



Transformation-at-Scale: Reflections and Lessons from Working with the National Child Helpline in Uganda

August 2020

Table of Contents

Introduction	3
Seeking New Solutions	3
Permission to Innovate.....	3
Generating New Data and Analysis	4
Key Results of the Analysis	4
Promoting coordinated efforts	5
Results.....	7
Improved Outcomes for Child/Adolescent Survivors	7
Access to HIV Testing and Health Services	7
Access to Psychosocial Support.....	8
Access to Justice	8
Influencing the Donor Investments	9
Direct Funding from Uganda Ministry of Finance.....	9
Sustained Local Leadership and Commitment	10
Reflections on the Approach.....	10
Data Analysis & Reflection as a Catalyst for Improved Performance	10
Stages of Behavior Change Communication to Guide Implementation	11
Trusted Partner and Champion	11
Embracing Thought Leadership	12
Conclusion	12
Annex	13
Summary Achievements: 4Children Uganda System Strengthening Project.....	14
Linkages to Services for Children & Adolescent Survivors of Sexual Violence: Uganda Child Helpline Data Review	15
Uganda Child Helpline: Data into Action – Progress & Key Recommendations from the Second Data Reflective Session	18
Abstract: The Intersection Between Social and Behavior Change Communication (SBCC) and Social Service Workforce Strengthening: Highlights from the Uganda Child Protection System Strengthening (USS) Project	20

Introduction

Within the scope of the USAID/PEPFAR-funded 4Children Uganda System Strengthening (USS) Project, Catholic Relief Services (CRS) partnered with government, universities, civil society, and UN-agencies to assist the social service workforce¹ (SSW) to meet the needs of children in adversity, especially those affected by HIV. Implemented in July 2017 to September 2020, this three-year project achieved results that have been recognized as transformative for the social work profession in Uganda – see **Summary Achievements** in Annex. While some of these gains, including [new national standards for social work training](#) required by all higher education institutions (HEIs), updated [standard operating procedures \(SOPs\)](#) and [tools for case management](#) adopted by the Government of Uganda (GoU), and [nationwide dissemination of child protection policies, laws, guidelines, and curricula](#) were part of the original scope of the project. There were other important contributions to the child protection sector, not envisioned during the design, particularly the work with the national toll-free Child Helpline (UCHL). These adaptations were implemented by 4Children in response to identified gaps in the child protection response -noting missed opportunities for the SSW to support the 95-95-95² goals. The collaboration with UCHL was implemented without additional resources and the results have gained national and international attention, due to: (1) [new evidence regarding gaps in the national child protection response](#); (2) [key performance improvements within the government SSW](#); and (3) [sustained improvements in services and support for children who experience violence, abuse and neglect](#). This methodology has since been expanded to 24 District Local Governments (DLGs) in Uganda, with the goal of achieving similar improvements in the child protection response. In addition, the Uganda Ministry of Gender, Labour and Social Development (MGLSD) has used this data and the accompanying results to make the case for government investment and support to UCHL, rather than 100% reliance on donor funding, securing UGX 30 million (~\$10,000 USD) funding to support the operation of the Helpline.

This case study will explore the process, outcomes, and impact of this collaboration with the Government of Uganda (GoU) with the goal of generating lessons and recommendations to guide programming-at-scale.

The Uganda Ministry of Gender, Labour and Social Development operates the Uganda Child Helpline (UCHL), a toll-free hotline that aims to increase reporting and response on issues of child protection, including violence against children (VAC). The UCHL engages professional social workers to respond to calls and refer children at risk and in need of care to a range of service providers. Each month, UCHL receives approximately 700 calls, including child-related enquiries and reports of abuse.

Seeking New Solutions

Permission to Innovate

In supporting the GoU to set standards to regulate the training of social work professionals, develop and roll-out a new case management package, together with the nationwide dissemination of child protection laws and guidelines, 4Children was engaging with a wide range of stakeholders in the child protection sector – including MGLSD, UNICEF, national and international non-governmental organizations, universities, and other national agencies and networks. While the motivation was directed toward [strengthening the national child protection system](#), these investments were also part of global 95-95-95 goals to achieve HIV epidemic control. With this, USAID/PEPFAR, in 2018 was calling on partners to ‘surge’, i.e. [intensify efforts in support of HIV case finding, enrollment and retention on treatment to achieve viral load suppression \(VLS\)](#) – seeking out new groups and new methodologies for finding people living with HIV (PLHIV) who are not yet diagnosed, enrolling them in treatment and supporting them to achieve viral suppression.

At the same time that USAID was calling on partners to identify new solutions in line with the 95-95-95 goals, CRS, the lead agency implementing 4Children, was also beginning to roll-out a new agencywide strategy, Vision 2030. The strategy called upon staff to continue to deepen local partnerships with the goal of being catalysts for transformational change-at-scale – promoting innovation and encouraging staff to be bold in seeking out new solutions. It was against this backdrop that [4Children began to engage government on the child protection response, trying to confirm whether cases of violence against children \(VAC\) and other forms of abuse reported to the UCHL were accessing HIV services and support](#). Within the sector, there was an assumption that such cases were in fact referred for services and support, the 4Children Uganda Director explained: “the question seemed almost too basic to ask, but as the USAID Mission was challenging us to think critically about missed opportunities, we realized that this may be indeed a critical

¹ In the Ugandan context, the Social Service Workforce (SSW) is an inclusive concept referring to a broad range of governmental and paraprofessionals who work with children, youth, adults, older persons, families focused on protection.

² These efforts are aligned to the global UNAIDS targets whereby 95% of those living with HIV know their status, 95% of people living with HIV enrolled and retained in treatment, and 95% of those individuals achieving viral load suppressions.

gap in the SURGE.” After consulting partners and confirming that there was no prior analysis of this type, 4Children, in close consultation with the UCHL leadership and technical specialists within CRS HQ, expanded the project learning agenda to include a rapid review of case management data to answer the question: are child protection cases reported to UCHL, particularly cases of sexual violence, linked to HIV services and support?

Generating New Data and Analysis

In August 2018, 4Children supported UCHL to carry out its first systematic review of case management data. This included reviewing 184 case files to understand how child and adolescent survivors of sexual violence were assisted. This review included all sexual violence cases reported to UCHL from January 1, 2018 to July 30, 2018 using both qualitative and quantitative methods. With this approach, case stories³ were synthesized into themes and subthemes focused on access to HIV testing services and medical care, barriers to services, engagement with health workers and access to justice. Results were presented using graphs, narratives and quotes during a series of one-day reflective sessions to include all UCHL staff. This approach enabled the Helpline staff to see and understand the impact of their work in a new light. Previously, the agency did not have a mechanism through which they could consolidate and review case files. However, this approach of consolidating the data using a series of simple charts, providing time for peer review/input on the preliminary analysis, and promoting personal reflection generated new levels of awareness on the performance of the Helpline and the quality of support provided to survivors. This is perhaps best illustrated by the quote from one of the UCHL staff members: *“We were focusing on apprehending the perpetrators...we forgot about the children.”*

Key Results of the Analysis

The findings revealed that the majority of child rape cases, 72% respectively, were not referred for HIV testing and medical care, and those that were referred for care faced significant barriers due to the cost of transportation to the health facility, the cost of the medical exam, and/or the cost of the medical treatment. Furthermore, significant challenges were documented when reporting the case to police, apprehending the suspect, and securing justice for the survivor – the detailed findings are included in the Annex – see Data Review #1, also summarized in the text box right.

While the Government of Uganda (GoU) had detailed information for each reported child protection case and they were regularly providing reports to stakeholders on the number of calls/cases, the analysis and consolidation of the data had never before focused on the actual response, and the analysis had not engaged government staff in such an active manner.

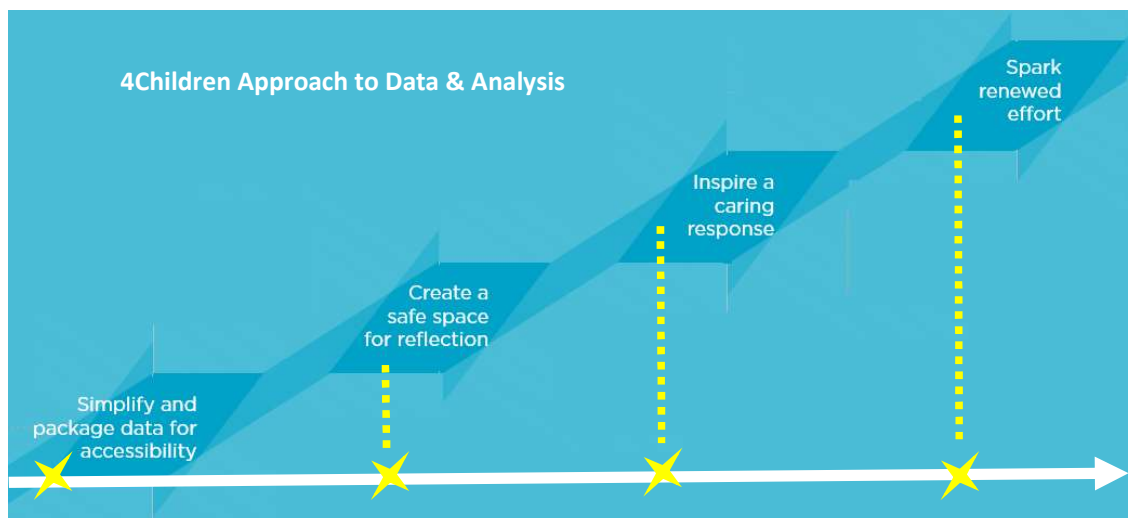
4Children was deliberate in implementing a data review that would consolidate and package child protection data into simple charts to facilitate the analysis, while also highlighting specific case stories and testimonies with the goal of sparking reflection, connection, and dialogue among the government social workers, i.e. the data was a reflection of their work, their challenges, and their successes. With this, 4Children placed tremendous emphasis on creating a safe space to share personal feelings and reactions to the data, while also trying inspire new ideas and attitudes about the workforce’s ability to make a difference in the lives of these children and young people who are experiencing violence, abuse and neglect. To summarize, this approach included:

See key findings below:

- 28% of child rape survivors were referred for medical care/HIV services.
- 37% of survivors received medical treatment, of those 75% reported having a negative experience.
- 36% of survivors received post-exposure prophylaxis to prevent HIV.
- 14% of survivors were given psychosocial support/counselling.
- 35% of cases were reported to Police.
- Police requested fuel from survivor in 63% of cases to pursue the perpetrator.
- Collusion was reported in 51% of cases, hindering apprehension/prosecution.
- 3% of perpetrators were tested for HIV.

- **Simplifying and packaging the data in charts, case stories, and testimonies to make the data easy to interpret and understand;**
- **Creating a safe space for personal reflection and deep discussions with peers and supervisors;**
- **Inspiring care and concern among a team that is understaffed, under-resourced – helping them to reflect on why they joined the social work profession and how they feel about the people they have supported, and the cases where they have struggled; and**
- **Seeking to spark renewed effort based on the status quo, i.e. No new investments or resources – see diagram below.**

³ All unique identifiers were removed to protect the identity of the survivor and caller.



It is vital to note that the national Child Helpline, as a government-run entity, is entirely independent from the 4Children Project and CRS as an agency. With this, the GoU showed tremendous trust and transparency in sharing the case data and engaging every Helpline staff member in the review process. Furthermore, upon seeing the initial findings, 4Children was invited to an All-staff Meeting, and UCHL supported a two-day retreat to focus specifically on performance improvements linked to the data review. **It is remarkable that an international development partner would have this level of access and engagement with government employees.** This enabled 4Children to serve as a trusted partner who could ask questions, explore ‘what if’ scenarios to promote new thinking/renewed efforts, and encourage the workforce to identify the resources that they could leverage from within and externally.

Promoting coordinated efforts

Recognizing that the GoU engages a variety of partners to support the operation of UCHL, 4Children developed a simple brief to summarize the findings from the data review- See Annex. This publication was initially designed for UCHL staff as a summary of the findings with the goal of helping the SSW and external partners to internalize the data, understand the significance of the findings, and promote reflection and new perspective on the role and potential impact of UCHL. However, in an effort to mobilize support to improve performance, the brief was also shared widely with other partners to:

- **Internalize the data:** while the research team takes ample time to synthesize and interpret data, the frontline workforce often does not have this opportunity. By providing a written brief to each member of the team, the leadership at UCHL was demonstrating the importance of the information, while also providing an opportunity for deeper thinking. *With this, 4Children sought to help UCHL and its partners to understand that there was a problem.*
- **Grasp the Significance:** while the workforce and the UCHL partners were aware of the number of cases they handled, there was no comprehensive analysis on the nature of the response to those cases. This brief attempted to encourage a deeper understanding of the implications of child rape survivors not accessing health and justice services. *With this, 4Children sought to help UCHL and its partners to appreciate the extent of the problem and implications of the current situation.*
- **Gain new perspective:** while staff and partners who joined/supported UCHL had strong ideals and wishes to support children and families in difficult circumstances, the data suggested that UCHL was not always having the impact they wished, and there were opportunities improvement. At the same time, development partners were seeking to target services and support to the most vulnerable children. *With this, 4Children sought to help UCHL recognize the shared mission and goals with civil society and renew efforts to increase collaboration to ensure child survivors access the services and support they need.*

With these underlying motivations, 4Children sought to strengthen coordinated efforts from within UCHL, and externally by multiple partners. The table below summarizes key actions taken by GoU, 4Children, and by other partners, including UNICEF, Freedom House, Infectious Disease Institute, International Justice Mission, and other

USAID-funded implementing partners, namely World Education/Bantwana and Catholic Relief Services as a result of the data review:

Table 1: Coordinated Efforts Driven by Data

UCLH Staff	4Children	Other Key Actors
<ul style="list-style-type: none"> Reviewed recent case files⁴ & contacted clients to refer them for needed services and support. Case Workers made deliberate efforts to improve case management practice. UCLH met with key stakeholders to share the findings from the review and request support to address barriers to referrals. Updated the UCLH database to include contacts of implementing partners to facilitate referrals. 	<ul style="list-style-type: none"> Disseminated data/results in one-on-one meetings and presentations at high-level meetings. Actively promoted collaboration with USAID-funded partners by advocating for increased responsiveness to referrals from UCLH. Periodic follow-ups with UCLH to enquire on referrals for eligible cases into the OVC program. Supported the national and regional launch and dissemination of the Violence Against Children Survey (VACS). 	<ul style="list-style-type: none"> UNICEF supported upgrades the UCLH database to assist SWs to respond and capture data for sexual violence cases. Freedom House engaged stakeholders on the issue of justice for children. Infectious Disease Institute (IDI) committed to engaging with their health facility partners to reinforce the no-fee policy for rape survivors. CRS and World Education/Bantwana supported the districts to respond to child protection violations reported to UCLH. International Justice Mission (IJM) made efforts to promote

The table above summarizes key interventions known by 4Children. However, these findings likely influenced other key actions and adaptations as Ambassador Deborah Bix shared these findings at the 2019 OVC Conference in Washington DC, and UCLH/4Children shared the findings (see Annex 2) at a National Learning Conference in Kampala Uganda which was attended by over 100 government and civil society representatives.

While there was never an intention to create a single, harmonized workplan to highlight all of these efforts, UCLH and 4Children were deliberate in asking stakeholders to use the findings to adapt their support to the sector. As such, the notion of coordination was one of ‘mobilizing and influencing actions around a common vision’. For example, UCLH/4Children were not advocating for specific actions and investments among external stakeholders, but were instead seeking to inform stakeholders of the challenge, to reflect on how their support could be adapted in light of the findings; and encouraging continued investments while also demanding greater accountability for the results. [In a sector with diverse donors, unique expertise in child protection, and agency requirements/parameters to guide interventions, UCLH/4Children were not seeking to motivate actors to implement a specific or even a common set of actions, but were instead trying to coordinate efforts around a shared vision: link every case of child rape reported to UCLH to services and support.](#) This approach recognized that the quality of the child protection response varied by district, and each partner with their specialized knowledge of the context, together with these findings, were best placed to identify ways to strengthen the response. Furthermore, without a national protocol to guide the SSW on the violence against children (VAC) response, the partners recognized that they were not in a position to demand for specific actions due to the statutory nature of cases, and the legal mandate of government to manage the response.

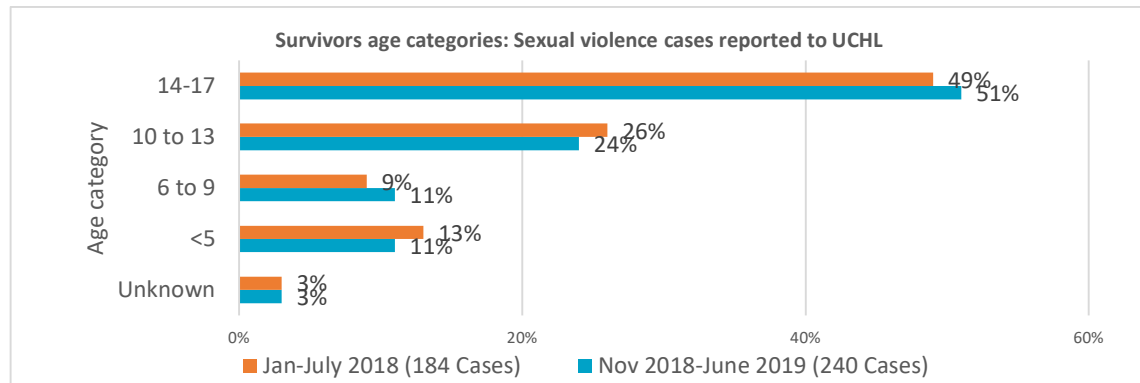
This was different from typical national-level action planning processes in Uganda, that include significant time for planning/consultations to agree on common objectives, the framework for action, activities to be implementing and costing the intervention followed by an extensive review process prior to validation. In this instance, UCLH/4Children were seeking practical and immediate adaptations that could be implemented without additional resources – recognizing that each organization was in a unique situation to support system strengthening efforts – and without immediate action, more child and adolescent survivors of sexual violence may not access the services and support they need. For the details of the key priority actions implemented by UCLH, see Annex.

⁴ The case reviews were particularly focused on identifying infants exposed to HV, pregnant teenagers, and cases of child neglect linked to HIV; over 60 children/families were enrolled in USAID/PEPFAR-funded programs following this review.

Results

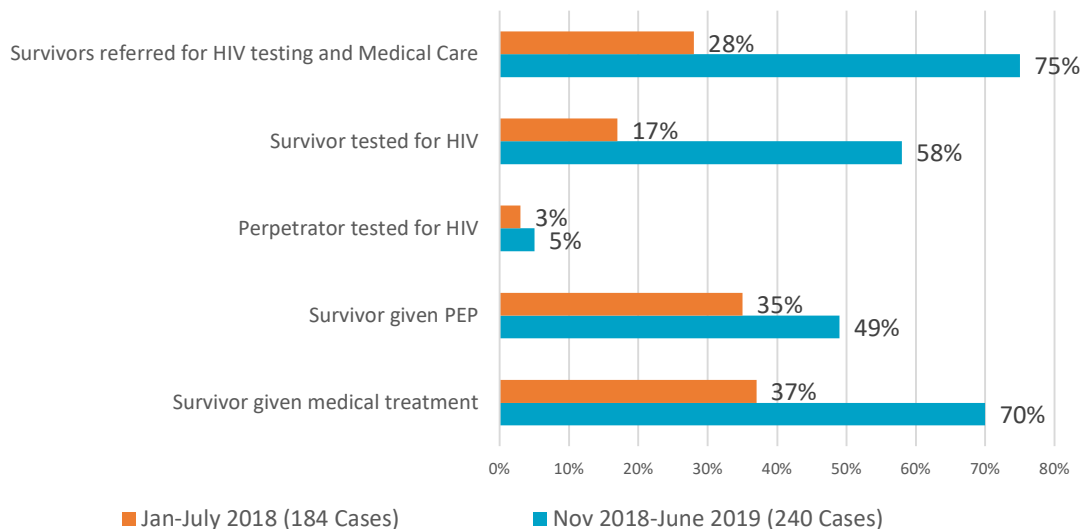
Improved Outcomes for Child/Adolescent Survivors

The second data review was carried out in July 2019, following the same process as the initial data review – reviewing case management data for all sexual violence cases reported to UCHL over a six-month period – but with marked improvements in the child protection response. During this second review period, November 2018 to June 2019, there were 240 cases, which represents an increase⁵ from the earlier period of 184 cases reported January to July 2018. The age of the survivors was virtually the same across both periods, with nearly half of the victims age 13 and below across each period– see diagrams below, comparing the ages of the survivors.



Access to HIV Testing and Health Services

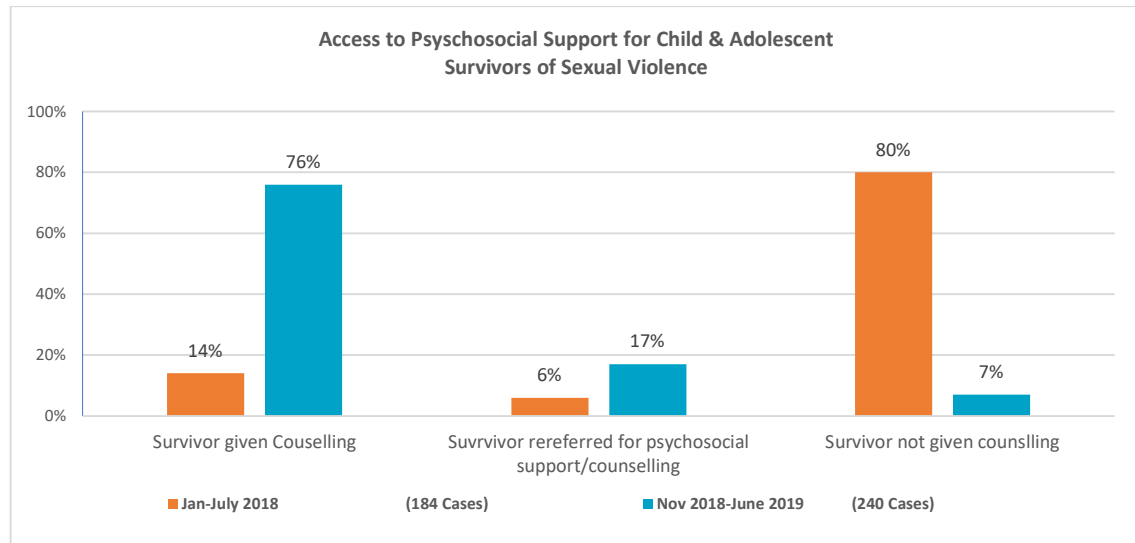
Comparing both periods, there were significant improvements in referrals and access to care for child and adolescent survivors of sexual violence. Referrals increased from 28% to 75%, access to HIV testing increased from 17% to 58%, access to post-exposure prophylaxis (PEP) increased from 35% to 49% and access to medical care increased from 37% to 70%. In addition, there was an increase in the percentage of alleged perpetrators being tested from 3% to 5%. See chart below.



⁵ While there is no scientific data to explain what may have contributed to the increase in the number of reported cases, it is worth noting that there was more attention on violence against children (VAC) in the media and among local leaders due to the dissemination of the National VAC Survey results. In addition, many of the actors engaged during the first review cited efforts to improve the response on reported cases, efforts that may have inspired greater confidence in the child protection system.

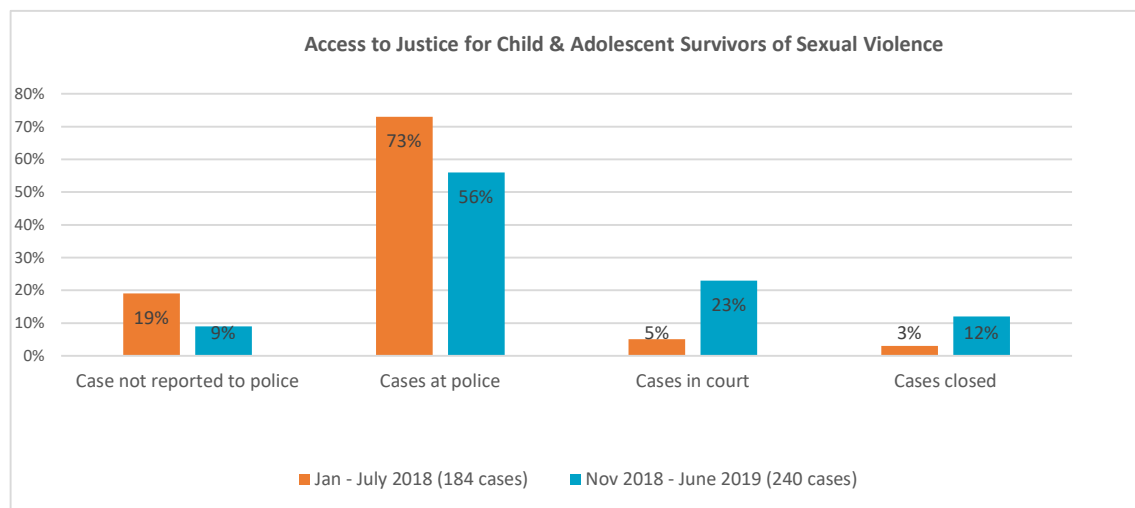
Access to Psychosocial Support

There were also notable improvements in psychosocial support (PSS) services, with 76% of survivors receiving counseling and 17% receiving referrals, an improvement from 14% and 6% respectively. Access to psychosocial support for survivors increased across both periods from 24% to 76%, together with increased referrals from 6% to 17%.



Access to Justice

Despite challenges in apprehending the alleged perpetrator, there were improvements in the handling of cases across both periods with more cases reported to police from 81% to 91%, fewer cases getting stalled at police level from 73% to 56%, more cases progressing to court from 5% to 23% and reaching closure from 3% to 12%.



Influencing the Donor Investments

Just as the data from the review process helped the GoU to address critical gaps in the child protection response - supporting more survivors to access the services and support they needed. The results of putting the data into action - improvements in the child protection response - also helped 4Children to advocate for increased attention and investment in SSW strengthening. While this type of influence was not envisioned during the design of the project, the team did recognize the opportunity for thought leadership and invested significant time and effort in preparing technical briefs, presentations at numerous meetings and workshops, and engaged with key stakeholders one-on-one, including USAID, UNICEF, and several national and international NGOs. For example, during the COP 19 Planning Process held in South Africa, CRS highlighted the data from UCHL to signal the current and potential gains from working with the SSW to achieve the HIV case finding goals, priorities for index testing and assisted partner notification (APN). While child protection system strengthening was not including in the initial priorities for Uganda, by the end of the planning retreat, it was included among the priorities. In addition, CRS was granted a one-year costed extension of the 4Children Project in Uganda with a budget of nearly \$800,000 USD to continue to adapt the approach of using data to engage and support the SSW to improve the child protection response.

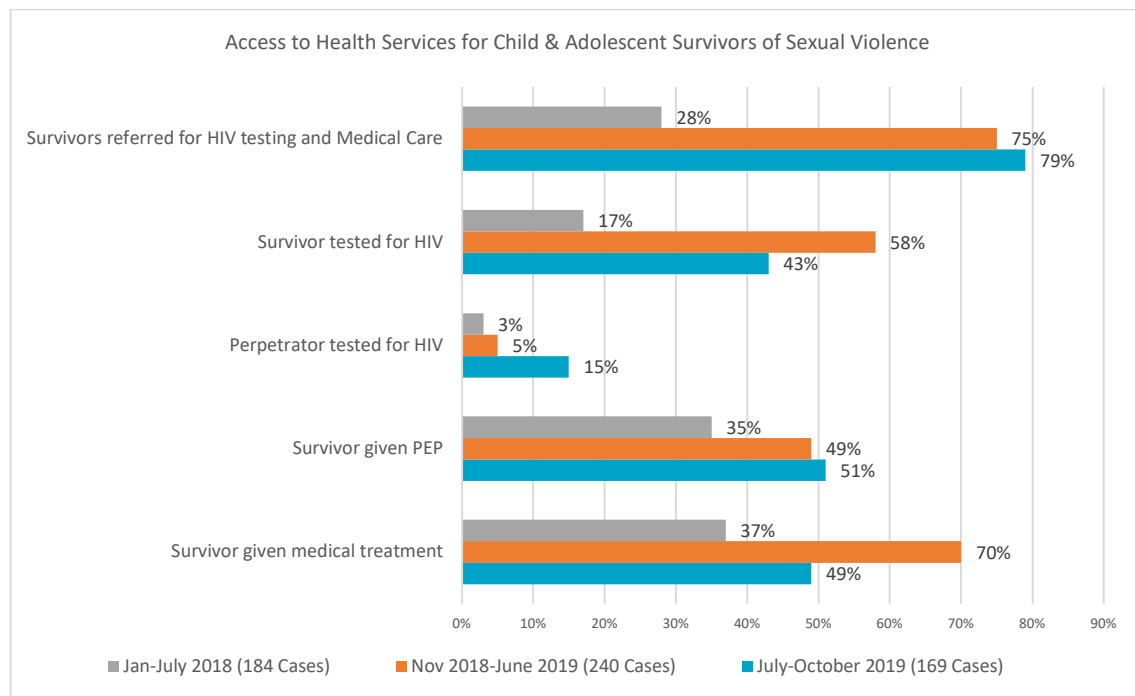


Direct Funding from Uganda Ministry of Finance

While CRS was actively sharing the data/results to support more attention and support for child protection system strengthening, the MGLSD, was also using the data to advocate for funding from the Uganda Ministry of Finance, Planning and Economic Development (MoFPED). Prior to this data review, UCHL was entirely funded by external donors, namely UNICEF and national NGOs. However, with the results from the data reviews, MGLSD was able make the case for government investment in the SSW and secured GoU funding, UGX 30 million (approximately \$10,000) to support the operation of the Helpline. While not part of the original design of the project, this outcome signals further progress in supporting local leadership for child protection system strengthening.

Sustained Local Leadership and Commitment

With a one-year extension of the 4Children Project and plans to engage the district local governments in a similar process, CRS was able to support a third data review at UCHL. Again, following the same methodology, focusing only on sexual violence cases reported into UCHL during the most recent a six-month period – in this instance July to October 2019, but this time with almost no engagement or support from 4Children in the preceding period. The findings reveal further improvements in referrals for HIV testing and medical care, access to PEP, and testing of alleged perpetrators. While there were declines in access to medical treatment and survivors accessing HIV testing services, some of which are related to the historical nature of some of the cases reported, the findings largely suggest that the [UCHL staff and leadership are largely sustaining the performance improvements linked to the initial data review and analysis](#). The findings further reveal the importance of sustained data use to monitor and support the child protection response – ensuring that the SSW are linking child and adolescent survivors to the services and support they need.



Reflections on the Approach

Data Analysis & Reflection as a Catalyst for Improved Performance

According to the staff at UCHL, the improvements in performance were in large part due to the data review and analysis that helped the team to recognize that they were not giving sufficient attention to the survivors' needs. Beginning with the first review in August 2018, the staff reported that they gained new perspective and were challenged to think deeply about how they could adjust their day-to-day work to strengthen case management and find practical solutions to help survivors access services and support without additional funding, such as prioritizing cases where a child's health, well-being, or safety was at-risk so that they could provide more attention and follow-up; improving case management documentation to report access to services, and helping the callers/caregivers to understand the importance of accessing services and better advocate on behalf of the survivor.

Stages of Behavior Change Communication to Guide Implementation

While the 4Children project did not have an overt behavior change communication (BCC) orientation, many of the steps that the team followed were aligned to the ‘stages of behavior change’, i.e. seeking to move from a stage of being unaware to being aware, concerned, and motivated to change. See summary table below.

Stages in Behavior Change:	Key Actions Implemented
Unaware	→ Conduct Case Management Data Review to better understand the existing child protection response.
Aware	→
Concerned	→ Package the findings, together with compelling quotes/case stories to facilitate discussion and analysis, and to inspire a caring response.
Knowledgeable	→
Motivated to Change	→ Support staff reflection and experience sharing to bring attention to practical and feasible solutions.

The language and strategic steps adopted by the team with UCHL and more broadly with other sectors in the child protection sector are closely aligned with BCC. For instance, as the technical staff prepared for the first data review meeting, they regularly used the analogy of ‘engaging hearts and minds’ on the issue. They were strategic in setting aside time for discussing some of the most compelling cases in small groups with the goal of inspiring a caring response. (4Children was aware of the tremendous challenges faced by the SSW with insufficient funding, training, and support to carry out their day-to-day child protection responsibilities and wanted to begin to address some of the burnout that could also be affecting the response.) Finally, the team sought to demonstrate that UCHL had resources internally and externally that they could leverage in support of vulnerable children and adolescents.

Using data to open a dialogue with government, development partners, and implementing partners, the 4Children project thus helped to facilitate a process of reflection, priority setting, workforce engagement, and performance improvement which contributed to significant improvements in the child protection response.

Trusted Partner and Champion

During the implementation of the overall project, 4Children worked hard to develop a positive working relationship with government and other key stakeholders in the sector. This required a significant investment in time due to the volume of meetings, and communications (telephone, email, and social media) needed across so many levels of the government bureaucracy and so many different agencies working to strengthen the child protection response. With this, the team was also deliberate in reinforcing the project’s support for government leadership with common refrains in meetings such as “we stand behind the GoU”, and “we want to help the government to shine”. Similarly, in securing a branding exemption on key project deliverables, CRS sought to support full ownership by MGLSD and better position government to continue to build upon these investments beyond the life of the project.

In both words and actions, CRS modeled subsidiarity in their engagement with government. At the same time, the GoU demonstrated tremendous trust as they shared highly sensitive information on the functionality of the Child Helpline, and engaged all of the Helpline staff in this review process. It is worth noting that 4Children staff were invited to share the findings during an All-Staff Meeting at UCHL, and that the leadership fully accepted the findings and challenged the staff to improve. CRS whole-heartedly welcomed these opportunities and sought to be a mentor supporting the agency to use their power and influence to improve the child protection response, while also being a champion in the broader sector – helping stakeholders to understand the challenges that the team was facing, and seeking more coordinated efforts and support.

Embracing Thought Leadership

While seeking to answer a seemingly simple question, 4Children together with GoU highlighted a critical gap in the child protection response – a gap which may also exist in other countries. Furthermore, the results from implementing data reviews with the SSW, mobilizing other stakeholders, and catalyzing local leadership and initiative hold promise for the sector. Beyond Uganda, 4Children hopes that these experiences could support the development of a conceptual framework to guide other projects seeking to support transformational change-at scale – see Annex for an abstract developed by the team and accepted for presentation at the 2020 Social and Behavior Change Communication (SBCC) Summit.

Conclusion

On several occasions, USAID has invited the project to share ‘the magic bullet’ that enabled the government SSW to improve linkages and referrals from 28% to 79% and to sustain those gains without additional support or investments from the project. This brief sought to unpack some of the ‘magic’ by suggesting a multi-faceted set of variables within the agency, between the agency and partners, and the conditions that could catalyze local leadership and action. Within the agency, this included space for bold leadership whereby the field-based teams are empowered to seek new solutions and approaches in the implementation of programs. Between the agency and partners, this included using data to guide dialogue and reflection in a supportive manner – creating a safe space to engage ‘hearts and minds’ to inspire a caring response that is practical, feasible, and immediately implementable. Finally, this included supporting an enabling environment whereby partners understand that they are not alone, that they have resources and support to draw upon, and partners who will encourage and assist them along their journey.

CRS Vision 2030 calls for bold and humble leadership to support transformational change-at-scale. Lessons from this experience in Uganda could help to inform possible frameworks for achieving this type of rapid progress in other projects and countries.

Annex





4Children
Coordinating Comprehensive Care for Children



Summary Achievements: 4Children Uganda System Strengthening Project

PROJECT IN BRIEF:

Purpose: Strengthen the social service workforce (SSW) to meet the needs of children affected by HIV and other adversities

Location: Nation-wide, with targeted technical assistance provided to 24 districts with the highest rates of child marriage and teenage pregnancy.

Implementing Partner Organizations: Catholic Relief Services (CRS), IntraHealth, Maestral International, Makerere University School of Social Work and Social Administration, National Association for Social Workers of Uganda (NASWU), DataCare

Budget: \$4,682,539 million USD

Period: June 2017 through September 2020

Government Counterparts: Ministry of Gender Labour and Social Development (MGLSD), District Local Government Community-based Services Department (CBSD), particularly Probation & Social Welfare Officers (PSWOs) and Community Development Officers (CDOs).

Contact: Michelle Ell, 4Children Uganda Project Director
michelle.ell@crs.org



Key Progress Achieved: (Updated January 2020)

- Assisted MGLSD to standardize the case management approach and tools and roll-out the new package to reach 71 implementing partners covering 58% of all districts within six months of approval. 4Children developed a national TOT curriculum, and e-learning platform to support the roll-out.
- Supported the National Council for Higher Education to develop and launch core competencies and establish minimum standards for social work training across all higher education institutions – these standards are now part of the country's laws regulating professional training, and 7 of 18 universities have revised their curricula.
- Conducted a functional review of the social service workforce, led by MGLSD, in partnership with Ministry of Public Service, Ministry of Internal Affairs, Ministry of Local Government, and UNICEF. Within six month of this completed assessment 9 of 12 recommendations are in-progress with support from UNICEF, EU Spotlight Initiative, and other Implementing Partners.
- Supported the Uganda Child Helpline (UCHL) to review case management data and implement key priority actions to improve the response for child and adolescent survivors of sexual violence. As a result of this intervention, referrals and linkages have improved from 28% to over 70% in four-months, with continued improvement up to 77% after one year.
- Led the development of a Social Service Workforce App to equip the SSW with the approved protection policies, guidelines, and curricula; contacts of justice, police, and other social welfare staff; and podcasts to highlight key provisions of selected national policies. MGLSD launched the App in April 2019 and led the dissemination to all appointed social welfare staff at national and district level. Google Analytics reveal over 8,585 document views, 10,725 contacts downloaded, and nearly 9,999 listens to podcasts in the first six months since the App was launched.
- Supported MGLSD to update the PSWO Handbook, which is expected to support the future induction of the workforce.
- Supported the National Association of Social Workers in Uganda (NASWU) to draft core competencies and guidelines for engagement of parasocial workers (PSWs) – they are currently under review by MGLSD with the launch anticipated in 2020.

This brief is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project and do not necessarily reflect the views of USAID or the United States Government.

Linkages to Services for Children & Adolescent Survivors of Sexual Violence: Uganda Child Helpline Data Review

Introduction

The Coordinating Comprehensive Care for Children (4Children) Uganda System Strengthen Project strengthens orphans and vulnerable children (OVC) systems across Uganda. This project supports the development and roll-out of a harmonized case management package alongside the dissemination of key child protection policies, guidelines, and strategies as part of the overarching goal of strengthening the social service workforce and improve monitoring and evaluation towards data-driven decision-making.

Background

Working in partnership with the Ministry of Gender, Labour and Social Development (MGLSD), 4Children contributes to the 95-95-95 goals, namely 95% of people living with HIV know their HIV status, 95% of people living with HIV are enrolled on ART, and 95% of people on ART are virally suppressed. Through the development of a harmonized OVC case management package that is HIV-sensitive and an accompanying training curriculum, 4Children is supporting and strengthening partnerships between government and civil society to link vulnerable children and families to the services they need. According to the Uganda Demographic Health Survey (UDHS) 2016, the percentage of the population having ever tested and received results was 83% for women and 70% for men, with great regional disparity. Additionally, there is also great regional disparity with respect to HIV prevalence and proportion of HIV testing in children born to HIV positive women.

MGLSD operates the Uganda Child Helpline (UCLH), a toll-free hotline that aims to increase reporting and response on issues of child protection, including violence against children (VAC). According to the National VAC study (2015), one in three girls (35%) and one in six boys (17%) reported experiencing sexual violence during their childhood. Of these, few report the incident, and even a much smaller number actually receive services and support. The UCLH engages professional social workers to respond to calls and refer children at risk, and in need of care to a range of service providers. However, up until recently, the Helpline did not have a mechanism to review case management data related to sexual violence to confirm that child and adolescent survivors of sexual violence were receiving the services for which they were referred.

It is well documented that sexual violence represents a significant risk for adolescent HIV infection. In this regard,

4Children provided support to the UCLH to take stock of the case management data to deepen their understanding of linkages and referrals across the referral pathway/coordination network – with particular focus on HIV.

Objectives of the data review

- Take stock of existing data to deepen understanding of referrals and linkages for survivors of sexual violence.
- Increase awareness on the important role of the social service workforce in the achievement of the 95-95-95 goals.
- Generate recommendations to support ongoing analysis of UCLH data to improve linkages to services for child and adolescent survivors of sexual violence.

Methodology

UCLH provided 4Children with an extract of their case management data on reported cases of sexual violence during the period January 1, 2018 to July 30, 2018. Great care was taken to ensure that all personal identifiers were removed to maintain and protect confidentiality. The team then used both qualitative and quantitative approaches. Deeper analysis was done for the qualitative data collected by the UCLH. In this process, defilement case stories were synthesized into themes and subthemes for the key result areas of; access to HIV testing services and medical care, barriers to accessing health care, engagement with health workers and Case management. Results were presented using frequencies, narratives and quotes. During the analysis process, a 2-day data review workshop with UCLH staff, and other officials from MGLSD and 4Children was conducted to validate the findings and provide additional insights into the data tables and charts.

Sample

A total of 184 sexual violence⁶ cases were sampled from the UCHL data set generated between January-July 2018. Of these cases, 134 had been reported to police, nine cases were in court, and six were closed. In 90 cases (49%), survivors were aged 14 to 17 years. In 48 of the cases (26%), the survivors were aged between 10 to 13 years. Survivors aged 6 to 9 years were in 9% of the cases while 13% of the cases were below the age of 6 years. The age of the survivor was not stated in 3% of the cases.

KEY RESULTS OF THE ANALYSIS

HIV TESTING AND HEALTH SERVICES

During the data analysis and review, UCHL acknowledged that less emphasis had been placed on referring and follow-up to ensure that survivors received the services for which they were referred. Furthermore, UCHL acknowledged the need for greater sensitization to ensure that cases were reported within 72 hours of the incident in order to link survivors to post-exposure prophylaxis. See summary analysis below:

- **28% of survivors were referred by UCHL for HIV testing and medical care.**
- **20% of referred survivors received HIV testing.**
- **17% of survivors were tested and received their HIV results.**
- **3% of perpetrators were tested for HIV.**
- **35% of cases at police were reported within 72 hours.**
- **36% of survivors reported within 72 hours received PEP.**
- **47% of survivors received a medical examination.**
- **37% of survivors received medical treatment.**
- **14% of survivors were given psychosocial support/counselling.**

BARRIERS IN ACCESSING HEALTH SERVICES

Key barriers to health services for survivors of sexual violence, include cost, collusion, and concealment of information. See summary data below:

- **58% of 184 survivors were required to pay for access to health services.**
- **17% of 184 survivors could not access health services due to fees.**
- **9% of 184 survivors could not receive health services due to intimidation.**
- **There was collusion in 93 of the 184 defilement cases. In 75 of the 93 cases, collusion was reported between caregiver and perpetrator, while in 18 of the 93 cases collusion was reported between police and perpetrator.**
- **There was concealment of case information in 45 of 184 defilement cases. In 20 of the 45 cases, survivors deliberately concealed case information, while in 15 of the 45 cases, caregivers concealed case information, followed by 10 of the 45 cases where information was concealed by perpetrator's workplace.**

ENGAGEMENT WITH HEALTH WORKERS

While most survivors sought medical care, the majority reported negative experiences including: fees for services, tampering with medical results, and inability to provide services due to nature of condition or absence of health workers at the health facility. Those reporting positive experiences cited free health services, access to services to enable full recovery. See summary data below:

- **75.5% of survivors sought medical care.**
- **25% of survivors had positive experiences with health workers.**
- **75% survivors had negative experiences with health workers.**

ACCESS TO JUSTICE

UCHL staff reported major challenges in the pursuit of justice due to low levels of trust in the police and court system. Attempted financial gain in cases of sexual violence were reported across a broad spectrum of actors, including police and caregivers. See summary data below:

- **In 50 of the 184 cases, the perpetrator was on the run.**
- **72% of the 50 cases had been reported to police.**
- **In 73% (134 cases), there was deliberate obstruction of justice by police.**

⁶ Sexual violence for the purposes of this data review includes all cases of defilement

- In 63% of the 134 cases, police demanded fuel from survivor to pursue the perpetrator.
- In 37% of cases, there was influence peddling of either the perpetrator or caregiver with police.
- Survivors in 60% of the 184 defilement cases trusted police and court.

CONCLUSION

While the UCHL has detailed case information for each reported case of sexual abuse, there has been limited analysis to ensure that children and adolescent survivors access the required services, particularly health and HIV prevention services. Through this data review and analysis process, UCHL staff have gained a heightened appreciation of their role in linking children to services and support – particularly in the 95-95-95 goals and have identified several recommendations to address barriers to services and ensure a stronger focus on the children and adolescents as compared to the perpetrators.

This brief is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project and do not necessarily reflect the views of USAID or the United States Government.



Uganda Child Helpline: Data into Action – Progress & Key Recommendations from the Second Data Reflective Session

Background

In August 2018, the Uganda Child Helpline embarked on a process to review case management data focused on child and adolescent survivors of sexual violence reported through the country's toll-free hotline. Working in partnership with the Ministry of Gender, Labour and Social Development (MGLSD) and the Coordinating Comprehensive Care for Children (4Children) Project, the team reviewed the cases of sexual violence (SV) reported through to UCHL during the period January 1, 2018 to July 30, 2018. Of the nearly 400 reported cases during this period, 184 involved child rape (defilement).

Summary of Key Data

Analysis of the case management data indicated that fewer than 30% of child and adolescents were referred to health and HIV services and an even smaller percentage accessed the services for which they were referred. Key barriers to health services for the 184 survivors of sexual violence cases reported into UCHL, included cost, collusion with alleged perpetrators, and concealment of information:

- **58% of survivors were required to pay for access to health services.**
- **17% of survivors could not access health services due to fees.**
- **9% of survivors could not receive health services due to intimidation.**
- **Collusion was reported in 93 of the 184 defilement cases.**
- **Concealment of case information was an issue in 45 of 184 defilement cases.**

Summary of UCHL Response

In the two months immediately following the data review, UCHL implemented a number of actions with a view to increase awareness and support staff to provide support to clients along the referral pathways.

Key Actions Implemented

- Developed a brief to summarize UCHL case management data.
- Convened an all-staff meeting at UCHL to review case management data.
- Clarified the role of UCHL staff in supporting referrals and linkages (see text box below)
- Strengthened case management practices at UCHL by focusing on client strengths and needs, empowering caregivers to play a supportive role to survivors, and increased follow-up to monitor access to services (process still ongoing).
- Organized a 2-day training/reflective session for UCHL staff on referrals and linkages for survivors.

Role of UCHL in strengthening referrals for children & adolescents:

- Receive and respond to reported cases of abuse
- Apply a process of case identification to focus on 'legitimate cases.'
- Obtain adequate case information, i.e. time & location of incident.
- Ensure links to services.
- Follow-up to ensure services received.
- Engage other partners to support referrals.

New Opportunities for Expanded Linkages & Referrals

This data-into-action process helped to uncover new opportunities for health and HIV linkages and referrals beyond those needed for survivors of sexual violence. For instance, during the data review process, and subsequent HIV information sessions, UCHL staff acknowledged that a number of other child protection cases reported through the toll-free hotline were not being effectively linked to health and HIV services. Key groups included cases of child neglect where the child or caregiver were living with HIV, as well as reported cases related to pregnant adolescents.

Due to the priority focus on health and HIV, the 4Children Project supported MGLSD and UCHL to study the criteria for enrolling children and adolescents into existing programs funded by the USAID President's Emergency Plan for AIDS Relief (see 6-factor criteria pictured left). In addition, the team reviewed the geographic coverage of the Implementing Partners supported by the United States' Government (USG)

PEPFAR funded OVC programs are prioritizing enrolment using the following 6-factor criteria:

- HIV Positive Children;
- HIV Exposed Infants (Children <24 months born to HIV Positive Mother;
- Children of HIV Positive caregivers;
- Children of Key populations especially Female Sex workers; and
- Children from families exposed to GBV; and Pregnant Adolescents.

to note opportunities for strengthening government and civil society partnerships.

Through this dialogue, UCHL gained critical information needed to facilitate and support linkages and referrals. In addition, UCHL has identified and committed to specific priority actions.

- Update UCHL referral database with USG-funded OVC partner contacts.
- Intensify community sensitization to enhance timely reporting of cases.
- Continue efforts to strengthen case management, with particular focus on case management tools.
- Continue to review and analyze UCHL case management data to monitor referrals and linkages.

Conclusion

Within the span of two months, UCHL has demonstrated a tremendous commitment and potential to strengthen referrals and linkages in line with the 95-95-95 goals. Additional case management reviews are scheduled, with support from the 4Children Project to monitor linkages and highlight additional opportunities for strengthening the referral pathway.



This presentation is made possible by the generous support of the American people through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID) under cooperative agreement AID-OAA-A-14-00061. The contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project and do not necessarily reflect the views of USAID or the United States Government.

UCHL Priority Actions

- Review UCHL case files (with 6 Factor Criteria) to identify potential referrals into the OVC program.
- Organize UCHL/Implementing Partner meeting to plan & coordinate referrals.

Abstract: The Intersection Between Social and Behavior Change Communication (SBCC) and Social Service Workforce Strengthening: Highlights from the Uganda Child Protection System Strengthening (USS) Project

Description:

The government social service workforce (SSW) in Uganda is understaffed, under-resourced and does not currently have a rigorous induction or supervision structure to orient, monitor and support staff to carry out their child protection function (Bulwani, G., and Twikirize, J. (2019). These constraints are particularly alarming in a context where one in three girls, and one in six boys experience sexual violence (UNICEF, 2015). In sum, the workforce with the child protection mandate does not appear to have all of the required knowledge, skills and practices to lead an effective response. With constraints in the human resource structure of the SSW, partners seeking to support government-led efforts to improve child protection could borrow from the methods frequently deployed in SBCC. Key lessons from a major USAID-funded child protection system strengthening project, indicate that elements of SBCC appear to have contributed to critical improvements in services and support for child and adolescent survivors of sexual violence.

Results:

The process of engaging Case Workers from the national toll-free Child Helpline in case management data reviews to strengthen access to services and support, while not specifically designed as an SBCC intervention, included critical elements of a typical SBCC framework. This included: deliberate efforts to present data and review actual case stories with a view to 'get people to care' [**communication for behavior change**], to help Case Workers recognize their critical role in helping survivors of sexual violence to access services and support [**opportunity**], while championing key priority actions that Case Workers could adopt [**motivation**] to support survivors of abuse without additional funding or resources. The results from subsequent case reviews revealed increased referrals and access to services from 28% (Jan-July 2018) to 75% between (Nov 2018-June 2019) for sexual violence cases reported to the Helpline. Similarly, survivor testing for HIV increased from 17% to 58%, and access to post-exposure prophylaxis to prevent HIV infection increased from 35% to 39% during this the same period of analysis.

Implications

The improved referrals and linkages to services for child and adolescent survivors of sexual violence reported to the Uganda Child Helpline, are a consequence of changes in attitudes, behaviors and practices by Helpline Case Workers. Whereas fully functional protection systems have mechanisms to ensure accountability for performance, thus driving key system improvements like this with strategic human resource solutions, less resourced systems – often seen in developing countries, may have to rely on other methods for improving performance. The case of Uganda Child Helpline suggests that the use of data together with SBCC methods can help to strengthen performance and increase the functionality of the overall child protection system.

