IMPROVING SERVICES FOR ORPHANS AND VULNERABLE CHILDREN IN UGANDA

What is USAID ASSIST?

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is a five-year project with financial support from the United States Agency for International Development (USAID) dedicated to improving health, population, and nutrition services through technical support to government institutions, including the Ministry of Health and the Ministry of Gender, Labour and Social Development (MGLSD), and other implementing partners.

USAID ASSIST’s focus is on building the capacity of civil society organizations (CSOs) to apply national OVC standards and tools for identification, selection, care, follow-up and referral of vulnerable children at service delivery level and to support the MGLSD to coordinate and institutionalize quality improvement efforts in the sector.

In June 2013, the MGLSD formed a network of 10 CSOs supported by OVC partners Sustainable Comprehensive Responses for Vulnerable Children and their Households (SCORE) and Inter-Religious Council of Uganda (IRCU) in the four districts of Mukono, Amuru, Rukungiri and Busia to being the improvement work. The CSOs identified and prioritized gaps in OVC service delivery and set out to work on closing the gaps.

Through the collaboration with OVC partners, the MGLSD and USAID ASSIST will document a package of best practices learned on improving quality of services for vulnerable children and support the OVC implementing partners to spread the lessons learned to more sites.

How USAID ASSIST Works With Government and Civil Society to Improve Care for Vulnerable Children

USAID ASSIST is pursuing three main objectives related to care for orphans and vulnerable children (OVC) in Uganda:

1. Improve the quality of services for vulnerable children and families.
2. Provide support the MGLSD and partners to apply improvement methods to assure the quality of services received by every vulnerable child in Uganda.
3. Build the capacity of the MGLSD to provide a coordinated approach to improving the quality of services for vulnerable children and their caregivers.

To achieve the above objectives, USAID ASSIST works with existing structures at all levels to build their capacity and support them to incorporate new skills to improve service delivery.

At the national level: USAID ASSIST works with the MGLSD to build the capacity of the OVC National Implementation Unit (NIU) to coordinate and institutionalize quality improvement in OVC service delivery. A team of technical staff at the Department of Children Affairs has been trained as coaches for quality improvement (QI), and they participate in coaching sessions at the different service delivery levels. Together with the MGLSD and OVC partners, USAID ASSIST facilitated the development of the OVC quality improvement framework which describes the implementation of quality improvement for the OVC sector. Self-assessment tools were developed to support service providers to assess, monitor and improve compliance with MGLSD OVC quality standards.

At the district level: In the selected four districts, key OVC technical staff have been engaged in joint QI activities in the district, including coaching and peer-to-peer learning sessions. The role of the district is to provide stewardship for the improvement work through the District OVC Coordination Committees and ensure coordinated services, resource mobilization and availability of updated data on vulnerable children in the district.

At the sub-county level: In the selected 11 sub-counties, community development officers have been engaged to organize communities to participate in identification and management of vulnerable children. Each sub-county has formed at least two village committees, which the community development officer supports to improve services for vulnerable children. The sub-county structures utilize data from the communities to mobilize resources from existing community-based organizations to support the identified vulnerable children.

JUNE 2014

This short report was prepared by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project which is supported by the American people through the United States Agency for International Development (USAID). USAID ASSIST’s support for vulnerable children programs in Uganda is funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). The USAID ASSIST Project is managed by University Research Co., LLC (URC) under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC’s global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Institute for Healthcare Improvement; Initiatives Inc.; Johns Hopkins University Center for Communication Programs; and Women Influencing Health Education and Rule of Law, LLC. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or email assist-info@urc-chs.com.
Resource mobilization for OVC response at the sub-county level

At the sub-county, resources are mobilized and decisions are made on how to allocate resources to respond to needs of the identified vulnerable children in the communities. In Nakisunga sub-county, 84 registered vulnerable children received education scholarships, and all the children are supported within their communities. Seven farmer groups comprising a total of 70 households were formed to support vulnerable households to work together to access government services through the National Agricultural Advisory Services and improve household incomes. Four children were re-integrated with families after rehabilitation at the Naguru remand homes.

In Naama sub-county, the community development officer worked with the CBO Children of Uganda to train the identified vulnerable household heads in the Village Savings and Loan Association methodology; two groups comprising 41 vulnerable households started saving. So far, 14 households have accessed loans to start up income-generating activities. Twenty-two vulnerable children were linked to education scholarships, and all children who were found to be out of school have been supported to re-enroll in school. Three vulnerable households have been provided with coffee seedlings to improve their household incomes.

At the village level: Support is provided to organize communities to respond and be in charge of their vulnerable children. In the communities with the child protection committees, vulnerable children have been identified, presented to the community for vetting and recognition and provided with services to meet their priority needs. The work at the village level is providing lessons on how to support committees to manage and improve the lives of vulnerable children and households.

At the CSO level: Ten CSOs are supported to identify and address priority gaps in service provision. CSO teams prioritized the areas for improvement as economic strengthening, education, health, psychosocial support, food security and child protection. All the CSOs are working on improving economic status of vulnerable households through saving and income-generating activities; they expect these efforts will be reflected in improvement of vulnerable children’s school attendance since families will be able to support school fees.

On a monthly basis, a team of QI coaches from MGLSD, USAID ASSIST and the district engage the CSO teams through a process known as coaching to build their capacity to identify quality gaps, analyze the problems, and develop possible solutions to bridge the gaps for the selected indicators. CSOs have been supported to collect and use data for improvement of key indicators using existing household groups. All these efforts are geared towards improving the quality of services for vulnerable children and their households. Quarterly, the teams converge to learn, share and spread best practices for improving quality of services for the vulnerable children.

Improving well-being of HIV-positive beneficiaries

Rukungiri District Farmers Association (RUDFA), a SCORE-supported CSO, prioritized improving the clinical well-being of their HIV-positive beneficiaries. Although all their beneficiaries were enrolled in HIV care and support, RUDFA reported that many of their beneficiaries were not doing well and so wanted to improve their well-being. The team was oriented on how they could measure the well-being of their beneficiaries: 1) functional status working/active (adults) or playing for children, 2) stable or increasing weight, and 3) no new infections. The home visit tools were revised to provide information on these three factors. The social workers were assigned beneficiaries to ensure they visited all of them at least once a month, supported them to meet their health goals and collected information on their well-being. In July 2013, only 3 of 21 (14%) had attained the expected health outcomes, and among those with poor outcomes, poor nutrition was identified as the underlying factor. The beneficiaries were supported through a nutrition dialogue focusing on the essential components and frequency of their meals. Cooking demonstrations were conducted at their homes to teach them how to prepare meals. About half of the beneficiaries did not have any source of vegetables, so they were provided with seeds and supported to set up vegetable gardens in their homes. By January 2014, 92% (21/24) HIV-positive beneficiaries had attained the expected health outcomes. The CSO team used lessons learned to improve health outcomes of 48 other HIV-positive beneficiaries, improving from 56% (January 2014) to 94% (May 2014).

How village child protection committees are improving school enrolment

In August 2013, two villages in Rukungiri District formed child protection committees that identified and registered vulnerable children in their communities. Rushaya CBO registered 100 children, including 20 that were out of school, while Ruyayo CBO registered 38 children, 26 of whom were out of school. In an effort to get the vulnerable children in school, the committees identified a nearby school in which the children could be enrolled.

The head teacher at Kafuka primary school reported that there was a lower than expected enrollment in the school. The community found out that one of the reasons families did not enrol their children in the school was because it was inaccessible due to bad roads. The committee organized with the community to clear the roads, and the sub-county provided culverts to improve water drainage. At the start of the 3rd term, Rushaya succeeded in enrolling 12 out of the 20 children who were not in school; Ruyayo enrolled 9 out of the 26 out of school, and 10 children who were in another far school transferred back to Kafuka primary school. The committees are currently working on ensuring those in school attend regularly.