

CASE STUDY

THE CLOSED USER GROUP

Leveraging Technology to Strengthen Child Protection
and HIV Outcomes for Uganda's Vulnerable Children



About the Bantwana Initiative of World Education, Inc.

The Bantwana Initiative of World Education, Inc. (WEI/Bantwana) was launched in 2006 to address the comprehensive needs of children and families made vulnerable by HIV and other adversities.

WEI/Bantwana harnesses and strengthens the talents, creativity, and commitment of communities, governments, and other partners to develop innovative models of care that build family resilience and well-being.

Working closely with government, WEI/Bantwana strengthens health and social welfare delivery systems by working with actors from community to national levels to improve the capacity, coordination, and delivery of integrated, high-quality services.

USAID/Uganda Better Outcomes for Children and Youth in Eastern and Northern Uganda

Under the USAID/Uganda Better Outcomes for Children and Youth in Eastern and Northern Uganda (BOCY) project, WEI/Bantwana and local partners deliver differentiated services to 137,000 children, youth, and caregivers across 22 districts to build resilience and to mitigate the risks and impact of HIV and violence.

Aligned with the INSPIRE framework and Uganda's development objectives, BOCY delivers services within an integrated referral network and case management system to ensure that children and families receive the services and follow-up support they need and that children protection cases are addressed and closed in a timely fashion.

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ACRONYM LIST

ART	Antiretroviral Therapy
BOCY	USAID/Uganda Better Outcomes for Children and Youth in Eastern and Northern Uganda
CDO	Community Development Officer
CUG	Closed User Group
DAC	District Action Centre
FGD	Focus Group Discussion
GBV	Gender-Based Violence
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
LC	Local Council
MGLSD	Ministry of Gender, Labour and Social Development
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
PSW	Para-Social Worker
RTRR	Reporting, Tracking, Referral and Response
UCHL	Uganda Child Helpline
USAID	The U.S. Agency for International Development
VAC	Violence Against Children
VCCMC	Village Child Case Management Committee
WEI/ Bantwana	The Bantwana Initiative of World Education, Inc.

EXECUTIVE SUMMARY

Resulting from a partnership between WEI/Bantwana and MTN Uganda, the Closed User Group (CUG) is an in-service phone network enabling free texts and calls between multiple child protection, health and social services actors¹ at community and district levels.

In 2016, Ugandans reported over 200,000 child abuse cases to the National Child Helpline. However, understaffing and weak links between districts and communities resulted in slow response and poor follow up of critical cases.

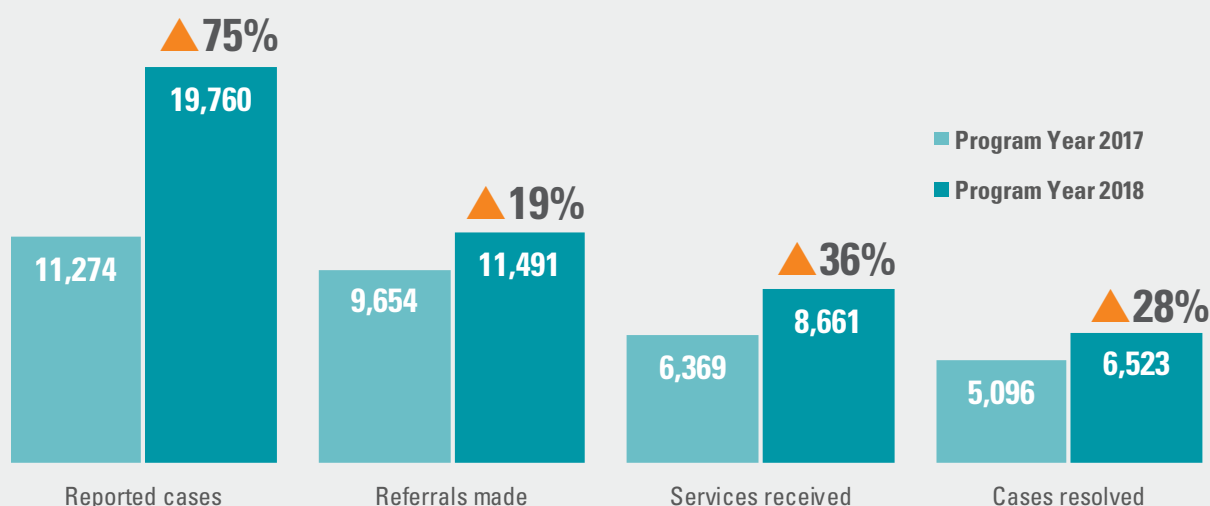
Under the USAID/PEPFAR-funded Better

Outcomes for Children and Youth in Eastern and Northern Uganda (BOCY) project, the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) and local and government partners² deliver a holistic package of services to 137,000 children and caregivers across 22 districts to build resilience and to mitigate the risks and impact of violence and HIV while strengthening community and district delivery systems.

Services are coordinated and delivered by para-social workers (PSWs) who sit at the center of a referral network and community case management system³ linked to formal district protection structures. PSWs respond to and follow up non-statutory, but important, child protection cases at the community level, freeing up already constrained district staff to

CHILD PROTECTION SERVICE DELIVERY IMPROVEMENTS OVER ONE YEAR AFTER INTRODUCTION OF THE CUG

Source: June 2017 - October 2018 program database



deal with statutory and more complex cases. PSWs work closely with multiple actors to ensure all children receive the critical services they need and to provide follow up support to children until cases are concluded. Easy, affordable communication across multiple actors at multiple points in the process is central to addressing cases and getting critical, and sometimes, lifesaving services to children in a timely way. Without easy, affordable communication between PSWs and other community and district-level actors, cases and service referrals can take weeks to address and complete.

As programming increasingly focused on supporting children living with HIV, WEI/ Bantwana and partners brought facility staff and community structures onto the CUG to improve coordination between facility and community cadres for effective mobilization of children and families for HIV testing services; linkages to ART; and monitoring and follow up of children to support retention, adherence, and viral load suppression.

This case study examines the role of the CUG in improving service delivery by examining its contributions to timely identification, response, and referral completion; follow up; and closure of cases.

By easing communication among multiple actors at multiple points across the case

management and service delivery pathway, this simple, low-cost phone technology has significantly contributed to improving child protection and HIV outcomes for vulnerable children and families at scale.

KEY FINDINGS

Increased response timeliness at each critical step of the case management cycle.

Across cadres, all respondents described the multiple benefits of the CUG, including increased efficiency, effectiveness, and quality of care through improved communication, timeliness, coordination, referrals to critical services, and case closure. The CUG provides an effective mechanism for reaching necessary people at the right time and ensures that identified cases are addressed immediately and referrals are completed. Before the CUG, PSWs were reliant on bicycles, personal airtime or monthly, in-person case conference preparation meetings for consultation or support with a case. After the introduction of the CUG, consultation and action were immediate.

Strengthened response as prevention of child abuse.

Before the CUG, delayed responses compromised efforts to avert or intervene before abuse happened. PSWs and Community Development Officers (CDOs) cited several

“ Before our connection to the CUG, health workers would need to pay a visit to the household for assessment and/or referral of those who are HIV-positive and struggling with retention or adherence issues for further management. This was very tedious and expensive, and in most cases, clients would not be visited.”

- HEALTH IN-CHARGE, OI CLINIC, MAYUGE DISTRICT

CUG CONTRIBUTIONS TO IMPROVED ADHERENCE & VIRAL LOAD SUPPRESSION IN CHILDREN



22%

IMPROVED
ADHERENCE
among children



20%

IMPROVED
VIRAL LOAD TESTING
among children



17%

INCREASED
VIRAL SUPPRESSION
among children

cases where they disrupted suspected cases of defilement and early marriage due to minimal delays between reporting and response facilitated by the CUG.

Bolstered capacity of PSWs to address non statutory cases and improve timely access to critical services.

With the CUG, PSWs more readily brought non-statutory cases to conclusion by easy access to multiple supporting actors. PSWs immediately contacted one another, their supervisors, or other project staff when they needed assistance with a case, talking through problems or strategies for managing complex issues and addressing bottlenecks to referral completion. A strong, functional community response has freed up government protection staff to follow up more complex, statutory cases.

Strengthened capacity and coordination of multiple actors to operate within an integrated referral network and case management system.

By enabling PSWs to consult with one another, clinic and community providers, supervisors, and district and project staff, the CUG has improved the functionality and delivery of services across the HIV continuum

and strengthened the community response.

Increased access to comprehensive supports across the HIV continuum.

Stronger linkages between clinics and communities has improved access to and delivery of treatment and care services for children living with HIV. With the CUG, facility staff can easily communicate with PSWs in the community to follow up with clients who have missed clinical, medication refill, or viral load tracking appointments and ensure that children and families have access to other core services to strengthen resilience and adherence. PSWs also use the CUG to access transport fees for health emergencies and to coordinate with clinic staff to prepare them for the arrival of children and their caregivers to the clinic, ensuring that services are available and timely.

Over a one-year period, the CUG contributed to robust increases in reporting, referrals, services received, and case closure.



Before the Closed User Group, there were so many cases that I would just hear about. Most of them would actually go unattended... But now, I am called instantly and the response is much quicker."

– COMMUNITY DEVELOPMENT OFFICER
BUGIRI DISTRICT



PSWs use the CUG to mobilize community members to take action around child protection issues.

INTRODUCTION

Under the USAID-funded Better Outcomes for Children and Youth in Eastern and Northern Uganda project (BOCY), the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) and local partners deliver a differentiated package of services to children, youth, and caregivers across 22 districts to build resilience and mitigate the risks and impacts of HIV and violence while strengthening community and district service delivery systems. Para-social workers (PSWs) sit at the center of an integrated referral network and case management system, extending the child protection system into communities to ensure timely response of child protection cases and service delivery across the HIV continuum of care. Central to the functionality of the child protection and service delivery systems is

coordinated action at community and district levels, which depends on access to easy, low-cost, and timely communication among multiple actors at multiple points in the process.

In 2016, WEI/Bantwana partnered with Uganda's largest cell phone provider, MTN Uganda, to launch the Closed User Group (CUG) system: a low-cost⁴, in-service phone network linking together multiple district and community child protection actors through free calls and texts to ease communication and address gaps to timely response and follow up of critical child protection cases. The cadres⁵ registered on the CUG are those who play key roles in child protection and integrated service delivery across the HIV continuum of care.

FINDINGS

The CUG has helped to address gaps across the HIV cascade, improving HIV outcomes for children and caregivers through more efficient and coordinated referrals and follow up from a strengthened clinic-community referral system.

An effective child protection and integrated referral system involves many actors at community and district levels. A well-coordinated and swift response system is dependent on communication across multiple actors at multiple points in the process to ensure timely response to reported cases and access to critical services. By facilitating communication across multiple community and district actors at multiple points in the process, the CUG significantly improved timely response and service delivery coordination.

All respondents highlighted the numerous ways that the CUG has improved coordination

and timely response, accelerating prevention by interrupting violations, including neglect, school dropout, early marriage, and gender-based violence before they happen and ensuring swift follow up of violations that have already occurred.

By enabling immediate access to peers and responsible officers, including police, government probation officers, health officers and other community and districts actors, the CUG has built the capacity of PSWs to handle multiple and difficult cases and has leveraged human resources at very little cost.



PSWs use the CUG to mobilize adolescent girls for community-based violence prevention activities



RESPONSE TIMELINESS

All respondents agreed that by easing communication, the CUG has facilitated access to key people at key points in the process for improved response. Government child protection officers noted that before the CUG, many identified cases would go unattended until monthly parish-level meetings that brought all actors together. With the CUG, when statutory or complex cases were identified, PSWs immediately notified the CDOs, who were able to quickly report to police or other authorities and/or mobilize other appropriate actors to respond. Immediate reporting improved accountability with involved parties, and contact among CDOs, PSWs, and police was quick and efficient. Less complex cases were settled even more quickly as PSWs consulted with peers and other community influencers to address issues like payment of school fees

or parental neglect and more easily followed up and monitored families to ensure services were received.

PSWs reinforced the ease and timeliness of case resolution with the CUG. Before the CUG, PSWs could only respond to known or suspected cases by using their personal phones to call the police or government protection officers or ride their bicycles to report in person, which was costly and delayed response, especially in very rural villages, when airtime was not accessible. Riding to the CDO or police station could take hours only to find them not in office. This was discouraging and stressful for PSWs, adding pressure to their already constrained schedules.

RESPONSE AS PREVENTION: THE CUG FACILITATES EARLY INTERVENTION

As a result of the quick communication that the CUG enables, PSWs could quickly reach out to the police and the CDO who acted swiftly to interrupt protection violations, including neglect, defilement, early marriage, school dropout, and gender-based violence.

CDOs also recounted cases of interrupting early marriages following timely reporting from PSWs, which triggered immediate intervention by police and/or other community influencers to negotiate with families. In most cases, CDOs and PSWs worked with families to ensure girls returned to school. PSWs continued to follow up and monitor the families to ensure positive gains were sustained⁶.

PSWs and CDOs recounted several cases of neglect – caregivers refusing to support school fees, regular meals, or other basic needs – that were resolved swiftly by calling together community influencers to speak with caregivers to address these issues.

“When the PSW called to report a case of possible defilement, I called the police officer, who immediately brought the child and her family to the health center where she was counseled and tested for HIV. The child had not been defiled, and the staff were able to provide clinical and emotional support.

Though the perpetrator was not caught, the PSW and police reassured the family that they would take measures to ensure the child’s safety. The PSW continues to monitor and provide emotional support.”

- CDO, BUGIRI DISTRICT



PSWs consult with one another and check their CUG numbers during a case conference planning meeting.



RAPID RESPONSE: SWIFT ACTION FOR POSITIVE RESOLUTION

Swiftly addressing cases of non-statutory but important neglect issues: Neglect cases make up the vast majority of reported child protection issues. Neglect cases commonly include issues surrounding school fee payments or support for other basic family needs as well as general neglect and weak supervision of children. In some cases, these issues can be more easily and effectively addressed through discussion, sensitization, and negotiation with caregivers. With the CUG, PSWs can quickly consult with other PSWs or contact the CDO or Parish Chief to intervene. Other more complex neglect cases, such as alcohol/drug abuse or mental health issues, may require multiple interventions by multiple district and community level actors. In these cases, PSWs and CDOs cited the importance of the CUG in facilitating information sharing and planning across the multiple steps involved in the process.

Taking complex gender-based violence cases to conclusion: Addressing gender-based violence is a complex, multi-step process involving several actors. One PSW described how the CUG enabled her to call another PSW in a neighboring village to follow up on a complex case of domestic violence involving five children whose mother had been banished by their father. The PSWs contacted the CDO and, with the Parish Chief and community elders, resolved the case with both parents. Soon after, the mother returned to the village and set up her own house on land provided by the father. Before the CUG, this process could have lasted months and may not have been followed to conclusion.

With the CUG, the children were safely reunited with their mother and back in school within 48 hours, and the PSW continued to monitor and support the family.

Handling sensitive GBV cases

anonymously: PSWs work within their own communities, which sometimes puts them in a difficult position when an alleged perpetrator is a neighbor or prominent community member. PSWs described several cases where they were able to use the CUG to anonymously report cases to the CDO, who in turn called in appropriate people to intervene. In one such case, after a neighbor of a PSW defiled his daughter, the CUG allowed the PSW to report the case in confidence to the CDO, and the perpetrator was quickly arrested, brought to trial, and is now in prison. The PSW ensured the perpetrator's daughter received medical care and has continued to support her.

Addressing urgent defilement cases: The CUG has facilitated immediate access to care for survivors and quick apprehension of perpetrators. A PSW recalled swift action by police, quickly arresting the alleged perpetrator following the report of defilement of a 7-year-old girl. In coordination with the CDO and the Health In-Charge, the PSW accompanied the child to the clinic where she received medical care within 72 hours. The PSW followed up with the child at home and continues to provide psychosocial support and care to the child and her family.

IMPROVING THE QUALITY OF RESPONSE BY PSWs

PSWs reported that in addition to making their work easier and less costly, the CUG improves the care they provide. PSWs can easily consult with each other on difficult cases and problems. In the past, PSWs were on their own to address complex challenges. Consultation was limited to monthly case management meetings with full agendas and many competing issues. With the CUG, PSWs routinely reached out to one another for advice to prepare for home visits with complex family issues or to address referral bottlenecks. If they needed help beyond what a peer could offer, they called CDOs, community elders, or project staff for support. The CUG also extended the reach of PSWs to follow up on children that had relocated to other villages.

By enabling PSWs to handle most non-statutory cases through support and consultations with each other, the CUG improves the functioning of the community child protection and case management systems, freeing up CDOs to support statutory and complex cases. This division of labor also helps to ensure that no case goes unattended.

“There are homes that experience domestic and gender-based violence. When it becomes difficult for me to handle, I can communicate with a colleague [PSW], who is respected in the community and can help with the counselling of such a family.”

- CDO, IGANGA DISTRICT



HOW CHILD PROTECTION ACTORS USE THE CUG

Source: Program Survey 2018

CONSULTING ON CHILD ABUSE 92.0%

COORDINATING CP ACTIVITIES 88.3%

REPORTING CASES OF ABUSE 86.9%

MOBILIZING FOR CASE CONFERENCES 83.9%

FOLLOWING UP ON REPORTED CASES 76.6%

REFERRAL OF CASES 73.0%

STRENGTHENING CLINIC-COMMUNITY COORDINATION TO IMPROVE HIV AND CHILD PROTECTION OUTCOMES FOR CHILDREN LIVING WITH HIV

Adolescents living with HIV continue to lag behind adults in adherence and viral load suppression rates due to a range of complex psychosocial and clinical factors⁷. Two frequently cited barriers to retention in care and adherence include long waiting times and transport issues, as many children live a far distance from the clinics.

Clients also complain about the layout of many clinics, where waiting areas are visible places, which can result in involuntary, and stock out of lack of available services after long travel times. In these cases, children and caregivers may simply avoid clinic visits. With the CUG, PSWs are able to plan clinic visits with caregivers, children and clinic staff, ensuring that services are available and wait time is reduced by calling Linkage Officers⁸ and other clinic-based backstopping health staff. With

the CUG, Linkage Officers can also directly communicate with PSWs and other community cadres to follow up on children who have missed appointments or to plan clinic visits.

“Moses (a PSW) called me to ask if I could arrange HIV testing for two young children without them having to wait in a long queue. The children were scared, and he knew I could support them and help them get served quickly. I met the children and their caregiver and supported them through the testing process. Both children tested HIV-positive. After, we linked them to the ART clinic, and Moses continues to closely monitor the family and provide ongoing support.”

- HEALTH IN CHARGE, BUGIRI DISTRICT



Reducing wait time and managing medication stock outs: PSWs also used the CUG to ensure that services are available, using their networks to improve service access for their clients.

“When my client missed an appointment to come for a refill, I contacted George, the Expert Client, to assist. However, when the client went for the refill, the clinic was out of his medication and was referred to a second facility. Before traveling another long distance, George used the CUG to find a nearby facility where the client was able to resume his treatment. I am now supporting this client to ensure he can continue treatment uninterrupted.”

- PSW, MAYUGE DISTRICT

Timely support for disclosure from caregivers to their children: Caregivers readily acknowledge that disclosing their children’s HIV status to them is very difficult. One PSW described how her neighbor asked her to talk with her 13-year-old boy after he became angry and refused his medication. The mother had not disclosed to her child and realized she needed help to do so. With the CUG, the PSW set up a meeting with the Health In-Charge who helped the mother disclose to her son and ensured that he and his mother understood how and why he needs to take daily medication. With this support, the child eventually accepted his status and is adhering well to his medication.

Health staff also praised the benefits of the CUG. The Health In-Charge in Mayuge District now easily reaches out to PSWs for follow up when a client has not shown up on a refill day or is having difficulty with adherence⁹. The PSW can then track the person in the community to provide support directly or coordinate support from health staff.

Improvement in adherence and viral load testing for children living with HIV: The CUG has eased the sharing of information between clinic and community teams for verification and profiling of ART numbers, care and treatment points, ART appointment dates, and viral load status using a community viral load tracking register. This has streamlined follow up and support to ensure children receive and take their medication on time, complete viral load tests, and receive their results.

Multi-village mobilization to improve service delivery and the child protection response: Respondents emphasized the importance of the CUG for multi-village or multi-parish mobilization around child protection issues emerging from case conferences like gender-based violence, early marriage, and school dropout. PSWs use the CUG to call one another together to discuss complex cases or community safety issues that require community input. The CUG also facilitates the follow up and resolution of cases that involve family members residing in multiple villages.



CHALLENGES

Ongoing requests for CUG expansion: Due to its success, users continuously advocate for expansion.

CUG members report that they frequently need to contact actors that are not in the CUG system, including the Local Council 1, the village-level chairperson, Expert Clients who are not also PSWs, youth leaders, religious leaders; others in the child protection community, and district staff. Though the CUG is a low-cost intervention, limited program resources constrain expansion.

Keeping phones charged.

Access to charging stations continues to hinder users. Mobile phone batteries typically last for two to three days. Because many users do not have electricity at home, they rely on public facilities where access is quite limited. WEI/Bantwana continues to work with clinic and community teams to address ongoing charging issues, including through a better understanding of the start-up and maintenance costs in order to explore this as a possible income generating activity for youth and families.

CONCLUSION & NEXT STEPS

Though technology holds great potential for addressing complex development issues, approaches that *can be scaled* are few.

Addressing communication and coordination challenges using a low-cost, widely accessible phone technology, the CUG has been a key element of strengthening the child protection response and delivering critical services to thousands of children and families at scale. By easing communication across multiple actors at multiple points in the process, the CUG has improved response, coordination, referrals, follow up, and monitoring of care within an integrated referral and case management system. Improved coordination, consultation, and mobilization have markedly improved child protection and HIV care for children, and strengthened consultation with peers and supervisors has built case management skills in PSWs, freeing up constrained CDOs to focus on statutory cases.

Integrating the CUG into District Action Centers:

Moving forward, WEI/Bantwana is supporting the GoU to integrate the CUG into eight District Action Centers (DACs). Established by government with support from WEI/Bantwana, DACs are linked to the Uganda Child Helpline and act as walk-in centers for reporting child protection issues at the district level. Linkage to the CUG will enable DAC Protection Officers to reach out to PSWs for timely

response.

Strengthening linkages to schools through Village Child Case Management Committees (VCCMCs):

VCCMCs are seven-member committees made up of school management committee members, head teachers, community members, Local Council 1 representatives, and PSWs to address cases of violence that emerge from schools.

Through VCCMCs, more than 27,000 cases of school-related violence have been reported and followed up by VCCMCs in the past two years. The VCCMC model is endorsed by the MGLSD and operationalizes the Reporting, Tracking, Referral and Response (RTRR) policy developed by the Ministry of Education and Sports (MoES). WEI/Bantwana has piloted the CUG model with 120 VCCMC members and will scale it to an additional 420 VCCMC members in the coming year.

ENDNOTES

- 1 Including police, child protection actors, local community council members, HIV and health community structures, CSO staff, and program staff
- 2 MUCOBADI, m2m, AVSI, SOS, and AIC
- 3 The seven step case management system includes identification, assessment, case planning, referral, service delivery, follow up and case closure.
- 4 The CUG is \$1.75/month/user per annum to link together more than 3000 child protection and health actors.
- 5 The cadres registered on the CUG include the sub-county CDO; police; the In-Charge at health facilities; and other community structures, including village health workers, Expert Clients, Community Based Trainers, clinical partner project officers, and para-social workers.
- 6 CDOs also take up these issues during community meetings with caregivers and community influencers to generate community commitments to stop early marriages.
- 7 Clinical factors include medication side effects and regimen issues as well as stock outs of ART and other commodities. Community issues can include lack of transport to clinics, neglect, low treatment literacy, hopelessness/depression, non-disclosure (particularly for school-going children), etc.
- 8 WEI/Bantwana placed seasoned Linkage Officers at high-volume clinics to backstop clinic staff and support coordination with community cadres, including Expert Clients, Village Health Workers (VHTs), and PSWs who are involved in supporting HIV-positive families.
- 9 Confidentiality protocols are in place with clinics and PSWs as per Uganda national policy.

ANNEX: DATA COLLECTION

DISTRICT	LOCATION	CADRE	TYPE
MAYUGE	Kiterere Health Centre	ART In-Charge	Individual interview
	Kiterere Health Centre	PSWs (5)	Focus group discussion
	Kityerera Health Centre IV	PSWs (8)	Focus group discussion
	Kityerera Health Centre IV	Adolescent	Individual interview
BUGIRI	Mayuge Health Center III, Budaya Sub-County	PSWs (6)	Focus group discussion
	CDO office, Sub-County	CDO	Individual interview
	Home visit	Client	Individual interview
	Home visit	Mother/daughter	Family interview
	Home visit	Caregiver to a CLHIV	Individual interview
TORORO	Tororo	Sub-County Chief, former CDO	Individual interview
	Mukuju	PSWs (7)	Focus group discussion
	Home visit	Child on ART	Mother/child interview

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A photograph of three young girls in school uniforms (white short-sleeved shirts and maroon skirts) standing outdoors. The girl on the left is smiling and looking towards the camera. The girl in the middle is looking slightly away from the camera with a neutral expression. The girl on the right is looking towards the camera. They are standing in front of a blurred background of green trees and foliage. An orange rectangular box is in the top right corner containing the text 'bantwana.org'.

bantwana.org