# BANTWANA INITIATIVE TECHNICAL BRIEF







## STRENGTHENING LOCAL GOVERNMENT TO IMPROVE UGANDA'S CHILD PROTECTION SYSTEM

#### **BACKGROUND**

Since 2015, the Bantwana Initiative of World Education, Inc. (WEI/Bantwana) has led the implementation of the USAID/Uganda Better Outcomes for Children and Youth in Eastern and Northern Uganda (BETTER OUTCOMES) project, aimed to build resilience and reduce the risk of violence and HIV for orphans and vulnerable children (OVC) and their families. The BETTER OUTCOMES program includes a systems strengthening component to build the capacity of the district-level, Community-Based Services Department (CBSD) to coordinate and manage an integrated OVC service delivery system across 22 districts and 107 sub-counties in eastern and northern Uganda.

Aligned with USAID/Uganda's Country Operational Plan (COP) and the Country Development Cooperation Strategy (CDCS), WEI/Bantwana's systems strengthening support focuses on improving OVC coordination, planning, resource allocation, and information management. This includes expanding and upgrading the child protection workforce and improving the capacity of the CBSD to train and support a community-level cadre of para-social workers (PSWs) and other community structures to function as part of an integrated child protection system.

At the national level, WEI/Bantwana ensures community case management and district capacity development best practices feed into national-level policy and systems building efforts. With the Ministry of Gender, Labour and Social Development (MGLSD), WEI/Bantwana developed and integrated six OVC indicators into the Ministry of Local Government's (MoLG) annual assessment to strengthen accountability for OVC ser-

vice delivery. The community case management model is now part of the MGLSD's national Child Protection Handbook. WEI/Bantwana's input on community case management best practices and tools, standards, and guidance is informing the development of Uganda's emerging national case management system in concert with the MGLSD, National Association of Social Workers of Uganda (NASWU), and other development partners.

#### WEI/BANTWANA'S APPROACH

WEI/Bantwana situated systems strengthening activities within broader district planning and budgeting cycles and used a systematic delivery and approach that included four central components: assessment, planning, implementation, and evaluation. At the outset, WEI/Bantwana developed **District Engagement Plans** with district leadership to bolster transparency, establish commitments, and outline clear operational procedures, which were followed by joint District Capacity Assessments that focused on seven key domains: planning, coordination, governance, resource mobilization, staff capacity, data collection and analysis, and OVC service delivery standards. WEI/Bantwana also incorporated findings from **USAID's Site Improvement through Monitoring** System (SIMS) assessment and Data Quality Assessments (DQAs) into individualized district action plans, which were then integrated into district and sub-county work plans and monitored on a quarterly basis with oversight from the Chief Administrative Officer (CAO).

### THE SYSTEMS STRENGTHENING PROCESS

WEI/Bantwana used district and sub-county site visits for training, coaching, and mentoring staff and facilitated learning visits between district and sub-county 'Centers of Excellence' to foster peer learning and strengthen regional relationships. WEI/Bantwana trained district technical officers to use refined OVC data collection tools and an upgraded OVCMIS database and set up Quality Improvement (QI) teams to address and prioritize data gaps outlined in the SIMS exercise.

WEI/Bantwana sensitized CBSD staff to relevant national policies, including the Children's Act, Uganda's Strategy for HIV and gender-based violence (GBV), findings from Uganda's Violence Against Children (VAC) survey, and Uganda's epidemic control data, which were informing the project's HIV and GBV centered programing shifts. These were broadly disseminated to health, production, and other relevant district and sub-county officers through OVC coordination and networking meetings.

Whenever possible, WEI/Bantwana used coordination platforms to train and coach community CSOs and local government partners together to strengthen relationships and advocacy for expanding OVC service delivery. For example, during coordination meetings, CSOs successfully advocated with the District Health Officer (DHO) and family protection unit of the police to address administrative barriers to critical clinical services for GBV survivors. WEI/Bantwana supported CBSDs to use OVC data and human resource audits to successfully advocate for the development of child

safety ordinances on child labor, early marriage, and teenage pregnancy in six districts, as well as for filling 85% of substantive CBSD positions and increasing the allocation and release of resources for OVC support across 22 districts, respectively.

Joint activity planning during OVC coordination meetings between CSOs and health, protection, and production departments leveraged additional government and CSO resources for integrated HIV testing services (HTS) through community outreach and integrated health and early childhood development services during community immunization events.

**Upskilling CBSD staff with leadership, management, supervisory, and social work skills** helped sub-county child protection officers more effectively supervise and coordinate PSWs and other community structures for OVC service delivery. WEI/Bantwana deepened skills training with PSW support supervision, coaching, and mentoring conducted jointly with CBSD staff and CSOs.

**WEI/Bantwana's Closed User Group (CUG)** is a free, in-service cell phone network that links together local government, clinics, communities, police, PSWs, and other community structures for a timely and strengthened response to urgent child protection stakeholders across the HIV continuum of care.

### **KEY ACHIEVEMENTS**

Throughout the cycle, WEI/Bantwana refined systems strengthening approaches based on district-specific needs and emerging issues. A summary of key achievements is outlined below.

#### **COMMUNITY LEVEL**

Across 22 districts, 2,910 PSWs upskilled with child protection and HIV-sensitive community case management skills are able to function within an integrated child protection and referral network and community case management system. Over 3,000 child protection stakeholders are linked together through the CUG cell phone network to strengthen the child protection response.

#### **DISTRIC LEVEL**

Dissemination of OVC, GBV, and HIV policies has helped CBSD staff more closely align integrated programming with national policies and has prioritized OVC service delivery based on VAC and HIV data as well as on issues emerging from case conferences. Improved organizational capacity assessment (OCA) and SIMS scores, strengthened OVC service delivery and management systems, and expanded and upskilled social welfare and protection staff have improved OVC service delivery quality.

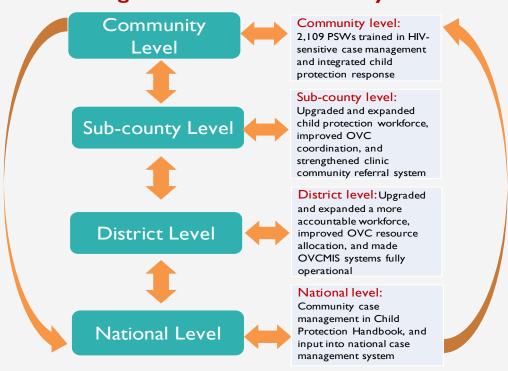
#### SUB-COUNTRY LEVEL

Across 14 districts, 187 CDOs with strengthened leadership, management, and social work skills have convened 749 Sub-County OVC Coordination Committee (SOVCC) meetings and multi-sectoral case conferences. Joint training, support supervision, and coaching of CDOs and the joint development of a support supervision guide for community structures have further strengthened CDO capacity to manage and coordinate integrated OVC service delivery.

#### **NATIONAL LEVEL**

Six OVC performance indicators are now integrated into the MoLG Inspection Handbook and annual OVC district assessments. The community case management model is a permanent part of the National Child Protection Handbook, and community case management and best practices are informing the development of Uganda's emerging national case management system.

### **Integrated Child Protection System**



### LESSONS LEARNED

Strong and consistent relationship building with district leadership is critical for success. District engagement plans and quarterly district OVC coordination meetings helped to set a positive and transparent tone with local government by ensuring a shared understanding of roles, responsibilities, and operational commitments. This was particularly important as WEI/Bantwana negotiated shifts in USAID local government per diem policy, which was challenging for all district governments. Efforts to build goodwill, follow through on commitments, and provide welcomed technical assistance strengthened partnerships and productive collaboration over time.

**Cross-learning visits between district and sub-county staff** strengthened peer learning; fostered friendly 'competition' between regional teams, which motivated CBSD staff to excel; and improved coordination and planning between the sub-county and district levels.

Competing priorities and overwhelming demands on district and sub-county staff required continuous innovation and refinements to integrate training, coaching, and mentoring supports into existing district schedules and priorities. In response, WEI/Bantwana used the Kampala-based national MGLSD trainings to meet with district and sub-county staff outside of their districts to address bottlenecks to progress and to integrate priorities from the national-level child protection discussions into district plans.

Attrition and transfers of district staff and sub-county staff in some districts delayed progress as additional time and resources were needed to orient, train, and build relationships with new staff. WEI/ Bantwana used a 'buddy' system with the CBSD for new staff orientation at the sub-county level and leveraged existing relationships with other district influencers to cultivate trust with new districtleadership.

### **MOVING FORWARD**

In the coming year, WEI/Bantwana will continue to consolidate and deepen achievements with local governments across all 22 districts and 107 sub-counties. This includes expanding participation by HIV clinic partners in district and sub-county OVC coordination and networking meetings and joint support supervision with community structures to strengthen integrated support. WEI/Bantwana will jointly conduct assessments on the OVC indicators piloted in four districts, integrate efforts to close gaps in refined action plans, and support expanded rollout in additional districts. WEI/Bantwana will coach and mentor local government staff to maintain achievements in meeting OVC service delivery standards and deepen support to weaker districts. Finally, WEI/Bantwana will continue its national work with the MGLSD, NASWU, and other development partners to support ongoing efforts to strengthen Uganda's national case management system.





