’t afford and I know that I will achieve my goals through this sponsorship.” (Interview V: Male OVC—Secondary School)

Table 6: Caregiver involvement in their children’s education

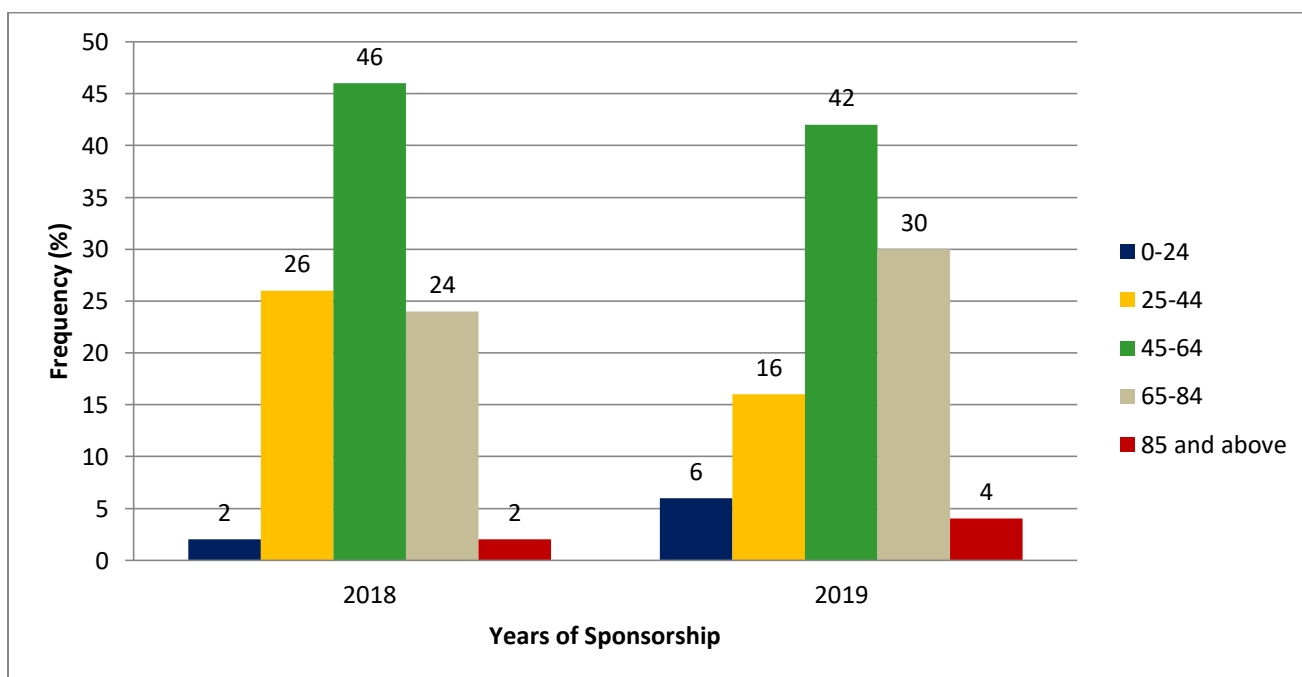
Category	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Caregiver helped their children with homework				
None	25	50	08	16
Less than 5 times	16	32	30	60
5-10 times	06	12	04	08
11-20 times	03	06	01	02
21 times and above	-	-	07	14
Caregiver checked child’s lesson books to assess whether they take down notes				
None	21	42	13	26
Less than 5 times	19	38	20	40
5-10 times	05	10	06	12
11-20 times	03	06	03	06
21 times and above	02	05	08	16
Caregiver went to school and discussed their children’s academic performance with their teachers				
None	33	66	15	30
1 time	12	24	11	22
2 times	05	10	13	26
3 times	-	-	05	10
4 times	-	-	01	02
5 and more times	-	-	05	10
Caregiver discussed with their children academic performance at home				
None	41	82	10	20
1 time	07	14	17	34
2 times	02	04	12	24
3 times	-	-	05	10
4 times	-	-	2	04
5 and more times	-	-	04	08
Caregiver attended PTA meeting last term				
None	46	92	01	02
1 time	03	06	49	98
2 times	01	02	-	-

Of the 50 OVC caregivers who were involved in the endline survey, 8 (16%) reported that they did not help their children with homework in the past term. When compared to the baseline where 25 (or 50%) of caregivers did not help their children with homework in the term prior to the survey, this reflects an increase of 84% in parental involvement in their children’s homework. Nevertheless, many caregivers of children in upper primary complained of experiencing challenges being involved in their children’s homework.

Survey findings revealed that there was an increase in the number of caregivers who checked their children’s lesson books to assess whether they take down notes, from 29 (or 58%) at the baseline to 37 (or 74%) by the endline. Furthermore, there was a significant increase in the number of caregivers who went to school and discussed their children’s academic performance with their teachers, from 17 (or 34%) at the baseline to 35 (or

70%) by the endline, an increase of 105%. In the same manner, the majority of caregivers (40 or 80%) disclosed that they discussed with their children their academic performance at home. In addition, nearly all caregivers (49 or 98%) reported attending a PTA meeting at the school where their children study in the term prior to the survey. Overall, the endline survey showed that there was a significant increase in parental involvement and participation in their children’s education, which could be attributed to continuous encouragement and reminders by CCUG project staff urging caregivers to participate in their children’s education.

Figure 1: Overall average academic performance of sponsored students (n=50)



There was an increase of 22% in the number of students who attained overall average marks of between 45 and 91, from 62% in 2018 to 76% in 2019. In addition, the average marks obtained per sponsored student increased by 6% from 53 (Standard deviation of 16.5) in 2018 to 56.3 (Standard deviation of 17.9). This suggests that sponsorship of students slightly increased their overall academic performance, which may be attributed to reduced absenteeism and greater parental involvement in their children’s education, among other reasons.

Qualitative data obtained from 4 children showed that sponsored students put more emphasis on their studies with reduced absenteeism and parental involvement. They revealed that when the school fees and scholastic materials are provided in time, they are able to concentrate on their studies and excel, thus achieving better academic performance.

“I am able to concentrate on my studies more than before because I have access to scholastic materials and I am no longer sent home for school fee, my performance is now better. (Interview V: Male OVC—Secondary School)

“...before Community Concerns started sponsoring my education, I used to work to earn money to buy scholastic materials and fees. Most of my days were spent outside of class. My performance was very poor. But things changed when I was selected for sponsorship. Before I even report for school, part of the fees has already been paid by Community Concerns. My performance is now better. (Interview II: Male OVC—Primary School)

3.4 Health Care and Utilization (HCU)

Under this section, assessments were made about the health and ability of caregivers/households to afford and utilize health care services. This included ill-health among household members, accessing health care, and sleeping in an Insecticide Treated Net (ITN)

Table 7: Ill health and access to health care

Last time a member of respondents' household fell ill ¹⁰	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Less than 30 days ago	20	40	24	48
30 days ago	01	02	11	22
4 months ago	02	04	11	22
6 months ago	10	20	02	04
More than 6 months ago	17	34	02	04
Illness that household member was suffering from				
Malaria	48	96	41	82
Typhoid	12	24	03	06
Cough and flu	05	10	09	19
Malnutrition	03	06	-	-
Others	06	12	02	04
Whether household member accessed health care for the illness				
Yes	26	52	27	54
No	24	48	23	46
Number of respondents' household members who delayed to seek health care due to lack of money				
Yes	33	66	28	56
No	17	34	22	44
Number of members who sleep in an Insecticide Treated Net (ITN)				
Only 1 member	24	48	15	30
2 members	13	26	07	14
4 members	02	04	09	18
All household members	01	02	12	24
None	10	20	15	30

Survey findings showed that nearly half (24 or 48%) of respondents' households had a member who fell ill less than 30 days prior to the survey. Most household members who fell ill suffered from malaria (41 or 82%), and more than half (54%) were able to access health care for the illness. Most respondents (57%) reported that a member of their household delayed seeking health care due to a lack of money.

Overall, there were no major changes between baseline results and endline findings for health care access and utilization. Qualitative data obtained from OVC revealed that many of them faced financial challenges accessing health care when they fell sick. They decried the lack of drugs in government health facilities that provide free health care services. It is no wonder that a significant number of children missed school the term prior to the survey because they were sick.

"Most times, when I fall sick, I am unable to access care and treatment due to lack of money...(Interview I: Male OVC—Primary School)

¹⁰ This included the caregiver him/herself

3.5 Psychosocial Support and Utilization (PSC)

This section of the survey assessed the ability of the household to access psychosocial support and care from family members and friends. This included the availability of a confidant, emotional troubles and depression status of caregivers.

Table 8: Confidant, emotional troubles and depression status of caregivers

Having a confidant	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Yes	22	44	44	88
No	28	56	6	12
Frequency of a household member being emotionally troubled in the past 6 months that they needed to consult a pastor/reverend/health worker/counselor				
Never	-	-	20	40
Once	28	56	14	28
2 times	8	16	07	14
3-4 times	4	08	3	06
5 times	4	08	-	-
6 times and above	5	10	6	12
Withdrawn and consistently sad children in households				
1 child	30	60	9	18
Less than half of all children in the household	08	16	1	02
Half of all children in the household	02	04	1	02
None	-	-	40	80
Depression Status of Caregivers				
Minimal Depression	10	20	23	46
Mild Depression	15	30	24	48
Moderate Depression	19	38	2	04
Moderately Severe Depression	02	04	1	02
Severe Depression	04	08	-	-

As compared to the baseline, there has been a 100% increase in the number of OVC caregivers who report having a confidant, up from 22 (or 44%) to 44 (or 88%). In addition, the number of households where a family member was emotionally troubled in the past 6 months to the extent that he or she needed to consult a pastor/reverend/health worker/counselor fell from 50 (or 100%) to 30 (or 60%). Not only that, the number of withdrawn and consistently sad children in OVC households also reduced by 80%, from 50 (or 100%) during the baseline to 10 (or 20%) by the endline.

Furthermore, there was a tremendous decrease in the number of OVC caregivers who were moderately or severely depressed, from 50% at the baseline to 6% by the endline. This can be attributed to group and individual counseling sessions held. Altogether, 115 counseling sessions were held; 80 (69%) were individual counseling sessions while 35 (31%) were group counseling sessions. With improved mental health, caregivers were able to provide improved parenting, thereby reducing the number of sad and consistently withdrawn children. What is more, a 2-day training for child rights and protection was conducted among the 50 OVC caregivers as a means of improving parenting skills and reducing child abuse rates, which were very common among OVC households. According to qualitative data obtained from OVC, enrolling children in the sponsorship project reduced emotional

stress experienced by caregivers thereby improving their mental well-being. One child narrated that before being enrolled for sponsorship, his father was often sad, angry and frequently experienced high levels of irritability due to the financial woes the family faced. This later changed when he was enrolled in the sponsorship project because he was financially relieved.

“Before, my father was often angry, sad and was very irritable due to the financial challenges he experienced as he tried to educate me and my siblings. However, when Community Concerns came, his behavior changed because I think he was sort of relieved financially...” (Interview VI: Male OVC—Primary School)

In the same vein, 3 female OVC caregivers indicated that the project somehow reduced the stress and depression they were experiencing. One caregiver noted that she stopped experiencing suicidal thoughts when CCUG started sponsoring her grandchild. Worthy to note is that many caregivers who had depression received group and individual counseling—including emergency support to avert suicide among some caregivers.

“This project has been very impactful in my life. My grandson is in school; he is able to access scholastic materials and performs very well in class. The project reduced the worries and stress I had concerning his education...even thoughts I had about killing myself are gone. I no longer think about committing suicide like before.” (Interview IV: Female OVC caregiver)

“It has greatly helped me basing on my little earnings; I do not think that my girl would have reached the level where she is...right now am a bit stress-free than before her enrollment.” (Interview II: OVC Caregiver)

3.6 Food Security and Nutrition (FSN)

The Food Security and Nutrition section of the survey established the susceptibility of the whole household to food insecurity and the types of foods eaten. It assessed aspects such as the main source of food, the number of meals eaten, food strategies and kinds of foods eaten.

Table 9: Meals eaten and food strategies

	Baseline		Endline		
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)	
Number of meals eaten by the OVC households in the last 24 hours before the survey					
1 meal	16	32	12	24	
2 meals	28	56	31	62	
3 meals	06	12	7	14	
Number of meals usually eaten by households in a day					
Some days no meal	10	20	1	02	
1 meal	27	54	18	26	
2 meals	12	24	25	50	
3 or more meals	1	02	6	12	
Food strategies used by households in the last 7 days before the assessment due to financial reasons					
Eat no food in any 24 hour period	1 day	10	20	06	12
	2 days	04	08	05	10
	3 days	-	-	01	02
	4 days	01	02	-	-
	5 days	06	12	-	-
	None	29	58	38	76
Borrow money to buy food	1 day	10	20	07	14
	2 days	19	38	09	18
	3 days	12	24	04	08
	4 days	01	02	01	02
	5 days	06	12	-	-
	None	02	04	29	58
Buy food on credit	1 day	22	44	14	28
	2 days	6	12	05	10
	3 days	6	12	04	08
	4 days	4	08	02	04
	5 days	6	12	01	02
	None	6	12	24	48
Send a family member else where to eat	1 day	01	02	-	-
	2 days	06	12	03	06
	3 days	11	22	-	-
	4 days	06	12	01	02
	5 days	01	02	-	-
	None	25	50	46	92
Let a female household member eat last or not at all	1 day	02	04	01	02
	2 days	07	14	03	06
	3 days	04	08	-	-
	4 days	-	-	-	-
	5 days	02	04	-	-
	None	35	70	46	92

The results presented above show that the number of households eating 2 or more meals in the 24 hours preceding the survey increased from 68% to 76%. In addition, the number of households usually eating 2 or more meals in a day increased from 26% to 62%. OVC households utilizing the food strategy of eating no food in any 24 hour period in the 7 days prior to the survey also reduced from 42% to 24%.

Households utilizing the food strategy of borrowing money to buy food reduced from 96% to 42%, and those who bought food on credit in the last 7 days before the survey also fell from 86% to 52%. Furthermore, there was a reduction in the number of households that send a family member elsewhere to eat, from 50% to 8%. Endline survey findings also showed a significant reduction in the number of OVC households that let a female household member eat last or not at all, from 30% to 8%. In addition to this, the number of households with access to land for farming increased from 13 or 26% at the baseline to 19 or 38% by the endline. This could be attributed to the involvement of 27 OVC caregivers from Bugodi and Mugeru sites in a Food Security project. Overall, there was a 100% increase in the number of OVC households rated as food secure, from 7 or 14% at the baseline to 14 or 28% by the endline.

When asked about the impact of the OVC sponsorship project on their households, caregivers from 2 sites where the Food Security and Nutrition project was implemented explained the impact of the project on the OVC sponsorship. Not only did caregivers in these 2 sites improve the food security and nutrition of their households, but they also earned income from the sale of surplus produce, enabling them to initiate other income-generating activities as explained in the following quote;

“I got 90Kgs of soya. I sold each Kg at 1,500 and got Shillings 135,000. I have started a small business to improve on my household income. I want to be able to afford buying food for my household in the months to come. I also planted maize on the land that Community concerns hired for me and I got 5 sacs (approximately 500 Kgs). I have sold some and saved the money in the saving group so that it gains interest. I have saved some seeds to plant next season.” (Male OVC caregiver)

Other caregivers reported that the FSN project improved their ability to afford to rent farming land after 2 seasons that CCUG rented for them.

“I could not afford to buy food consistently but I’m glad I no longer have to buy it, at least I can get it from the garden that Community Concerns rented for me. Because I was saving some money, I will be able to retain the piece of land by paying the owner more money.” (Female OVC Caregivers)

3.7 Child Protection and Legal Support (CPLS)

This section presents assessments about the incidence of child abuse and parental/caregiver knowledge of current child protective and legal support mechanisms against child abuse or violence.

Table 10: Discipline and child experience in the past 6 months

	Baseline	Endline
Ways of disciplining children by respondents in the past 3 months prior to the survey		
Punched, kicked or hit the child with an object	54%	4%
Withheld a meal as a form of punishment to a child	54%	2%
Yelled/screamed at the child and used abusive words/language	30%	22%
Child experiences in the past 6 months		
Involved in child labour	28%	4%
Repeated physical abuse	24%	-
Sexual abuse; rape, molested, defiled	12%	-
Stigmatized/discriminated due to an illness/disability	18%	2%
Been in conflict with the law	4%	2%
Abused drugs or alcohol	4%	8%
Witnessed an adult abusing alcohol or drugs	6%	18%
Witnessed an adult being abused/domestic abuse	16%	22%

An overwhelming majority (48 or 96%) of OVC caregivers denied that they had never punched, kicked or hit their children with an object in the 3 months before the survey. Furthermore, nearly all (49 or 98%) caregivers reported that they had never withheld a meal as a form of punishment of their children in the 3 months prior to the survey. However, just over a fifth of respondents (11 or 22%) mentioned that they yelled/screamed at their children and used abusive words/language in the 3 weeks prior to the survey.

Data obtained from 40 OVC revealed that 7.5% of the children were yelled/screamed at and their parents used abusive words/language, 7.5% were denied a meal as a form of punishment while 5% were punched, kicked or hit with an object. As compared to the baseline survey where at least 1 in every 2 OVC had experienced some form of child abuse, there has been a tremendous change in ways of disciplining children by OVC caregivers. This can be attributed to the 2-days' training in child rights and needs, child protection at home and school, gender-based violence and positive parenting skills conducted among the 50 OVC caregivers. CCUG also trained caregivers in its Safeguarding policy and connected some caregiver groups to child protection teams at the village level. It could, therefore, be concluded that the training and orientation were not only important to enlighten caregivers about child rights and how to protect their children from abuse but also helped to reduce practices that were affecting their short- and long-term school attendance and performance.

Table 11: Actions caregivers would take if their children became a victim of child abuse or violence

Actions	Baseline		Endline	
	Frequency (n=50)	Percentage (%)	Frequency (n=50)	Percentage (%)
Report to the LC/Police, probation officer, child protection committee, CDO ¹¹ , CSO ¹² , Para social worker or VHT ¹³	27	54	37	74
Talk to a family member/neighbor	06	12	12	24
Negotiate with the offender	12	24	01	02
Do nothing	05	10	-	-

¹¹ Community Development Officer

¹² Civil Society Organization

¹³ Village Health Team member

The majority of caregivers (37 or 74%) stated that they would report abuse to the LC/Police, probation officer, child protection committee, CDO, CSO, para social worker or VHT if their children became a victim of child abuse or violence. This could be related to the training caregivers received on child rights and child protection, both at school and at home.

3.8 Ways of Improving the Project

Although all caregivers and their children greatly appreciated CCUG for the sponsorship project, many of them made significant recommendations to improve the impact, effectiveness, and sustainability of the project. These included;

- a) Caregivers suggested that the project timeline be increased from 2 years to a longer period. The number of years suggested ranged from 5-7. They reasoned that this long duration provides ample time for the households to considerably improve their incomes such that by the time the 5-7 years are over, they can easily take over their children's education costs without any challenges. Worth noting is that although the project was expected to increase household incomes by 30%, it actually increased incomes by 60%. However, with the current average of 3.6 school-going children per household, even this higher amount of income may not be adequate to support 3 children in primary school.

Caregivers stressed that even if the project had a considerable impact on their household incomes, the level they had reached was still insufficient to easily enable them to adequately support their children in school without major issues.

"I am praying for continued support for this project. I am very interested in continuing with the saving group. I am requesting that Community Concerns does not abandon us, that it continues supporting us because we are progressing. We acknowledge that we are no longer at the same level that we were when the project started, nonetheless, we need additional support." (Interview III: Female Caregiver)

- b) Caregivers also requested continued project implementation and suggested that if possible, CCUG's contribution per child should increase, especially for children who perform very well and may need to change schools to access better quality education than what can be provided in their villages.

"...if my child performs well and is offered a place in a good school which of course comes with paying much school fees and other necessities, I would recommend that Community Concerns increases on the support provided so as to enable this child access better quality education than what is available in our villages." (Interview II: Male Caregiver)

- c) Alternatively, caregivers and some children suggested sponsorship of at least 2 children per household. They reasoned that this will reduce the financial burden on the caregiver, enabling easy enrollment of other children in the household as well as increasing disposable income vital for growing more income.
- d) There were calls by some caregivers to provide support related to food security and nutrition. Although CCUG initiated and still runs a campaign on the Global Giving website for an FSN project for OVC households, the money raised was only adequate for 2 project sites. This means that 3 sites were not provided with any support related to FSN.

- e) Some caregivers recommended the provision of unconditional grants to enable them to initiate/expand income-generating activities without the financial stress of repaying the loans.

4.0 Discussion

The purpose of this survey was to assess the impact of education sponsorship on 50 OVC and their caregivers in 5 villages in Jinja and Mayuge districts. The major focus of the survey was to assess the impact of the project on Economic Status and Spending (ESS), Education, Health Care and Utilization (HCU), Psychosocial Support and Utilization (PSC), Food Security and Nutrition (FSN), Child Protection and Legal Support (CPLS).

Key findings show that there has been significant improvement in monthly household income, access to credit and average monthly savings. In addition, survey findings also show an increase in enrollment of non-sponsored children, caregiver literacy levels, involvement in child's education, absenteeism and academic performance. Furthermore, the project considerably improved child protection and legal support. However, the endline survey also shows that there were no meaningful changes in health care and utilization among the 50 OVC and their caregivers.

4.1 Discussion of Selected Variables

4.1.1 Economic Status and Spending (ESS)

The project improved the economic status and spending of households in which the 50 selected OVC live. In addition, there were slight changes in the primary occupation of respondents from 36% self-employed (at the baseline to 44% by the endline. Furthermore, the main source of income changed from small scale farming (42%) to casual work (42%). This could be attributed to poor climatic conditions and an increase in sugar cane growing, which limited access to affordable land for small scale farming. There was an increase in the number of caregivers earning between Ugx 100,000 and 200,000 from 18% to 24%. The project increased the monthly average income earned per caregiver by 60%, from Ugx 39,700 at the baseline to Ugx 63,360 by the endline.

4.1.2 Education Accessibility

Endline survey findings show that the project had considerable impact on access to education among OVC, increasing literacy levels of caregivers from 18% to 54% and increasing the enrollment of other children in the household by 69.2%, from 52% to 88%. Qualitative data attributed this to the reduced financial burden among caregivers allowing them to spend the money that would have otherwise have been used to pay school fees and buy materials for the sponsored child on the education of other children in their households.

Furthermore, the project significantly reduced absenteeism from school – from 45 households that had at least 1 child who missed 1 or more school days in the prior term to 36 such households. Additionally, the total number of children who missed at least 1 day in the term preceding the survey fell from 115 to 71, while the total number of school days missed by all children was reduced from 636 to 267. In addition, the average number of children who missed at least 1 day last term per household fell from 2.5 to 1.9, while the average number of days missed last term per child fell from 5.5 to 3.7. Qualitative data confirmed these improvements and credited them to the availability of scholastic materials and school fees for the sponsored children.

On top of this, there were significant changes in parental involvement in their children’s education—especially in the areas of homework, checking their children’s lesson books, discussing with their children their academic performance, and attending PTA meetings. This was attributed to improved literacy levels and continued encouragement of caregivers to get involved in their children’s education by project staff.

Further assessment of the academic performance of sponsored students between 2018 and 2019 showed a modest increase in the average marks obtained per student from 53 to 56.3.

4.1.3 Health Care and Utilization

The majority of OVC households reported experiencing challenges accessing health care services whenever needed. The most common disease that caregivers/or a member of their households suffered from in the last 6 months was malaria. Aside from that, qualitative data obtained from some caregivers showed that HIV positive OVC/caregivers faced life-threatening challenges accessing ARVs during a drug shortage between 2017 and 2018.

Overall, there were no major changes in health care and utilization among OVC, their caregivers and other family members during the project implementation period.

4.1.4 Psychosocial Support and Utilization

Survey findings showed that the majority of caregivers obtained confidants during the course of the project, while the number of emotionally troubled household members including withdrawn and consistently sad children, was significantly reduced. Depression rates among caregivers also fell from 50% to 6% however, poor mental health among caregivers—especially in 2018 had a severe impact on their ability to engage in their primary occupations and to adequately look after their children. Even if project staff conducted over and above the planned counseling sessions, some caregivers often relapsed, not only affecting their children’s school attendance but also limiting the impact of the project on their households.

4.1.5 Food Security and Nutrition

According to survey findings, the number of households eating 2 or more meals in the 24 hours preceding the survey increased from 68% to 76%. Furthermore, the number of households usually eating 2 or more meals in a day increased from 26% to 62%. In addition, the number of households with access to land for farming increased from 26% at the baseline to 38% by the endline. This was attributed to the involvement of 27 OVC caregivers from the Bugodi and Mugeru sites in a Food Security project supported by funds fundraised through Global Giving.

4.1.6 Child Protection and Legal Support

There was a considerable decline in child abuse cases reported by both caregivers and their children. Physical abuse constituting punching, kicking and hitting children with objects reduced from 54% to 4%. In addition, the number of caregivers who withheld a meal as a form of punishment to a child also reduced from 54% to 2%, while the involvement of children in child labour reduced from 28% to 4%. In addition, sexual abuse reduced from 12% to 0%, while the number of caregivers who knew that child abuse cases should be reported to the LC/police, probation office, child protection committee, CDO, para-social worker or VHT increased from 54% to 74%. This was attributed to training on child rights and needs, child protection at home and school, gender-based violence

and positive parenting skills conducted among the 50 OVC caregivers. Additionally, CCUG trained caregivers in its Safeguarding policy and connected some caregiver groups to child protection teams at the village level.

4.2 Limitations

4.2.1 Project Limitations/Challenges Experienced during Implementation

- i. Between January 2018 and January 2019, Mayuge and Jinja districts (part of Busoga sub-Region) experienced unreliable seasons¹⁴ which contributed to poor crop yields and worsened food insecurity and nutrition. Not only that, the increased commercialization of sugarcane growing made it harder for small scale farmers like OVC caregivers to access farming land. Even when CCUG provided funds to rent land for 2 groups, there were major challenges locating farming land, as most landowners had either diverted to sugarcane or had already rented their land out for its growth.
- ii. The nearly 10-month ARV drug shortage experienced between November 2017 and August 2018 threatened the survival of some HIV positive caregivers and their children. In addition, the shortage limited livelihoods of some caregivers and contributed to excessive spending to try to access ARV drugs privately and to treat opportunistic infections. In some cases, some OVC stopped school and remained at home to take better care of their ailing parents. Aside from that, a significant number of caregivers experienced poor mental health due to several factors such as food insecurity, ARV shortage and marital issues, all of which exacerbated their ability to improve their household incomes.
- iii. It is an undeniable fact that the selected 50 OVC belonged to households that were facing relative to absolute poverty. For example, even though Busoga sub-region is considered the 3rd poorest in Uganda with average household incomes estimated at Ugx222, 000¹⁵, the selected OVC lived in households with an average household income of Ugx 39,700, which is 5.6 times lower than the regional average. What is more, even the current household income of Ugx63, 600 is still 3.5 times lower than the average household income as reported by the Uganda National Household Survey—2016/17. This demonstrates that the project took on some of the poorest OVC, who may require more time to be lifted from poverty and to be able to sustainably retain their children in school.

4.2.2 Limitations to the Survey

Due to the fact that the majority of the information was self-reported by OVC caregivers and their children, there is a possibility that some could have omitted or exaggerated some details.

4.3 Conclusion and Recommendations

Based on the above key findings, the sponsorship project conducted among 50 OVC and their caregivers in Jinja and Mayuge districts had a significant impact on the project beneficiaries. There were notable changes in household income, saving, school attendance, school enrollment of other children in the household and academic performance.

However, current increased household income levels are still insufficient to enable caregivers to fully take over the education costs of the sponsored children while sustaining other children in school. Therefore, there is a need for

¹⁴ There were delayed rains, prolonged dry spells and sometimes hailstones which make it difficult for major food crops grown to germinate or grow well.

¹⁵ Uganda National Household Survey, (2016/17). Final Report. Uganda Bureau of Statistics (UBOS).

continued funding of the project to provide a firm foundation for caregivers that will enable them adequately sustain their children in school.

CCUg should continue seeking additional funding to not only expand on the interventions used in this project, but to also increase the number of sponsored children.

4.4 Lessons Learnt from the Project

- 1) Provision of only educational support to OVC and their caregivers experiencing relative to absolute poverty levels may necessitate a considerably long period of sponsorship to allow households to move out of poverty and be able to sustain their children in school.
- 2) Access to credit is an important element in improving household incomes. Not only does it enable easy initiation of IGAs, but it also encourages caregivers to enroll other children in school.
- 3) Adult literacy and continued encouragement of caregivers to become actively involved in their children's education makes them more responsible, accountable and supportive towards their children's education.
- 4) Inculcating a savings culture among caregivers experiencing poverty encourages them to utilize responsible spending habits crucial for regular saving and investment.
- 5) OVC caregivers experiencing relative to absolute poverty are more susceptible to depression than other categories of caregivers due to their inability to meet the demands of daily living with their extremely limited financial resources. As such, they need continuous mental health support—including frequent depression assessment in order to reduce cases of relapse.
- 6) OVC caregivers need free or subsidized health insurance coverage to enable them to access timely quality health care services as needed. This is vital in enabling them to stay healthy and strong enough to consistently engage in livelihoods vital for poverty eradication.

Figure 2: Pictorial Collage of Some Project Activities



Adult Literacy Training –Mugeri Site



Financial Literacy and Business Skills Training—Mauta Site



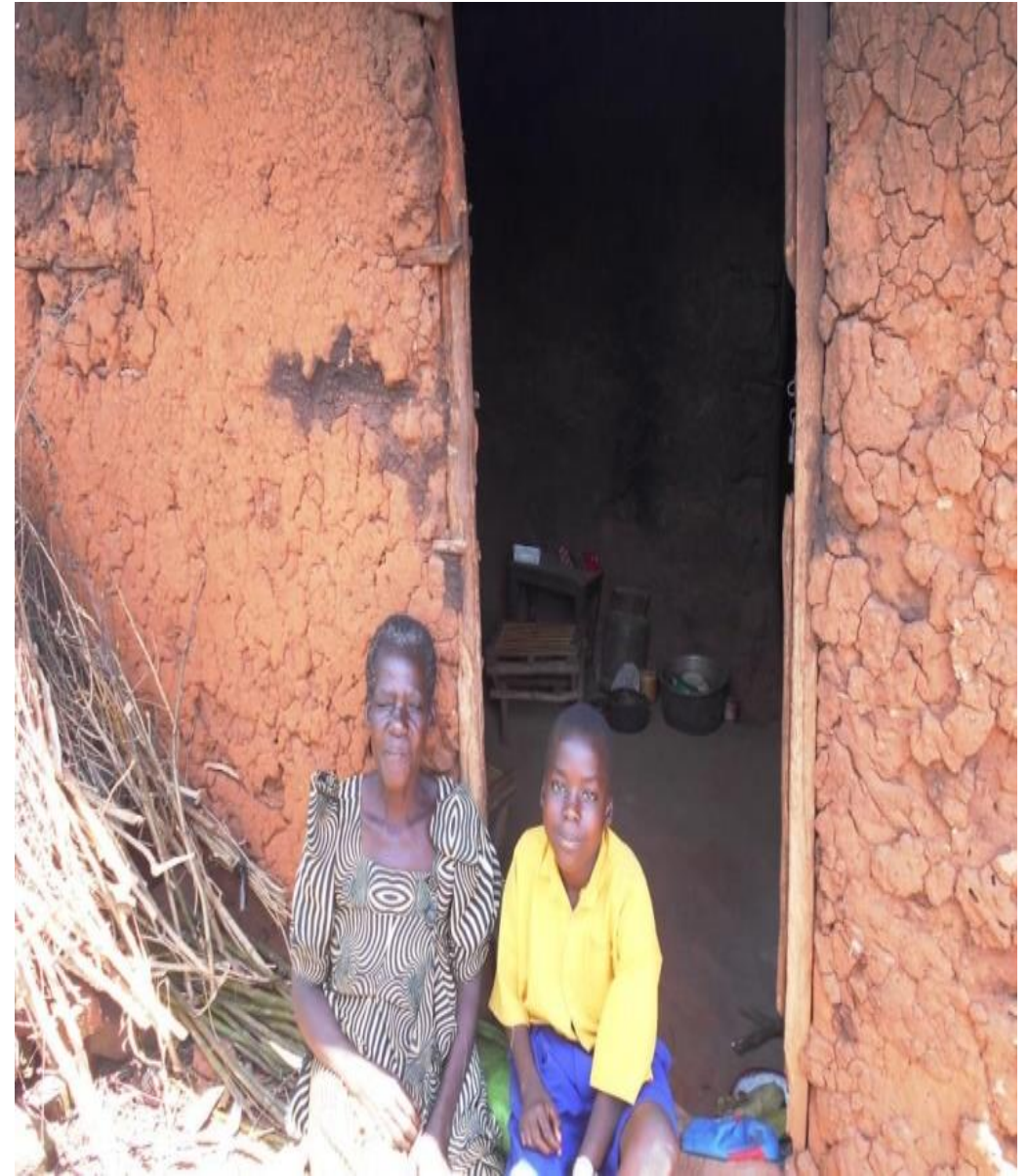
Group Saving and Loaning—Bugodi Site



Receiving scholastic materials for their children—Wabulungu Site



OVC caregivers from Bugodi site attending a PTA meeting for their children



One of the best performing OVC—Emmanuel with his primary caregiver at home



Emergency health care: A caregiver with his daughter after skin grafting surgery



Literacy Assessment—Wabulungu Site



FSN: Distribution of seeds and farming tools



FSN: A caregiver from Bugodi site in his garden