Come True Project

Measurement and Evaluation Report

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About the Authors:

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Maayan is specialising in programme evaluation and policy research in conflict and post-conflict settings, primarily in the OPT, Israel and East Africa. She has broad experience supporting and evaluating humanitarian assistance programmes and projects promoting education and community empowerment of marginalised groups, primarily women. She has a wide range of organisational competencies gained through coordinating projects aimed to improve the lives of vulnerable people. Maayan holds MA in Development Studies from the Hebrew University of Jerusalem, and BA in Sociolgy Anthropolegy and Communication from Tel Aviv University.

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Adar acquired her undergraduate degree in Social work, from Tel-Hai College in Upper Galilee, and her Masters in International Community Development Studies, at the Hebrew University in Jerusalem. Adar have accrued experience working as a Research Assistant mainly in cross-cultural settings. Since her graduation Adar worked with NGOs, the Public Sector and Academia in Israel. Her main interest is international migration, with an emphasis on social actions and public policy formation in the fields of welfare, health and education.

1) Introduction and approach

1.1) Evaluation scope and purpose

The overall purpose of this evaluation is to assess the impact of schooling over the beneficiaries' wellbeing and to evaluate the relationship of Come True with key stockholders in terms of achieving its goals and creating a sustainable project.

These evaluation criteria are based on a short preliminary assessment conducted in order to recognize relevant areas of evaluation and possible intervention.[1,2,3]

The following are overarching evaluation questions, derived from the short assessment:

- In which ways does schooling promote the welfare of the direct beneficiaries?

- In what ways do the community and parents contribute to their child's welfare?
- In which ways is the project involved in promoting the beneficiaries' welfare?
- How do relationships with key stakeholders contribute to the project's successful implementation and sustainability?

The main focus of this report is **the beneficiaries' wellbeing.** Although the term 'wellbeing' is widely used in literature on child development, there is no consensus on the exact meaning of the term. For the purpose of this evaluation, we used Pollard and Lee's (2002)[4] systematic literature review on children's wellbeing. Pollard and Lee have identified five distinct domains of children's wellbeing: physical, psychological, cognitive, social and economic.

For this evaluation we choose to focus on four dimensions of the beneficiaries' wellbeing: physical, cognitive[5], social and psychological. These are the most relevant aspects of wellbeing in the context of education programming.[6] In addition, given the logistical limitations of this exercise, we were able to obtain valid data regarding these domains.[7] The information gathered in the evaluation is designed to provide a holistic view on each domain and include:

- *Internal aspects:* Beneficiaries' introspection on their own behaviors, achievements and perceptions;

- *Instrumental aspects*: The conditions at the school and the provision of services by the school and the project (access to medical care, homework assistance);

- *Environmental aspects*: The different dimensions of social relations such as school climate, peer relations, teacher-student relations, cooperation with parents, and Come True (CT) staff.

In order to evaluate this, we focused on internal comparison between different groups of beneficiaries examining differences among age groups, gender and number of years in the program. We chose to use subjective measures over objective ones in order to learn more about beneficiaries' perceptions of wellbeing as well as to formulate recommendations that are tailored to the specific needs of this group. We anticipated that the overall levels of

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[1] A logical frame-work, is yet to be developed (or not shared with the evaluation team)
[2] This assessment included background interviews with relevant stakeholders, participatory observations and desk research.
[3] See recommendations
[4] Pollard E.L., and Patrice D.L. "Child well-being: A systematic review of the literature." *Social Indicators Research* 61.1 (2003): 59-78.
[5] According to Pollard and Patrice, the cognitive domain include academic achievements and intelligence tests as well as measures of creativity, memory, and classroom behavior, perceived competence in academic ability and sense of belonging to school.
[6] Konu A, and Matti R "Well-being in schools: a conceptual model.*Health promotion international* 17.1 (2002): 79-87.
[7] This is by no means to assert that an evaluation of the economic and psychological dimension of beneficiaries' wellbeing in not needed.On the contrary, in conducting this evaluation we have recognized a need for a profound evaluation of the psychological dimension of beneficiaries wellbeing, as discussed in the report.

beneficiaries' wellbeing are affected by their life circumstances which include in most cases undergoing forced migration and living away from their parents in a new cultural context.

1.2)   Methodology

1.2.A) Evaluation tools:

This evaluation uses a combination of quantitative and qualitative research methods, tailored for the specific context, and applied in order to holistically assess the evaluation questions. Methods are used in a complimentary manner in order to avoid methodological or group biases and to triangulate findings from different sources.

We used a semi participatory evaluation method in order to ensure that results and recommendations are relevant and sustainable. The evaluation utilizes creative interview techniques which are particularly useful in cross-cultural research as well as in research with children and youth. Evaluation tools were designed in a culturallyl sensitive manner, taking into consideration issues of gender, age, education level and social status.

1.2.B)   Qualitative Research Methods

Qualitative Interviews*:*

Semi structured in depth interviews and focus group discussions were held with various stakeholders: child beneficiaries, community members, CT staff, Trinity Academy (TA) staff members and relevant professional in the psycho- social, education and migration fields. Creative techniques were used in interviews with children.

Participatory Workshops:

Participatory workshops were held with teachers and beneficiaries focusing on defining and discussing the concepts of wellbeing and education, cultural integration, health, challenges and aspirations.

Drawings:[8]

"*The use of drawing gives children time to think about what they wish to portray. The image can be changed and added to, which gives children more control over their form of expression, unlike an interview situation where responses tend to be quicker and more immediate.*"[9] Drawings were used as an evaluation tool with children in order to facilitate and include young child participation and to allow children to express themselves at liberty. Drawings were also used to provide secondary support to findings concerning children's emotional wellbeing.

1.2.C)   Quantitative Research Methods

Quantitative Interviews

A quantitative close-ended questionnaire was developed and fully answered by 60 beneficiaries. Quantitative interviews were used to measure beneficiaries' wellbeing, extract demographic information, obtain a wide view over the data and analyze ties between variables.

Wellbeing indexes

Indexes on the different dimensions of beneficiaries' wellbeing were created to refine the responder's answers to a continuum indicator comparing between the different participants.

1) *Health index:*

This index refines answers concerning health promotion behaviors (e.g. Do you use a mosquito net?), help seeking behavior in time of sickness (e.g. What do you do when you're not feeling well?) and perceived ability to maintain good health (e.g. Do you have access to clean water? Do you use it?).

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[8] The drawing were analyzed by Ms. Rotem Patishi, an art therapist specializing in parent-child dyadic therapy

[9] Research with Children: The Same or Different from Research with Adults, Punch, Childhood, Sega Publications, 2002 [Retrieved 20.2.15 http://www.dreamscanbe.org/Reasearch%20Page%20Docs/Punch%20-%20research%20with%20children.pdf]

2) *Potential of academic success:*

This index refines answers concerning age and educational gaps, learning motivation (e.g. How hard do you try to improve at school academically?) and sense of success (e.g.In your opinion, how well are you doing at school academically?), and perceived school and parents' recognitions in one's academic efforts (e.g. Do you think that your efforts in school are acknowledged by school staff and friends?).

3) *Support:*

This index refines answers concerning the presence of elder siblings in the project, parental connectedness (When was the last time you called/met your parent? Do your parents update you about what is going on in their house?), and perceived parental support (do your parents assist you with purchasing school materials if you need? Do they recognize your efforts at school? Do they encourage you to study?).

4) *Agency*:[10]:

This index refines answers from different aspects of wellbeing concerning beneficiaries' coping strategies with the challenges they face. We chose indicators such as: perceived competence to act (e.g. choosing whether or not to seek help, learning motivation), sense of control over decision-making (e.g. To whom do you turn for assistance? How much do you invest in your studies?), motivation to change (e.g. desire to improve in school, asking authoritative figures for help despite discomfort to do so), and perceived ability to make a change (e.g. What do you think you need in order to improve in your studies?).

1.3) Limitations

1.3.A) Unrepresentative sample of parents

Because of logistical reasons, only parents residing in Kampala were interviewed for this evaluation. Due to the fact that a small percentage of the beneficiaries' families are currently living in Kampala, this is not a representative sample of the community. However, as we regard the family and the community to be an integral, vital part of the beneficiaries' overall wellbeing, we have decided to include the community in Kampala in this evaluation process. This bias was taken into consideration during data analysis.

1.3.B) Cross cultural research

Power, class and ethnicity differences between researcher and participants are central aspects to be considered in any cross-cultural research.[11] This case is not different. It should be assumed that these differences altered and shaped dynamics during the evaluation exercise. Another issue to be considered is the cultural context of data collection. Meanings are culturally contextualized and as such need to be understood in their cultural context.[12] As this evaluation is cross cultural, some issues might have been lost.

1.3.C) Absence of baseline data

A further limitation to assessing some aspects of the beneficiaries' wellbeing is the lack of baseline data, preventing us from comparing their wellbeing today with beneficiaries' wellbeing in earlier stages of their participation in the program.

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[10] This concept refers to one's ability to act deliberately and effectively in order to achieve her /his goals. The concept includes, among other aspects: ability to negotiate, problem solving, compromise, success and failures management and resilience. Agency is reinforced in environment which respects and enables child's tendencies for autonomy and independence, and correspondingly enhances a sense of self-value and wellbeing in children.

[11] Piquemal, N (2001). Free and informed consent in research involving Native American communities. *American Indian Culture and Research Journal, 25*(1), 65-79.

[12] שקדי, א. (2003). מילים המנסות לגעת: מחקר איכותני- תיאוריה ויישום. תל אביב: אוניברסיטת תל אביב הוצאת רמות.

1.3.D) Language barriers

The majority of communication was held in English and Hebrew (with beneficiaries and CT staff) which are not first languages of the majority of respondents. Consequently, nuances may have been lost and some information might not have been transmitted as intended.[13]

2) Background

2.1) South Sudan

After over five decades of bloody, ongoing conflict, South Sudan gained its independence from Sudan in July 2011. Since its independence, the young county struggles with major challenges. It is one of the poorest and underdeveloped economies in the world, adult literacy rate stands at mere 27 percent, and child mortality is among the highest in the world.[14]

In December 2013 the situation in South Sudan worsened when violence broke up in the capital, Juba, and quickly spread across the country. Many found themselves forced to flee. In 2014, approximately 950,000 people were displaced within South Sudan, and a further 290,000 fled to neighboring countries. The conflict that started in the end of 2013 in South Sudan continues to affect the lives of millions of South Sudanese. In 2014, South Sudan was ranked as the most fragile state in the world, half of its population is in need of humanitarian aid.[15] The main humanitarian ramifications are widespread displacement because of violence, disease, injuries, and severe food insecurity which lead to a major malnutrition crisis. Data concerning the death toll since 2011 is deficient, however it is estimated that over 50,000 people lost their life in the bloody conflict by the end of 2014.[16]

The educational system in South Sudan is in a dismal condition and faces numerous challenges and obstacles. Lack of access to education continues to pose a major obstacle for girls and boys. In some parts of the country, 70 percent of schools were closed due to violence and displacement. South Sudan has an acute shortage in teachers; the teacher-student ratio stands at 1:113.[17] Primary education net enrollment stands at a mere 44.4 percent. This figure drops significantly with only 1.6 percent net enrollment in secondary education.[18] Girls are at high risk of suffering from Sexual and other forms of Gender-Based Violence (GBSV). A South Sudanese girl is more likely to die at birth than to complete primary education [19] . [20]

2.2) The South Sudanese Community in Israel:

In order to ease the read of this report, we will refer the South Sudanese who were deported from Israel as "the community" along the report.

In June 2012, the Jerusalem District Court ruled that Israel could deport South Sudanese from Israel to South Sudan. Shortly afterwards, one year after South Sudan declaration of independence, the South Sudanese community was deported from Israel to one of the most underdeveloped countries in the world.[21] According to different estimations, the

[13] Lopez, G. Figueroa, M. Connor, S. Maliski S. (2008) Translation Barriers in Conducting Qualitative Research With Spanish Speakers. Qualitative Health Research18: 1729.

[14] South Sudan, The World Fact Book, June 2014

[15] Fragile States Index 2014, The Funds For Peace, 2014 [http://library.fundforpeace.org/library/cfsir1423-fragilestatesindex2014-06d.pdf]

[16] 50,000 and Not Counting: South Sudan's War Dead, Agence France-Presse, Reliefweb, November 2014 [http://reliefweb.int/report/south-sudan/50000-and-not-counting-south-sudans-war-dead]

[17] South Sudan's Road to Peace: High Stakes for Its Children, K Smith and L Steer, Brooking, February 3 2014 [http://www.brookings.edu/blogs/education-plus-development/posts/2014/02/03-south-sudan-children-steer-smith]

[18] South Sudan Statistics, OCHA, January 2014 [https://docs.unocha.org/sites/dms/SouthSudan/South_Sudan_Media_Briefing_Pack/South%20Sudan%20humanitarian%20and%20development%20statistics%20-%20December%202013.pdf]

[19] Education in South Sudan: Investing in a Better Future, Gordon Brown, 2012 [http://gordonandsarahbrown.com/wp content/uploads/2012/04/Education-in-South-Sudan-investing-in-a-better-future1.pdf]

[20] South Sudan: Humanitarian Response Plan 2015, OCHA South Sudan, December 2014

[21] , Weiler-Polak and Zarchin, Haaretz, June 7 2012 Israel begins deportation of South Sudanese migrants [http://www.haaretz.com/news/national/israel-begins-deportation-of-south-sudanese-migrants-1.435523]

community in Israel numbered between 700-3000 members, many of which are children.[22] For many in the South Sudanese community, Israel was not the first station in their forced migration journey.

In Israel, the majority of the community members worked as manual workers, many in hotels in Eilat and the Dead Sea areas.[23] In most parts of Israel, South Sudanese school aged children were integrated in the local education system in accordance with the Israeli education law. However, school enrollment of non-Israelis is according to the policy of each municipality, therefore in some areas of the country South Sudanese children were deprived from attending formal schooling.[24]

After their deportation from Israel, the deportees landed in a nation with nearly nonexistant health, education, sanitation and welfare services.. This was a drastic change in the way of life of community members. Many of them were under a constant state of physical, nutritional and psychological insecurity. Schooling was interrupted and the vast majority of children were not enrolled in an educational framework. .

Due to the harsh circumstances in South Sudan, soon after the deportation, community members migrated again and disbursed to a number of different countries. Following the outbreak of violence in December 2013, some community members had to flee once again. In mid-2013, less than a year after the deportation from Israel, over 22 community members, including children died due to violence, poor hygiene and sanitation and lack of access to medical treatment.[25]

Meanwhile the personal relationships that were formed in Israel between some community members and Israelis lasted after the deportation. They stayed in close touch and the Israelis were informed and aware of the community dire circumstances. With ongoing reports of the harsh situation in South Sudan, the need of community members and Israelis to do something to improve the lives of the children deportees arose. Within this framework of urgency and emergency, the Come True project was devisedas an initiative to bring the deportees' children and youth back to school.

2.3) Come True (CT) Project

The CT project is an innovative, unique educational project under the wing of **Become**, a nonprofit organization supporting vulnerable children primarily in East Africa. CT aims at supporting South Sudanese children and youth who belong to the community, with education and providing them a safe environment to continue their studies. It is a novel and unique model that followed deportee children along their migration route. It is also the only project that currently works with the South Sudanese deportee community. CT works in very close collaboration with Trinity Academy (TA) School located in Kampala, Uganda (see below).

In February 2013, only eight months after the deportation, the first group of 35 students started to attend Trinity Academy. Currently 119 children and youth aged 7-21 are enrolled in the project: 104 in primary school. The CT project was built out of very dire circumstances. Many of the children currently enrolled in the project were rescued from life threatening situations, and many were living in grave conditions, exposed to violence and hunger, with no access to education and basic welfare. The CT project's technical areas are supported by the involvement ofl high profile experts and professionals in the fields of education, forced migration and welfare.

One World Education Platform

As a part of its vision, CT operates the One World Education project. The project aims at strengthening the beneficiaries' role as active agents in an open, globalized society. This project contributes to the development of a model for educators facing challenges that arise in extreme multicultural classroom settings. The education team consists of Ugandan and Israeli educators who work together to address education challenges common to both groups, using analytic and practical tools developed together.

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[22] Petition against the deportation of South Sudanese, June 2012
[http://assaf.org.il/he/sites/default/files/%D7%A4%D7%A1%D7%A7%20%D7%93%D7%99%D7%9F%2007.06.12.pdf]
[23] Hot in South Sudan: Impressions of Israeli Researchers. Tzabar and Tenenbaum, April 2013 (In Hebrew)

[25] Aid Organizations; Over 22 Refugees Deported to South Sudan Died This Year, Y. Goren, NRG, 5 June 2013 (in Hebrew) [http://www.nrg.co.il/online/1/ART2/477/197.html]

2.4) Trinity Academy (TA)

The Trinity Academy operates a day and boarding primary school located in Bukoto, Kampala and a boarding middle and high school located in Bwebajja, Kampala. TA is a private school known for its high academic standards and is ranked amongst the best schools in Kampala. Its values are Christian and it follows the Ugandan curriculum.

3) Findings

3A) Beneficiaries' Wellbeing

In the following sections we will present the information collected concerning the different dimensions of beneficiaries' wellbeing as described above, by comparing beneficiaries' progress throughout the years and describing the current challenges of each dimension. The information analyzed in this section was gathered from various stakeholders using qualitative and quantitative methods as described in section 1.2.

Overall, the evaluation findings regarding the beneficiaries' wellbeing are encouraging and show positive results in terms of beneficiaries' integration at school, academic improvement and social competence. The beneficiaries are respected and prominent in the school environment, and are taking active roles in school activities. They are highly motivated to continue and to be successful in their studies. Many are developing leadership capacities and serving as role models for the younger project beneficiaries and the rest of the pupils at the school.

3.A.1) Physical aspects of beneficiaries' wellbeing [26,27]:

The physical dimensions of childrens' wellbeing evaluated during this exercise included: access to medical care, health promoting behaviors and help seeking behaviors among benefices.

MIGRATION AND HEALTH

In order to understand some of the challenges that CT is facing in providing health care to the beneficiaries it is important to note that:[26]

- Refugee children who live in a significantly different infectious environment from their place of origin are at risk to develop a wide range of medical conditions due to incompatibility of their immune system to this new environment.
- Subsequently, may experience unfamiliarity with the health system in the country of destination and distrust of authority figures or medical practitioners.
- Refugee children's help seeking behavior may be influenced by feeling of embarrassment and fear of stigmatization or by tendency to prefer traditional methods of healing over medical care.

The above challenges were encountered by the CT and TA staff. In order to deal with these challenges CT is sensitizing information regarding beneficiaries' special health needs and is working to improve access to health by; Informing and training the TA medical team on the unique health needs of the beneficiaries as refugee children. Working with the beneficiaries and the community to eliminate cultural barriers in accessing health services.[27]

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[26] Davidson, N., Skull, S., Chaney, G., Frydenberg, A., Isaacs, D., Kelly, P., & Burgner, D. (2004). Comprehensive health assessment for newly arrived refugee children in Australia. *Journal of pediatrics and child health*, *40*(9-10), 562-568.

[27] CT works with the Randwood Foundation, an organization aiming at improving medical care in East Africa. The Randwood Foundation will facilitate workshops in December 2015 to introduce more health, hygiene and wellness knowledge for the beneficiaries. They will also meet with the school nurse and the nearby clinic to see how ongoing medical care and support may be improved.

a. Physical aspects of beneficiaries' wellbeing with respect to time in the project:

Most of the beneficiaries came to the project after spending at least a few months in South Sudan. Among the most prevalent medical conditions reported among beneficiaries upon arrival were: skin rashes, open untreated and infected wounds, infectious funguses and scabies. Frequent complaints (more than twice a week) about headaches and abdominal pains are also prevalent among newcomers. Few of the beneficiaries arrived to TA with symptoms of malaria. The risk of malaria was higher in the first three months of the project, as the some beneficiaries in the first cohort were not aware of the need to sleep with nets in order to avoid malaria. In terms of health promotion behaviors, many of the beneficiaries lacked knowledge regarding health and hygiene in the new context. For example, some did not have knowledge regarding ways to maintain their hygiene and physical health using the new water and sanitation system, some refused to eat or bathe during the first months in TA. Many of the medical conditions described above were unfamiliar to TA staff that encountered them for the first time upon CT benefices arrival and had to learn how to deal with them.

Currently, children in the project take between three months to one year to fully recover from skin problems. Beneficiaries are equipped with mosquito nets as they arrive to school and routinely educated on issues of health promotion. In terms of help seeking behaviors most of them reported going to the nurse when feeling sick. According to school clinic records, there was a reduction in the number of project beneficiaries who frequently visit the nurse with head and stomach ache complaints (see chart No. 1).

The positive trend described in the paragraph above continues to this day. In most cases project beneficiaries' type of complaints and frequency of complaints are similar to those of the other pupils. Aside from general improvement of the physical condition of the beneficiaries, there is also evidence of involvement in health promoting activities among project beneficiaries. Reports about high participation in physical activities such as football and swimming were gathered both from school staff and beneficiaries. In addition, TA recently elected the school 'ministry of health' who is one of the project's beneficiaries.

Chart No. 1:Physical aspects of beneficiaries' wellbeing

	Joint the project in 2013			Joint the project in 2014-2015			Total
	Boys (n=19)	Girls (n=13)	Total (n=32)	Boys (n=14)	Girls (n=14)	Total (n=28)	(N=60)
Reported going to the nurse when feeling seek	89%	61%	78%	50%	71%	61%	70%
Using nets	89%	85%	87%	93%	57%	75%	82%
Access to cleaning and washing materials	95%	93%	94%	86%	57%	71%	83%
School clinic records of frequently repeated complaints of head and abdominal pains	42%	61%	50%	28%	57%	43%	46%

b. Challenges in promoting beneficiaries' physical wellbeing:

The positive progress and achievements in promoting beneficiaries' physical wellbeing are impressing and indicatea level of success in their adjustment process to the new environment. Yet, some challenges in this area remain.

Medical needs unmet

First, some beneficiaries face medical needs that currently are not met. Among those needs are: visual impairment, asthma and other respiratory problems, blood and heart diseases, ulcers, and mental disorders (according to school records about 6 percent of project beneficiaries suffer from these conditions).

Currently, beneficiaries receive basic relief and medical care available at the TA clinic (for example painkillers, malaria treatment). In more complicated cases beneficiaries receive medical care that is covered by the health insurance at an external clinic. In certain cases beneficiaries were treated for conditions that are not covered by the medical insurance, when the organization managed to fundraise for a specific beneficiary.

<u>Paretnal involvement during illness</u>

The second issue regarding the beneficiaries' physical wellbeing is parental involvement during child sickness. It includes supporting children with access for communication with the parents and parents providing access for nutritional food items for their children. Currently, mainly due to economic, communicative and physical constraints (see section 3A.3) most parents are not fulfilling this vital role. This is also reflected in the research findings when only 40% (N=24) of respondents reported that they update their parents when they are sick.

<u>Sensitization of adolescent girls</u>

The third issue concerns health promotion behaviors among girls above twelve years of age. Analyzing the data we have gathered regarding health promotion behaviors among beneficiaries, we found that out of those ranked 'insufficient' in the health promotion index 70% were girls over the age of twelve, and respectively 37% of those ranked 'moderately well', and about 10% of those ranked 'good' in this index, were girls over the age of twelve. Further investigation into the causes of this behavior is needed to address and improve health promotion behaviors among this group.

3.A.2) Psycho-educational aspects of beneficiaries' wellbeing:

The psycho-educational dimension of children's' wellbeing includes: reducing learning and age gaps, perceived competence in academic ability, learning motivation, school connectedness and family support of schooling.

a. Psycho-educational aspects of beneficiaries' wellbeing with respect to time in the project:

For most of the project's beneficiaries, the Ugandan education system is the third educational system they have had to attend, the language of instruction is the third language they have had to master, and the cultural context in school is the third cultural context into which they have had to integrate. Integrating into a new educational system in an unfamiliar environment for the third time is no doubt a huge challenge. This immense challenge is mostly evident in the compulsion to repeat elementary classes in order to obtain adequate literacy skills and to catch up with curricular material. Beneficiaries need to bridge prominent educational gaps caused by differences between the educational systems they attend and years without schooling.

Evaluation findings show that 68% of the respondents spent some of their school-aged years without schooling. 95% had to repeat elementary classes in different education systems. As a result, an average gap of four years is found between the beneficiaries' age and the average peers' age in their first year at TA. It is important to note here that an age gap between class peers is widely acceptable in the East African education system.

In addition, language is a barrier for newcomers' integration. Most respondents reported to know only a few words or less in English (70% of research respondents) upon arrival, and only a minority (36%) reported they understood what they were told and asked during their first months in TA.

Despite this challenging starting point, most of the beneficiaries were able to narrow this gap by the second year of school enrollment. In the second year at TA the average age difference was reduced to 2.6 years. Correspondingly, research participants reported improvement in their English proficiency; most of them perceive their current level of English speaking (83%) and literacy (87%) as 'good' or 'fluent'.

Another major aspect in their efforts to complete primary education is climbing and skipping classes. Research data shows impressive achievement as 21%of project beneficiaries who started the project a year from the date of collecting data for this report already skipped a class and 74%of those who started their enrollment two years before managed to skip one or even two classes. This data, together with the class age gap reduction confirm that school has a positive contribution to the academic progress of the CT beneficiaries.

Besides measuring academic success by presenting data on gaps' closure, we have created an index to capture the beneficiaries' perceived potential of academic improvement adding subjective measurements such as sense of investment in studying, learning motivation, perceived competence in academic ability, school support[28] and family support of schooling.

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[28] Paardekooper, B., De Jong, J. T. V. M., & Hermanns, J. M. A. (1999). The psychological impact of war and the refugee situation on South Sudanese children in refugee camps in Northern Uganda: an exploratory study. *Journal of child*

According to the respondent report, most of the participants (79%%) showed perceived moderate (42%) to high (37%%) potential of academic improvement. Segmentation of the data by gender revealed that only 32% of research participants with perceived moderate to high potential for academic improvement were girls, despite margin difference between boys and girls in terms of climbing and skipping classes. Further investigation into the girls' perceived sense of academic support and academic competence can assist in promoting psycho-academic wellbeing among this group.

b. **Challenges in promoting beneficiaries' psycho-educational wellbeing:**

Overall, the beneficiaries have achieved notable academic progress, yet, we have recognized some challenges in this dimension. Class repetition is the biggest obstacle in terms of academic wellbeing faced by the beneficiaries and CT. For CT, this has economic implications over the program, as class repetition is translated into investing resources in funding another year of schooling. For the beneficiaries, class repetition and especially sustaining and widening age gap can negatively affect their self-esteem and wellbeing.

The issue of learning with younger children was repeatedly brought up by interviewees in interviews with the beneficiaries as a source of agitation and frustration. A 14 year old girl said that she "*feel[s] bad because everyone else in class is younger… this is annoying and not good for me*". According to research data, 35% (N=21) of the participants reported an age gap of five to seven years compared to the average age at their class. Class repetition has an immense influence over the psycho-educational wellbeing of project beneficiaries and should be addressed.

A second challenge in this dimension concerns youth development. As a primary school, TA is designed to support the social needs and educational developmental of young children up to 13 years of age. However, 37 of project's beneficiaries are at an age range of 14 to 18. This gap was reflected in the research results: 76% of those perceiving school support as low are above 14 years of age, respectively only 50% of those perceiving school support as 'moderate' and 30% of those perceiving school support as 'high' are above 14 years of age.

These young adolescents have developmental needs which are substantially different from those of children younger than 13, and cannot be fully addressed within the framework of an elementary school. This gap has influence over this group psycho-educational wellbeing and should be addressed.

A third challenge concerns parents' involvement as educators in the educational process of their children. Research findings found that less than half of the research participants (49%; N=29) update their parents about problems at school and only 40 (N=24) of them consult with a parent when facing a personal problem. Although migration is known to disrupt intergenerational contract of support between parents and children,[29][30] parents have a vital role in providing encouragement and emotional support for their children, expanding their child's coping strategies with daily stressors, and monitoring their child's progress.[31] This kind of parental involvement has a potential to improve beneficiaries' psycho-academic wellbeing.[32,33,34]

3. A.3) Social aspects of beneficiaries' wellbeing:[35]

Psychology and Psychiatry, *40*(04), 529-536.

[29] Whitehead, A., Hashim, I. M., & Iversen, V. (2007). *Child migration, child agency and inter-generational relations in Africa and South Asia* (Vol. 24, p. 10). Working Paper.

[30] This is extremely evident in this case, where most parents live in another country, far from their children and many are not familiar with the language and culture of the school, therefore, their ability to assist their child in their academic education is extremely low.

[31] Being aware of this issue, Come True developed the "Be The One" platform. This platform offers a novel approach to minimizing the gaps between youth and parents in the dynamic immigration setup. This model is designed to maximize the students' potential to share what they learn with their parents and environment, thus, reducing the typical generation gap that refugee children and parents often experience.

[32] Resnick, M. D., HARRIS, L. J., & Blum, R. W. (1993). The impact of caring and connectedness on adolescent health and well-being. *Journal of Paediatrics and Child Health*, *29*(s1), S3-S9.

[33] Chen, J., Lau, C., Tapanya, S., & Cameron, C. A. (2012). Identities as protective processes: socio-ecological perspectives on youth resilience. *Journal of Youth Studies*, *15*(6), 761-779.

[34] Farwell, N. (2001). 'Onward through strength': Coping and psychological support among refugee youth returning to Eritrea from Sudan. *Journal of Refugee Studies*, *14*(1), 43-69.

[35] Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children

CT works with the community to enable the integration of the children at the school, and the adjustment of the deported families to their new life circumstances. The social dimensions of childrens' wellbeing include relationships with family and peers, availability of practical and emotional support and personal capacities.

a. Social aspects of beneficiaries' wellbeing with respect to time in the project:

In terms of social integration, friendship with peers from the project is a central support source for new comers. For many beneficiaries, this is the first time away from their families, in an unfamiliar English speaking environment and an entirely new school culture. Therefore, peer relations among project beneficiaries were constantly mentioned as a vital resource in the integration and adaptation process of newcomers in the school.

When asked "what advice would you give to someone who is about to come to school?" S', a 14 year-old boy answered: *"I will tell him not to cry when he misses home. Everybody here is like brothers… I want him to know that we are his family now".* The comparison of project beneficiaries to a family is not an empty statement; most projects' beneficiaries have family members in the project (90% according to evaluation data) and many of them were friends in Israel before their deportation and got a chance to renew their friendship when joining CT.

The sense of brotherhood and solidarity among the beneficiaries was also reflected in the research, as many (53%; N=33) testified that they consult with a friend from the project when facing personal problems, and about a third of them (31%, N=17) reported that they enjoy the presence of a family member whom they see every day.

In order to learn about the beneficiaries' family relations we asked about the presence of older siblings in the project and added this information to subjective criteria which examined perceived sense of parental support, belonging, connectedness and care by family members. Results indicate that the presence of older siblings in the project was found to positively influence the responded sense of family support (see figure No, 1).
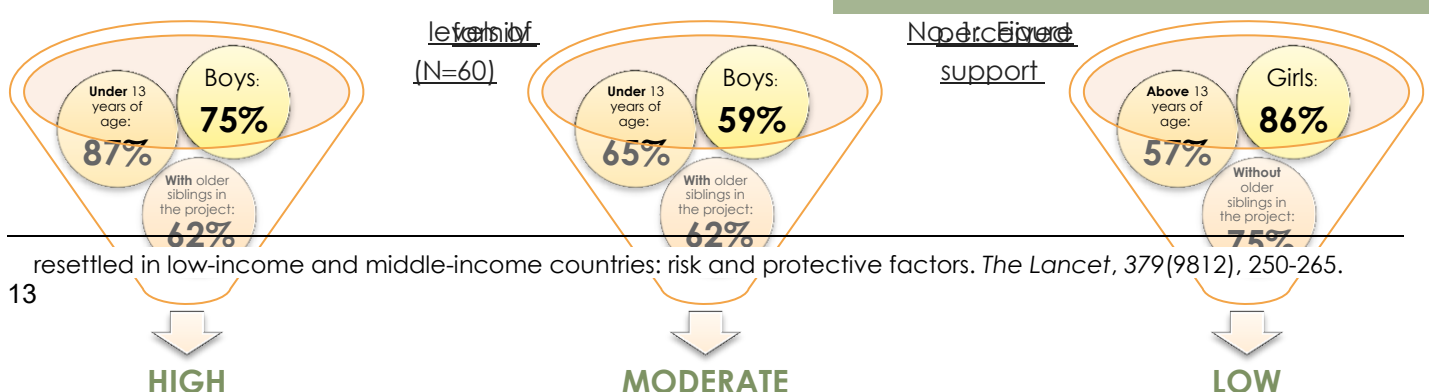
MIGRATION AND SOCIAL INTEGRATION

In order to understand the context of this section, it is important to note some of the challenges faced by children in the process of deportation and integration:

- The process of migration is known to impact the structure and functions of the family unit: separation from members of the nuclear family or a shift to extended family structure and altered family dynamics are among the most prevalent changes;
- Parental mental illness-health and the integrity of social relationships within the family affects children's resilience and social competence;
- The reaction of the host community can be hostile thus exposing children to harassment, sexual abuse and physical violence from local people and authorities.

In order to deal with these challenges CT is working with TA to ease the integration of CT children:

- School policy stresses that beneficiaries are to be treated as other pupils by school staff and pupils;
- Teachers instruct and inform the beneficiaries about the school's rules and regulations;
- Racial remarks are strictly forbidden. Staff that make racist remarks are removed;
- TA strives to find common ground between the children of the project and the rest of the school through religious affiliation.

Perceived level of family support (N=60)

| Boys: **75%** | Under 13 years of age: **87%** | With older siblings in the project: **62%** |

| Boys: **59%** | Under 13 years of age: **65%** | With older siblings in the project: **62%** |

| Girls: **86%** | Above 13 years of age: **57%** | Without older siblings in the project: **75%** |

HIGH   **MODERATE**   **LOW**

resettled in low-income and middle-income countries: risk and protective factors. *The Lancet, 379*(9812), 250-265.

Another impressive finding arising from FGDs and interviews conducted with the teachers and older project beneficiaries, is the development of peercoping strategies for provision of practical and emotional support to the project participants. This included a range of practices aiming at supporting the group's peers such as; mediating internal conflicts among project beneficiaries, taking responsibility over younger children's responsiveness to school norms, finding creative ways to supplement missing and worn equipment, mediating younger children's communication with the school, finding ways to help one another to deal with intense feelings and daily stressors.

Among their main practices are:

- Group discussions (beneficiaries refer to as 'meetings') for peer support, emotional relief and encouragement
- Creative ways of problem solving such as sparing pocket money to buy air-time to call parents, or keeping inventory of school uniforms from school graduates
- Negotiation techniques to solve problems among themselves and with the school and administration teams

To illustrate the beneficiaries' personal capacity, we opted to relate to the concept of agency.[36] Since the beneficiaries are part of a school system, we chose to examine their coping strategies with academic and personal problems as a way to describe the extent to which they exercise agency in school environment.[37] The results show that the majority of respondents (88%) operate agency from an intermediate (N = 29) to high (N=24) level. This adds to other findings indicating that respondents perceive themselves as able: able to act, able to change and able to influence their environment, even within the limited area of choice given to them in the structured school environment.

b. Challenges in promoting beneficiaries' social wellbeing:

Beneficiaries' resourcefulness and social capacities are remarkable. However, this mutual help system might also indicate a need to compensate for an absence of guidance and support from adult figure that is not related to TA in the immediate vicinity of the school. We find that the absence of an adult authority figure that could support, monitor, guide and assist the beneficiaries with the needs and challenges they experience as a result of their life circumstances, to be the most pressing challenge faced by the project.

From the interviews we conducted it appears that the beneficiaries are inundated with responsibilities and under a lot of pressure. They face extremely complicated problems and challenges that in many cases should be addressed by a professional adult. During FGDs, we asked the older beneficiaries to sign, by indicating a point on their bodies, the weariness level they experience as a result of taking care of younger beneficiaries. In response to this question,

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[36] This concept refers to one's ability to act deliberately and effectively in order to achieve her/his goals. The concept includes – among other aspects - the ability to negotiate, problem solving, compromise, success and failure management and resilience. Agency is reinforced in environment which respects and enables child's tendencies for autonomy and independence, and correspondingly enhances a sense of self-value and wellbeing in children.

[37] We chose indicators such as: perceived competence to act, (e.g. choosing whether to seek help or not, learning motivation), sense of control over decision-making (e.g. who you turn to for assistant? how much do you invest in your studies?) motivation to change (desire to improve in school, asking authoritative for help despite discomfort to do so) and perceived ability to make a change (do you think you have what is needed to change?)

most of the participants marked their nose or above, which might suggest that they feel overwhelmed with responsibilities.

When asked about their main coping strategy, both boys and girls answered '*forgetting*' and '*moving on*'. M, a 15 year-old girl, told us that the best way to deal with emotional difficulties is "*to forget about that, or try not to care about that, so even if you can't forget and it stays in your heart you won't care*". Ways to harness beneficiaries' social capacities for their empowerment, while avoiding their exhaustion, are therefore required.

A second challenge in promoting beneficiaries' social wellbeing concerns the beneficiaries' material needs: school clothes and school supplies. Complaints about beneficiaries' inappropriate appearance at school [38] were received from administration, teaching and non-teaching school staff. Worn out and missing equipment were also mentioned as a source of frustration and tension by the CT staff. Difficulties in keeping and maintaining equipment in a good condition was reported by beneficiaries. The issue of material support is essential for the social integration and wellbeing of project's beneficiaries and therefore should be addressed.

A third challenge in promoting beneficiaries' social wellbeing is maintaining family relations. Data on frequency of meeting or speaking over the phone with parents revealed fragmentation in child-parent connection. Only 15% of the respondantsreported speaking with their parents once a week or more, compared with 53% who reported speaking with their parents once in three months or less. In addition, almost half of them (45%) reported that at least three months have passed since they last saw their parents. This is a major challenge for the beneficiaries' social wellbeing. [39] [40] [41]

To strengthen this point, data analysis revealed that beneficiaries' level of agency is higher among respondents who reported a sense of connectedness to family member and school staff (see chart No. 2). This could indicate that agency among the project's beneficiaries rises when school and family environment is perceived as supportive and caring.

Chart No. 2: Beneficiaries' levels of agency:

Total (N=60)	Level of agency		
	High	Intermediate	Low
Connectedness to a family member	100%	72%	43%
Reported of being asked about his/her feelings by school staff	64%	48%	29%

3.A.4) Psychological aspects of beneficiaries' wellbeing:

We based our evaluation on the assumption that children are resilient and competent beings. Children's reaction to and coping with adversities varies substantially with age,

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[38] School rules and regulations place great importance on pupils' appearance. All pupils are required to maintain appropriate appearance that include clean, well kept uniforms, black shoes and combed hair. For pupils residing in dorms, this mean they have to keep their belongings in a safe place. However, while most pupils' parents supplement worn out or missing equipment, project beneficiaries cannot rely on their parents and have to find ways to compensate for lost and torn equipment.

[39] Eide, K., & Hjern, A. (2013). Unaccompanied refugee children–vulnerability and agency. *Acta Paediatrica, 102*(7), 666-668.

[40] Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *The Lancet, 379*(9812), 250-265.

[41] Farwell, N. (2001). 'Onward through strength': Coping and psychological support among refugee youth returning to Eritrea from Sudan. *Journal of Refugee Studies, 14*(1), 43-69.

gender, degree of exposure to traumatic events and other life events.[42] Evaluating children's psychological wellbeing should be done in a culturally sensitive manner, taking into consideration cultural differences it the definition of wellbeing.[43]

In order to understand the context of this section, it is important to highlight the factors affecting refugee children's psychological wellbeing. According to Reed et, al. (2012) among the most influential factors are: exposure to traumatic events, daily stressors (mainly exposure to violence), and reduction in the amount and quality of social networks.[44,45] In this respect, schooling is a significant positive step towards achieving stability in the life of refugee children. It is associated positively with a decrease in exposure to traumatic events and expansion of the child's social networks.[38]

Nonetheless, adjusting to a new environment and integrating into a new school system, a new cultural setting and unfamiliar language is a process that requires investing emotional and cognitive resources; hence, the integration process can challenge and influence the psychological wellbeing of the child during the first months. [46 47] A safe and predictable school environment can positively affect children's psychological wellbeing by encouraging spontaneous healing, however such an environment might also evoke symptoms of psychological ill-health; as memories of traumatic events become more 'accessible' in a stable environment. These traumatic memories are fragmented, uncontrolled and with high emotional intensity. An increase in the reports of ill-health (including somatic complaints) is expected.[48]

Challenges related to beneficiaries psychological situation:

Examining beneficiaries' psychological wellbeing was not under the scope of this evaluation initially. However, in spending time with the beneficiaries, issues concerning emotional and psychological wellbeing repeatedly surfaced and were brought up by beneficiaries.[49] This included:

1. Reports about exposure to life threatening events previous to beneficiaries arrival to TA , which are known to negatively affect psychological wellbeing [24,33,34,50, 51,] were received from the beneficiaries and CT staff.

2. High levels of daily stressors were reported and documented during the evaluation and are known to negatively affect psychological wellbeing.

3. Reports of beneficiaries' experiencing symptoms that might fit the description of different psychological disorders.[52] Among those symptoms reported are: unexplained repeated pains, bedwetting, nightmares and tantrums, conduct problems, maladjustment,irritability, and concentration problems.

4. Participants were encouraged to draw during the evaluation. Some of the children who chose to drew person figures and themselves draw figures with unusual features. The participants were not asked to give meaning to their drawings, however drawings were later analyzed by an experienced art therapist. Examining the drawings she pointed out at some alarming elements thatcould suggests exposure to violence and abuse. As mentioned in the methodology section (1.2), this preliminary examination cannot be used as an evidence for

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[42] Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Psychology*, *63*.

[43] Paniagua, F. A., & Yamada, A. M. (Eds.). (2013). *Handbook of multicultural mental health: Assessment and treatment of diverse populations*. Academic Press.

[44] Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *The Lancet*, *379*(9812), 250-265.

[45] Perrin, S., Smith, P., & Yule, W. (2000). Practitioner review: the assessment and treatment of post-traumatic stress disorder in children and adolescents .*Journal of Child Psychology and Psychiatry*, *41*(3), 277-289.

[46] Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *The Lancet*, *379*(9812), 250-265.

[47] Newnham, E. A., Pearson, R. M., Stein, A., & Betancourt, T. S. (2014). Youth mental health after civil war: the importance of daily stressors. *The British Journal of Psychiatry*, bjp-bp.

[48] Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behavior research and therapy*, *38*(4), 319-345.

[49] As mentioned in section 2.3, many beneficiaries were exposed to life threatening situations and harsh living conditions

[50] Mels, C., Derluyn, I., Broekaert, E., & Rosseel, Y. (2010). The psychological impact of forced displacement and related risk factors on Eastern Congolese adolescents affected by war. *Journal of child psychology and psychiatry*, *51*(10), 1096-1104.

[51] Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*,*70*(1), 7-16.

[52] Such as depression, anxiety, post-traumatic stress disorder and behavioral problems

psychologically imbalanced health, but suggest a need for conducting a professional, thorough psychological wellbeing assessment of the beneficiaries.

3.B) Come True relations with primary stockholders

For the purpose of this evaluation we analyzed CT's relations with primary stakeholders; beneficiaries, TA and the community. The relationships between these parties are extremely important, as in some aspects they constitute the infrastructure of the project. Establishing successful relationships and a clear communication system between CT and primary stakeholders is part of creating a long term effective and sustainable program.

Analyzing the data concerning CT's relations with stakeholders and beneficiaries, gathered during the evaluation exercise, it appears that CT's overall relations with stakeholders have two major areas of opportunities: the first is in establishing a systematic, clear communication system and the second is enforcing organizational regulations and procedures. Those two areas are strongly tied and influence each other; Communication is vital for the overall functioning of a project as well as for overcoming challenges and developing the organizational knowhow. Organizational regulations are important for the steady growth and development of a project, for increasing its capacities, networks, and effectiveness, and in creating trust and a sense of ownership among stakeholders.[53] Therefore, these two aspects will be discussed in depth in the coming paragraphs.

Recognizing the importance of an efficient communication system, CT has put a lot of efforts into improving the communication system between the different stakeholders in the project as the project undergoes the institutionalization process. Recently, CT has appointed a Parent Representative from the community in order facilitate the communication between CT, TA and the community and overcome some of the challenges described below:

3.B.1) CT-community relations:[54]

Creating a continuous, clear and transparent communication system between the community, CT and TA, and encouraging community participation in the project seems to be among the biggest challenges faced by CT in general and in its relations with the community. Presently, the communication pattern between CT and the community, along with other factors, hinder greater participation of the community. Stakeholders' participation increases the relevancy and long term impact of the project. It is also a tool for community empowerment.[55]

Communication challenges:

1. *Parents' dispersion:* Currently, community members reside in South Sudan, Uganda, Kenya, Ethiopia, Egypt, Sudan, and Israel. Clearly, this dispersion poses a huge logistical challenge for the CT project in communicating with the community.
2. *Forced migration and parental self-esteem*: Major obstacles derive from the many challenges faced by deportee community in their attempts to rebuild their lives in the new context once again. Among the challenges faced by the community are: language barrier, unemployment, poor access to health and welfare systems and uncertainty regarding their future. This has a direct effect on parental self-esteem, sense of control and ability to plan for their families' future.[56] [57]Consequently, it shapes the community's ability to create effective working relations with the organization.

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[53] Diallo, A., & Thuillier, D. (2005). The success of international development projects, trust and communication: an African perspective. *International Journal of Project Management*, 23(3), 237-252.

[54] See Limitations (1.3).

[55] Participatory Communication: A Practical Guide, World Bank working Paper No. 107, Tufe and Mefalopus, World Bank working Paper No. 107, The World Bank 2009 [http://siteresources.worldbank.org/EXTDEVCOMMENG/Resources/Participatorycommunication.pdf]

[56] Farwell, N. (2001). 'Onward through strength': Coping and psychological support among refugee youth returning to Eritrea from Sudan. *Journal of Refugee Studies, 14*(1), 43-69.

[57] Reed, R. V., Fazel, M., Jones, L., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors. *The Lancet, 379*(9812), 250-265.

Another aspect that could be partly related to the communication pattern formed between CT and the community is that parental involvement in CT is low. Consequentially, parental authority is undermined. Parents' over occupation with daily stressors and survival needs is perceived by CT and TA management, to a certain degree, as "assigning" their parental responsibilities for the wellbeing and success of their children to CT. The parents we have met during the evaluation could not specify responsibilities that were assigned to them as stakeholders in the project.To a certain extent, parents are left out of CT-TA reporting routines. It is important to note, that continuous efforts are made by TA and CT to keep parents informed in regard to their children's wellbeing. CT staff make numerous international phone calls on their own personal expense in order to keep the community informed and involved in the children lives. However, as described in the beginning of this section, this communication is extremely challenging. Those challenges might lead some community members to feel they are not adequately informed in cases their child is sick or misconduct.

Finally, the organizational decision making process is not sufficiently transparent, and inclusive. This contributes to an extremely low participation of the community in this important process. This combination results in poor understanding of responsibility sharing which leaves parents with the opportunity not to take part, and the organization with the opportunity to act without a sharing and reporting mechanism.

3. *Informality and lack of regulations*

The relations between the community and CT are often based on personal relations; many community members and CT staff are longtime acquaintances, since the community lived in Israel. Having a personal relationship with stakeholders is beneficial in many aspects and to some extent enabled the formation of the CT project.It allows flexibility, room for change and creativity which were extremely important in the early stages of the project. However, as the project transitions from an emergency, ad hoc operation into a long-term program, it seems that those relations need to be formalized and more structured despite the challenges this process involves.

The unwanted results of unstructured communication pattern are miscommunications and misunderstanding that increase tensions and suspiciousness both among community members themselves and between the community members and CT staff. Tensionss rise especially around issues concerning material matters and school vacations. It seems that this miscommunication surges negative feelings which create an environment of mistrust and feeling encaged. For example: some community members were unaware of the fact that CT is a project that operates as a part of an organization. They attribute every demand made by CT, as a demand on a personal background rather than an organizational requirement.

Beside miscommunication with CT, a lack of regulation is also evident in the relationship between TA and the community. As discussed in the section below, communication between the TA and the community was identified as a challenging area. Consequently, it is unclear to the community what issues are under the scope of responsibility of the school and what is under the scope of responsibility of CT. The next section will discuss the CT relations with TA.

3.B.2) Come True-School relations:

Due to the urgency in which the project was established, the time to build a partnership between CT and TA prior to the project implementation phase was minimal. Establishing a partnership is often a lengthy process, which involves numerous hours of mutual discussion prior to the project implementation phase in order to reach a mutual understanding of shared vision, mission and activities as well as to develop a clear division of responsibilities and communication and reporting channels. In this case, it seems that this process is an ongoing one, taking place mostly during the project implementation phase.

Despite this limitation, it is important to recognize that TA has gone above and beyond in supporting CT, and has demonstrated high commitment for it to succeed. This should not be taken for granted. TA and CT managed to form a positive, tight and continuously working relationship and to undergoe a significant learning experience for both partners. Both parties are investing a lot of efforts into establishing good, transparent and open working relations for the best interest of the children.

Those efforts were also recognized by the beneficiaries, many of them stated that the school approach and attitude towards them had changed during the time of the project. Among staff members, many had openly discussed the changes they have gone through during the CT project as educators and described the process as a positive learning experience. Teachers stated that their attitude towards their pupils had changed and that pupils' behaviors changed respectably for the better.

That being said, establishing relations with the school without a proper preparation period raise some challenges concerning responsibility division and communication. As mentioned above, communication with the community seems to be an area of opportunity for the CT project. Challenges concerning communication with the community also affect CT relationship with TA as elaborated below.

1. CT-TA communication pattern

The vast majority of communication between CT and TA goes through the Deputy Manager at TA and the CT Project Director. School staff members stated that in case they wish to discuss an issue concerning CT, they approach the Deputy Manager who shares the issue with CT staff. It was agreed by the vast majority of the school members interviewed for this exercise that this is the most efficient and convenient way of communication, and that they are satisfied with it.

2. Responsibility sharing

From analyzing the data, it appears that the division of responsibilities' and reporting system between CT and TA are somewhat vague and not formalized. This increases the risk that some issues will fall through the cracks and will escalate or remain unaddressed. This is true especially in areas that would be under parental responsibility in other cases, for example:

- Beneficiaries' health
- School and personal equipment
- Extracurricular activities (including school vacations)

As an example we chose to shortly discuss here the ways in which vague arrears in responsibly sharing concerning beneficiaries' health lead to miscommunication:

- TA-parents: It seems that the procedure of reporting in case there is a medical issue is unclear. In several cases, parents were not informed when their children got sick.

- TA-CT: In some cases it appears that TA was not fully aware of the beneficiaries' medical insurance status.

- CT-TA: Currently, CT is not gathering and maintaining medical information regarding beneficiaries' health and medical history, although it is highly important that beneficiaries' medical records will be kept.[58]

Miscommunication, in turn, leads to management and coordination problems: This situation hinders the school's ability to provide children with adequate care. As was evidenced, some teachers reported that they were unaware of children's medical problems and expressed concern that lack of knowledge could worsen medical problems. This also hinders the relationships between all the stakeholders involved and undermines efforts for communal participation in the project. Finally, lack of clarity and regulation regarding medical and health issues hinders CT's ability to manage and communicate challenges in this domain with both the community and TA.

3. Communication regulation with parents

As discussed in the section above, communication with the community seems to be an area of opportunity for all the stakeholders in the project. Up to now, TA communication with the parents was not sufficiently regulated, and many issues that in other cases would have been shared with parents are shared with CT, and often solved between CT and TA. For example discipline issues were reported by TA to CT, parents learnt about those issues only at a much later stage. Unclear expectations from the organization concerning TA communication with the parents, lack of clear guidelines and regulations regarding parents' involvement and parental responsibilities had led to reoccurring misunderstandings between CT and TA and the community. As was said earlier, parental involvement is vital in creating a sustainable project that best benefits and serves the children. Lack of communication keeps the parents involved in an insufficient way.

It appears that CT is aware of this problem and put efforts into creating better, transparent communication between the community, TA and the organization. During the last visit of the Project Director in TA in February of this year, the foundations to what could serve as a step in the right direction were placed; a parents' representative was appointed in order to increase community involvement in the project and to improve the communication between CT, TA and the community. This is a good step, however, it seems that a more formalized, transparent and direct communication system between CT, the school and the community is required. The three parties should establish a communication system and a

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[58]According to the law

clear periodic reporting system. It should be clear what is reported to who and who is responsible for various things. Transparent and accountable communication between the stockholders will promote since of ownership,[59] and hence will facilitate community participation and the long term project sustainability.

3.B.3) Come True-direct beneficiaries' relations:

The majority of the beneficiaries interviewed during this evaluation know that they are a part of the CT project and many expressed feelings of gratitude and appreciation for the program. Some mentioned that when they will be adults they would like to "*help others like CT is helping us,*" and some mentioned that they would like to be a part of the organization as they grow up. However, none of the interviewees could specify whether any responsibilities are assigned to her/him as a **CT beneficiary**. Most of them could not tell if they have any influence on the project. Most of the interviewees stated that they did not have any preparation before arriving to TA and no knowledge concerning what is expected from them as CT beneficiaries. CT has put thought into this issue; according to the organization's view, beneficiaries' responsibility is their studies as any other student in TA. However, in our view, beneficiaries' understanding of their role and responsibilities as part of the project is strongly linked to the development of sense of meaning and sense of self-worth. This is the case in many projects and moreover in this case due to beneficiaries' unique life context,

Nonetheless, though not defined or formalized by CT or TA as responsibilities that derive from being a CT beneficiary, beneficiaries, particularly the older ones carry a lot of responsibility as part of their belonging to the South Sudanese community at TA. As described in section 3.A.3, beneficiaries regularly take care, advice, and guide and support younger CT participants. It seems that many view this as a communal obligation.

Despite the fact that participants are extremely active and demonstrated high capacities and involvement, the fact that they were unable to specify their influence and responsibilities in the CT project, might lead to a state in which beneficiaries perceived themselves, mostly as receivers of aid and not as influential participants in the project. It is hard to discuss sense of ownership among beneficiaries as a CT beneficiary. However, it should be noted that a strong sense of ownership of beneficiaries towards the project promotes the project's success and sustainability.[60] Therefore, as the CT project transitions into a more structured, long-term phase, now is the time to increase beneficiaries' sense of ownership.

Another issue that repeated itself during the evaluation is that the beneficiaries are very limited in communicating with CT. CT staff visit TA every couple of months and some beneficiaries communicate with CT staff over Skype or phone during the year. As a result, most of the information shared with CT is mediated via other people. This often leads to feelings of frustration among some beneficiaries and some interviewees mentioned that they feel their voices are not heard.

While visiting the school we were often approached with requests to *"call Rami/ to let Lea know that/ to ask Lea or Rami to call"*[61] for various reasons, among them medical issues and personal and family matters. This indicates that there is a need for a more efficient and accessible communication method between CT and the beneficiaries.

Beside instrumental communication, the need to address and communicate non-academic issues with a non-academic figure is highly evident as beneficiaries tend not to share issues and concerns they have with anyone outside their community members at school. Keeping their struggles and problems to themselves might lead to dire consequences.

4) Recommendations

[59] Local Ownership: Roles for Southern and Canadian Civil Society Organizations, CIDA, March 2003
[http://www.ccic.ca/_files/en/what_we_do/002_aid_the_role_of_northern_civil_society.pdf]
[60] Sustainability of Rural Development Projects in Swaziland Why Projects Fail or Succeed, Sahee Foundation, June 2008
[http://www.sahee.org/pdfs/Rural-Development-Swaziland08.pdf]

Dr. Rami Gudovich and Adv. Lea Miller Forshtat are the CT project directors [61]

4.1) Overarching Recommendations

We wish to open this chapter with three overarching recommendations this report yielded. These recommendations concern the overall function of CT and are vital, as we see it, in promoting a gradual process of project development and in expanding project's operation in accordance with international standards costumed in the development field.

In order to address CT's growing operational needs, and to enable it to scale up its activities in a sustainable way there is an urgent need in increasing the organization budget frame. This is crucial for CT capacity to design and implement its activities in a manner that best benefits beneficiaries' present and future wellbeing.

4.1.A) Developing Theory of Change (ToC): [62]

We strongly recommend that CT develop a comprehensive ToC. ToC is a planning and evaluation tool that will provide CT the basis for holistic and comprehensive strategic planning, on-going decision-making and evaluation via a specific and measurable description of the change initiative. The ToC should be developed in conjunction with key stakeholders: TA, beneficiaries and the community. Participatory development of an organizational ToC will support CT relations with key stakeholders by promoting a shared understanding of CT mission, vision and activities. The ToC will also serve as a basis for the development of procedures clear to all stakeholders (see below). Lastly,the ToC will enable CT to take a bigger part in the development field discourse as using its professional jargon will facilitate CT ability to fund raise.

4.1.B) Project Representative (PR):

Overall, the organization has managed so far to run its operations with minimal on-the- ground presence. However, as the organization is growing and planning for the future, it seems that in order to efficiently continue its important activities such presence is much needed. Therefore, we strongly suggest that CT will employ an on ground PR.

PR's main areas of responsibilities would include:

- Promoting and coordinating the organization's on ground operation
- M&E of the beneficiaries' wellbeing on a regular basis
- Coordinating and strengthening the organization's communication and collaboration with stakeholders (mainly with the community and TA)

Project Representative Profile: We suggest that the PR be a professional from the social or welfarefield. It is advisable to engage the beneficiaries in creating a profile for this position.

4.1.C) Development of Clear Procedures and Protocols:

Clear and understandable procedures and protocols are essential to stakeholders' understanding of responsibilities and duties, in the creation of efficient and transparent communication as well as in supporting management capacity. All are important aspects in creating more efficient and sustainable activities implementation.

Clear protocols and procedures are also important in creating a sense of trust among stakeholders which involves *"understanding of the structure of relationships, a convergence of definitions, and agreement on legitimate authority."[63]* CT's flexibility and creativity were vital at the first stages of the project, however as the project is transitioning into a long term development project, developing and implementing procedures is vital for this transitioning success. Procedures should not come at the expense of organizational creativity and should be designed in a way allowing the project the needed room for change.

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[62] See Theory of Change Basics; a Primer Theory of Change, Taplin and Clark, ActKnowledge, March 2012 [http://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToCBasics.pdf]
[63] A Sense of Ownership in Community Development: Understanding the Potential for Participation in Community Planning Efforts, P. Lachapelle, Community Development: Journal of the Community Development Society, Vol. 39, No. 2, 2008

Organizational procedures and protocols will promote the project's development by:

- Improving stakeholders understanding of responsibilities and duties
- Creating efficient communication
- Monitoring project's efficiency and effectiveness
- Expanding project's management capacity and improve activities implementation

Procedures should be made accessible to beneficiaries. It is necessary to take into account issues of language, education level, age and access to technology when designing the protocols.

Recommended areas to develop procedures around:

- Equipment
- School holidays
- Parental involvement

We recommend that all protocols and regulations be anchored in an agreement on which all direct and indirect beneficiaries above 13 will be obligated to sign. Such a contract should be adapted in accordance with language, age and education level.

4.2) Monitoring and Supporting beneficiaries' wellbeing

CT beneficiaries have distinct and specific needs as a result of their life context. Though TA has a significant and central role in supporting and promoting beneficiaries' wellbeing, we found that some beneficiaries are in need of further support. Providing further support to youth and children that experienced life threatening events, which can substantially impact individuals' wellbeing is a part of the holistic approach to child welfare and customary in many education and development frames working with refugee children. It is recommended that PR coordinate, in close collaboration with TA staff, the following aspects related to beneficiaries' wellbeing:

4.2.A) Psychological assessment

Psychological competence has a key role in children's wellbeing and therefore, assessing, monitoring and attending to the psychological condition of project beneficiaries is essential to the beneficiaries' wellbeing, for their long term healthy development and for their ability to succeed and fulfill their potential. We suggest conducting an assessment of the psychological condition of each child within the first three months of her/his arrival. In cases where further attention is needed, we strongly suggest to raise awareness among TA staff (about the child's condition) and to provide therapy. This might be done throughother organizations, specializing in relief for refugee children and youth, until a sustained improvement in the child's psychological health is achieved.

4.2.B) Developing an individual annual plan per participant:

The holistic approach to child development suggests that children's strength, capacities, aspirations and challenges should be taken into consideration when planning an intervention[64].The PR will dedicate time to develop and monitor an 'annual plan' with each beneficiary. At the beginning of the academic year, each participant will develop together with the PR a personal annual plan that includes:

- Beneficiary's set goals for the year; these goals can include academic, social and emotional goals. Some examples for goals are: to have a good friend, to stop bedwetting, to achieve high score in a subject.
- Beneficiary's capacities and resources that will contribute to achieving her/his goals. Some examples for capacities and resources are: support from a friend, a parent, a teacher, ability to create friendship, enjoying the process of learning, future aspirations, etc.

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[64] Magnusson, D. (2000). The individual as the organizing principle in psychological inquiry: A holistic approach. *Developmental science and the holistic approach*, 33-47.

ThePR will focus on assisting the children in establishing reasonable goals, advising them on ways to reach their goals, and monitoring their progress. The PR will conduct a minimum of three personal meetings per annum with each beneficiary: a meeting for introduction and planning, a meeting to monitor beneficiaries' progress and a meeting to summarize and reflect.

An individual annual plan will also serve as a central pillar of the project's M&E scheme by including the beneficiaries' goals as indicators measuring and monitoring their wellbeing. Using the beneficiaries' own set target and goals in the project's M&E matrix will ensure that any future M&E will include the beneficiaries' perspective.

4.2.C) Expand and develop problem solving mechanisms:

It is important to note here that the organization and TA have worked together and invested tremendous efforts in establishing effective and positive problem solving mechanisms to solve everyday challenges and quarrels among beneficiaries. However, as data has shown that relationships among the group has a potential to lead to negative communication patterns, we suggest investing more efforts in this field and an expanded positive problem solving mechanism. These mechanisms can be expanded to include: peer mediation[65], I-messages[66]. These techniques will empower and facilitate the beneficiaries' ability to positively manage communication. This is an important life skill considering the context and background of the project's beneficiaries as elaborated in this report. Learning to express feelings, taking responsibility over one's actions, developing an ability to negotiate, and acknowledging the feelings and needs of others are important skills that could be developed in the realm of school.

4.2.D) Beneficiaries to have access to communication with parents:

As mentioned in this report, children's communication with their natural support system, mainly parents, is vital for their wellbeing. As the vast majority of CT's children and youth are separated from their closest system of support, access to means of communication and ability to communicate with parents is crucial for their wellbeing. Currently, many of the children seldom communicate with their parents and the communication is not on a regular basis. Children developed different ways to cope with the absence of natural family support system, some do not reach out for support, while others turn to other sources of support as friends, TA or CT staff.[67]

We recommend providing beneficiaries with regular access to communication with their parents. This should be a routine in which designated time slots are assigned for communication with parents. We suggest that communication with parents be coordinated by the PR.[68] The parents should be informed in advance regarding the time in which they are to expect their child's call. We are aware of TA policy concerning communication with parents during school term, however due to the unique circumstances of CT beneficiaries, we strongly recommend revising this policy accordingly.

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[65] See: Quick Guide to Implementing a Peer Mediation Program, Cohen, School Mediation Associates [http://www.schoolmediation.com/pdf/Quick-Guide-to-Implementing-a-Peer-Mediation-Program.pdf]

[66] See: I- Messages and You- Messages, Burgess, June 2013 [http://www.beyondintractability.org/essay/i-messages]

[67] It is important to note that limited support from the natural support system is a condition experienced by many of the beneficiaries prior to their arrival to CT project. Finding new networkss of support isa valuable skill, however familial support is irreplaceable. Drury, J., & Williams, R. (2012). Children and young people who are refugees, internally displaced persons or survivors or perpetrators of war, mass violence and terrorism. *Current opinion in psychiatry*, *25*(4), 277-284.

[68] PR should be trained to support cases in which communication with parents is limited or not possible.

4.2.E) Giving back to the community project:

Numerous researches have demonstrated the importance of youth participation in supporting youth positive development, promoting resilience and building a sense of ownership.[69,70,71] We suggest engaging youth above 13 in a Giving Back to the Community project in which participants will have a chance to volunteer their time to a designated goal. Such a project should be planned and implemented in a participatory manner. Volunteerism can serve as a meaningful, empowering experience and will contribute towards strengthening participants' self-esteem and self-confidence as well as increase sense of ownership. This could also serve as a way to mitigate negative feelings some beneficiaries have due to age differences between them and their class peers as it will allow them to spend time engaging in actives designated to older age group. Such a project should be planned together with TA staff and the project representative.

4.3) Strengthen Relations with Stakeholders via Communication

In order to strengthen the relationship with key stakeholders, transparent and accountable communication between the stakeholders is vital. Transparent and accountable communication will promote a sense of ownership,[72] and will therefore increase stakeholders' participation and contribute to the long term project sustainability. The main challenge in this area lies in the relationship between CT and the community. In order to strengthen the communication with the community, CT should continue its ongoing efforts creating a sense of trust between CT, TA and the community. Lack of trust brings about negative communication patterns andpromotes suspicions and rumors regarding inequal treatment which have a potential of harming the project.

In order to advance open and accountable communication between stakeholders we recommend to:

4.3.A) Conduct an assessment of communication barriers and possible communication channels with the community:

We propose conducting an assessment of communication barriers and possible communication channels in order to develop best practices for communication with the community. Variables to consider include, but are not limited to: access to communication technology, language, literacy and geographic location.

4.3.B) Develop feedback and suggestions systems:

After establishing best practices for communication with the community, we recommend using it as a two-way communication system enabling and encouraging direct and indirect beneficiaries and key stakeholders in providing feedback to the organization. This will enable the flow of sensitive information, increase organizational understanding of activity effectiveness and on-the-ground needs. This will also encourage stakeholder participation and hence will promote a sense of stakeholder ownership in the project. It is advisable to periodically and systematically seek direct and indirect beneficiaries' feedback as well as to develop an open option of providing feedback.

4.3.C) Providing periodic updates to community members:

We recommend that CT will systematically provide periodic updates to community members with relevant information regarding the project. This is important in order to keep the community informed and engaged in the project. From the data we have gathered during this evaluation it seems that text messages can serve as a cheap and accessible way of providing such updates. However, as mentioned in section 3a, we recommend assessing best practices for communication with the community and utilizing it for this purpose as well.

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[69] Checkoway, B. (2011). What is youth participation? *Children and Youth Services Review, 33*(2), 340-345. -547.

[70] Engaging Youth : A How to Guide for Creating Opportunities for Young People to Participate, Lead and Succeed, REACH, January 2006 [Retrieved 21.3.15 https://www.sierrahealth.org/assets/files/reach/Engaging_Youth_Report.pdf]

[71] Head, B. W. (2011). Why not ask them? Mapping and promoting youth participation. *Children and Youth Services Review, 33*(4), 541

[72] Local Ownership: Roles for Southern and Canadian Civil Society Organizations, CIDA, March 2003

4.3.C) Reporting system:

The three parties should establish a clear periodic reporting system. It should be clear what is reported to whom and who is responsible for which issue. Transparent and accountable communication between the stockholders will promote a sence of ownership,[73] and hence will facilitate community participation and the long term project sustainability.

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[73] Local Ownership: Roles for Southern and Canadian Civil Society Organizations, CIDA, March 2003

5. Appendix

5.1) Beneficiaries Questionnaire

Hello,
We would like to ask you some questions regarding your experience as a participant at the Come True project. Your participation is voluntary and completely confidential, you do not have to answer any questions that you do not want to answer. Your honest answers to these questions will help us to learn how to improve the project so you could best benefit from it. We would greatly appreciate your help in responding to this questionnaire. Thank you!

Date of birth:	Gender: o Girl o Boy	
When did you join the project: o 2013 o 2014 o 2015	I started study in Trinity in class: P____	Today I study in class: P____
Number of siblings	How many sibling do you have in Trinity:	How old are your siblings in Trinity:
In Egypt I studied from P__ to P____	In Israel I studied in: _____ (city) In Israel I studied from P__ to P____	Did you go to school in South Sudan? o Yes o No *If yes,* what class? _____

We would like to as you a few question about the **languages** you know:

How well do you **speak** Arabic? o I don't know any o A few words o Basic o Good o Fluent	How well do you **read** Arabic? o I don't know any o A few words o Basic o Good o Fluent	How well do you **write** Arabic? o I don't know any o A few words o Basic o Good o Fluent
How well do you **speak** Hebrew? o I don't know any o A few words o Basic o Good o Fluent	How well do you **read** Hebrew? o I don't know any o A few words o Basic o Good o Fluent	How well do you **write** Hebrew? o I don't know any o A few words o Basic o Good o Fluent
How well do you **speak** English? o I don't know any o A few words o Basic o Good o Fluent	How well do you **read** English? o I don't know any o A few words o Basic o Good o Fluent	How well do you **write** English? o I don't know any o A few words o Basic o Good o Fluent

I also know _____

When you first arrived to Trinity:

how well did you **speak** English: o I didn't know any o A few words o Basic o Good o Fluent	how well did you **read** English: o I didn't know any o A few words o Basic o Good o Fluent	how well did you **write** English o I didn't know any o A few words o Basic o Good o Fluent
When you arrived to Trinity, did you understand what you		If your English has improved, what helped you

were asked and told by the school staff? ○ Always ○ Most of the times ○ Sometimes ○ Hardly ever ○ Never	improving your English? ○ English speaking environment at school ○ Teachers teaching in English ○ Friends who speak only English ○ Friends who speak language I know and English Learning packages and books I got from my teachers

Which of the languages that you know would you like to improve or maintain?
- ○ English
- ○ Arabic
- ○ Hebrew
- ○ Other___

In the next section We would like to ask you some question about your **health**:

How many times a day do you eat? ○ 0 ○ 1 ○ 2 ○ 3 ○ More than 3 times a day	Do you have access to clean water? ○ Yes ○ No ○ Sometimes
Do you have a net? ○ Yes ○ No	*If yes* Do you use it? ○ Yes ○ No ○ Sometimes
During the last week, did you have access to washing and cleaning materials? ○ Yes ○ No	Do you have enough time for cleaning and washing? ○ Yes ○ No

What do you do in case you're not feeling well?
- ○ I go to the nurse
- ○ I stay at the class and rest
- ○ I go to my dorm and rest
- ○ Nothing

In case you are not feeling well, do you let your parents know? Or ask the school staff to inform them?
- ○ Yes
- ○ No
- ○ Only in case I am very sick

School materials and personal belonging:

Who do you turn to in case you need material assistance, for example: fixing a shoe, a textbook?
- ○ Class teacher
- ○ Class father / Class mother
- ○ Friend from the project
- ○ Friend not from the project
- ○ Matron
- ○ Parents

In this section we would like to ask you about your studies

How hard do you try to improve at school academically?
- ○ Not at all
- ○ I try a bit
- ○ I try hard
- ○ I try very hard

In your opinion, how well are you doing at school academically
- o I am not at well at all
- o I am doing a little bit well
- o I am doing modestly well
- o I am doing very well
- o I am doing extremely well

Is there a subject that you would like to improve at?	*If yes,* what will help you to improve in this subject?
o Yes o No	o Better teacher o One on one lessons o Learning package <div align=right>Other</div> _____

Do you think that school staff and friends acknowledge your efforts at school?
- o Yes
- o No
- o Sometimes

Does someone from the school staff (teaching and non-teaching) ask you about your feelings?
- o Yes
- o No
- o Sometimes

In case you have a personal problem who do consult with?
- o With no one
- o With a friend from the project
- o With a friend at school not from the project
- o With the class teacher
- o With another teacher
- o With the class father / mother
- o With the matron

We would like to ask you some questions about your **family and home:**

My parents live in:
- o Uganda
- o South Sudan
- o Sudan
- o Egypt
- o Israel
- o Kenya
- o Ethiopia
- o Other _____

How often do you speak with your parents on the phone?
- o Twice a week or more than twice a week
- o Once a week
- o Once in two weeks
- o Once in three weeks
- o Once a month
- o Once every two months
- o On vacations only
- o Never

If yes, how do you feel after conversation?_____

When did you last meet one of your parents?
- o Last week
- o Last month
- o Two months ago
- o Three months ago
- o More than three months ago

Where did you meet them?
- o At the school
- o At the parents' house

o   At the 'Big house'

How much time did you spend together
     o   Few hours
     o   Few days
     o   A week
     o   A month or more

Do your parents assist you with purchasing school materials?
     o   Yes
     o   No

Do your parents acknowledge your efforts at school?
     o   Yes
     o   No
     o   Sometimes

Do your parents encourage you to put efforts in your studies?
     o   Yes
     o   No
     o   Sometimes

In case you have a problem at school, do you update your parents?
     o   Yes
     o   No

During the last year, have your parents updated you with what is going on in the family?
     o   Yes
     o   No

During the last year, have your parents kept you updated with what is going on in south Sudan?
     o   Yes
     o   No

Do you consult with a family member when you have a problem?
     o   Yes
     o   No
 	
If yes, with who?
     o   With one of my parents
     o   With a sibling in school
     o   With a family member (not my parents) living in Kampala
     o   With a family member (not my parents) living out of Uganda

Do you have a family member that you enjoy spending time with?
     o   Yes
     o   No
If yes, how often do you meet her/him?
     o   Every day
     o   Every two weeks
     o   Every month
     o   Every three month
     o   Every year or more

Are you close to one or more of your family members?
     o   Yes
     o   No

Do you feel that someone from your family is taking care of you?
     o   Yes
     o   No

In the next section, we would like to ask you some questions about **school vacation**:

Where did you spend your last school vacation?
     o   At the 'big house'
     o   At home in Juba
     o   At home in Kampala
     o   Other_____

Where would you want to spend your next vacation?
o At the 'big house'   o At home in Juba   o At home in Kampala

Is there someone at school that you see as your role model?   *If yes,* who is s/he, what is her/his role?

What adjectives best describe the disciplinary system at school?
o understood   o not understood   o consistent   o inconsistent   o equal   o discriminatory   o predictable   o unpredictable   o just   o unjust

Thank you for your time and cooperation!

5.2) FGD Teachers Questionnaire

Hello, We would like to ask you some questions regarding your experience with the Come True project. Your participation is voluntary and completely confidential, you do not have to answer any questions that you do not want to answer. Your honest answers to these questions will help us to learn how to improve the project so you could best benefit from it. We would greatly appreciate your help in responding. Thank you!		
1. No of participants:	2. Gender (observe don't ask) :	
3. Names of teachers and classes:	4. Years of teaching:	5. Years of teaching in Trinity:
6. How many of them are CT children?		
In class:		
7. Who is in charge of the sitting arrangement in class?		
8. Do the CT's children sit together? Please explain _____		
9. Are there class duties that pupils are required to do? *If yes,* • How do they pupils know when and what they are expected to do? • Do all of the children participate?		
10. Do you encourage children's participation during class? *If yes,* how?		

11. How do you encourage children: • To improve academically? • To take part in class activities? • To behave well?	
12. How do children learn from you of their progress? [behavior/academically]	
13. Is there a place for children's ideas and initiatives in class?	
14. Is there a reward or recognition of children's good behavior and/or academic achievements?	
15. Do you provide extra help to children who need support? (Group or individually)?	
16. Have you ever needed to come up with your own teaching method in order to help children learn something s/he were struggling to understand? Can you give an example?	

Interaction with new pupils

17. How do new children introduced to and learn about school's norms and regulations? • What is your role in explaining what is expected of them?	
18. Do they receive timetable? How are they informed of changes in schedule?	
19. Do you provide information about pupil's expected behaviors at the school? And how?	
20. Do you help the CT children to become familiar with the local culture and norms? *If yes,* How? How do they react to this?	

Disciplinary issues

21. What do you do when a child is not behaving according to school's norms? Cases in class/witnessing bad behavior in school/receiving information from peers about misconduct of a child?	
22. What are, and what were the major disciplinary issues?	
23. Can you compare the amount of disciplinary issues among the CT children this year to the last couple years? What can explain this difference?	

Social integration of CT's children

24. Do the CT children have friends in class who are not part of the project?	
25. Do the CT children take part in school activities? • Is it out of their own will? • Do you think there is an importance to their participation? • Do you encourage their participation?	
26. Do the CT's children approach you with questions/ problems? Are they encouraged to do so? What kind of questions?	

Professional experiences as a teacher

27. Did you receive any information about the CT children before they joined your class? *If yes,* What kind of information did you receive? Was it sufficient? What information would have been helpful?	

28. Did you receive any guidance in ways to approach the CT children? Do you think you should have more guidance about how to approach/educate/discipline CT's children? *If yes,* what kind of guidance?	
29. Do you interact with CT staff?[rami/lea] How often? *If yes,* is this interaction helpful as a teacher?	
30. Have you learn something new about your role as a teacher as a result of your experience with CT's children? *If yes,* what? Could you give an example	
31. Do you have any suggestions that will help to improve CT project?	
Thank you for your time and cooperation!	

5.3) FGD Community Questionnaire

Hello,
We would like to ask you some questions regarding your experience with the Come True project. Your participation is voluntary and completely confidential, you do not have to answer any questions that you do not want to answer. Your honest answers to these questions will help us to learn how to improve the project so you could best benefit from it. We would greatly appreciate your help in responding.
Thank you!

1. Name of parent:		2. Number of children in CT:	
3. Children age:	4. Children class:	5. How many years in CT:	
6. Do you have children learning in other schools? *If yes,* what are there are ages? Where do they study?			

We would like to ask you some questions regarding your child safe environment.

7. How often does your child stay at your house?
8. What are the lengths of her/his stays?
9. How does your child learn about hazards in the house environment?
10. Currently, does your child material needs [books, school uniforms, shoos] are met? 11. Who is responsible for providing your child with his /her material needs? [parents/school/rami/become/sponsor from Israel] 12. Does your child approach you in case s/he needs a pair of shoes/piece of clothing/book etc.?
13. In case your child tells you s/he needs a new pair of shoes, what will you?
14. When your child is sick or have a medical problem, who's responsibility is it to take care of her/him? How do you assist your child when needed? [take her/him to the doctor/traditional hiller]
15. Could you share a time when your child had a disagreement/fight with her/his siblings? 16. How did you resolve it? Are you happy with the why you've resolved it? Would you do anything differently? If yes, what?
17. How often are you in touch with your child? 18. Do you visit your child at school? *If yes,* how often? When? [regularly, in special circumstances]
19. Are you in touch with the school staff? *If yes,* how often? With who? In what circumstances? What issues do you discuss? *If no,* why? Would you like to be?
20. In case you your child has a problem at school, what will you do? Will you discuss it with someone? *If yes,* with who?
21. Are you in touch with CT staff? *If yes,* how often? With how? In what circumstances? What issues do you discuss *If no,* why? Would you like to be?

22. Do you inform your child on changes such as moving/traveling/life events in your family? 23. In case you are about to travel, will you inform your child?   *If yes,* how much time in advance?
24. In case you are away from Kampala, does your child have any way of contacting you? Could s/he consult with someone else from the family in case needed?

25. Are you aware of your child achievements/challenges at school?
   If yes, who inform you? Do you discuss it with your child?
   If no, would you like to be informed?

We would like to ask you some questions regarding your views of education and politics
26. Do you think it is important that your child will be aware of events happening in SS? 27. Do you discuss with you child the current situation in SS? 28. Do you listen to radio stations from SS? Do you eve listen to SS radio with your child?
29. If your child will want to go back living in SS, will you encourage her/him to do so?   Why?
30. Do you ever go to church with your child?   *yes,* how often? 31. Do you encourage your child to pry?
32. In school children are taught to follow Christian values and practices. Do you support this kind of education? 33. In case that the school will report you that your child had stopped attending church services on Sunday, would you talk to her/him about her/his decision? What would you advice her/him?
34. Is it important for a child to have a hobby/interest?   *If yes,* do you encourage your child to have a hobby? How do you that?

35. Your family has faced some challenging changes and events during the recent years.
36. Do you talk with your child about these events and challenges?
   If yes, could you give me an example of topics you've discussed with her/him?
37. Do you provide your child gaudiness concerning ways to deal with major changes?
   If yes, could you share an example?

We would like to ask you some questions regarding your expectation, responsibilities and satisfaction with the project
38. Could you describe the Come True project function/roles/activities as you understand them?
39. What are your expectations from the project? Are they met?
40. Do you have any responsibilities in the project?   *If yes,* what are they? Do you find them in line with your capabilities? Would you li
41. How do you learn about changes in the project?
42. Is there anything missing in the project that you think would enable it to perform better?   *If yes,* what?
43. Currently, is there anything in the project that you think prevent it from optimal functioning?   *If yes,* what?
44. Is there anything that should be removed/changed in the project?
45. What is your level of satisfaction with the project?
46. Do you want your child to take part in the project in the future?
Thank you for your time and cooperation!