CASE STUDY

# The role of Village Child Protection Committees to support vulnerable children with social services: A story from Katuba Village, Uganda


**Summary**

In Katuba village, a village child protection committee was formed to support vulnerable children in the community (mainly those affected and infected with HIV) to access social services. The village child protection committee and the Community Development Officer supported the identification of vulnerable children with HIV and linked them to care. Their caregivers formed a village savings and loan association through which they saved and started up an income-generating activity which has enabled them to support their children to stay in school and maintain income at the household level.


## Introduction

HIV and AIDS is still endemic in Uganda. The two rounds of AIDS Indicator Survey show that HIV prevalence in the general population increased from 6.4% in 2004 to 7.4% in 2012. In Mukono District, the HIV prevalence rate is 7.3%, with HIV rates as high as 22% in areas around Lake Victoria.

In April 2013, USAID ASSIST and the Ministry of Gender, Labour and Social Development (MGLSD) selected Katuba Village in Mukono District as one of the 79 villages across four districts that would serve as demonstration sites to improve access to services for vulnerable children through the formation and actions of village child protection committees (VCPCs), made up of resourceful persons who work together to ensure protection and wellbeing of vulnerable children in their communities.

**Achievements of the Katuba VCPC**

**5** HIV-positive children were identified in the community and linked to care and treatment

**30** vulnerable children stayed in school with scholastic materials and other needs

**10** children received scholarships to cater for their education

**88%** of vulnerable children in the village were linked to social services

The communities implemented various activities including:

- Identifying HIV-positive vulnerable children in the community and linking them to care
- Supporting HIV-positive caregivers to start up group income-generating activities to raise funds to meet their children's needs
- Formalizing caregivers' group activities through registration at the sub-county level in order to access additional support from community-based organizations and implementing partners.

## Formation of the Katuba Village Child Protection Committee

The Community Development Officer (CDO) and parish chief worked with the Katuba village local council to organize the existing community resource persons who include: Village Health Team (VHT) members, religious leaders, and local council officials in charge of children affairs who were organized into one representative committee that would be responsible for children affairs in the village. The CDO oriented


**JUNE 2016**

This case study was authored by Esther Nassali, Juliana Nabwire, Esther Karamagi, and Mirwais Rahimzai of University Research Co., LLC (URC) and Nsangi Immaculate of Mukono district local government. It was prepared by the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, made possible by the generous support of the American people and with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The authors would like to acknowledge Ms. Jane Nabawanuka from Kaluba Village savings and loans association for sharing her story and Ms. Jacqueline Calnan of USAID for reviewing the case study as well as Sustainable Comprehensive Response for Vulnerable Children and their Families (SCORE), Uganda Private Health Support (UPHS) program, and Mukono district local government community development department. The USAID ASSIST Project is managed by 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 T. H. Chan School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER, LLC. For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or send an e-mail to assist-info@urc-chs.com.

the newly selected VCPC members on their roles. The committee held its first meeting in October 2014 and now holds bi-weekly meetings at the local vice chairman's residence.

## Improving Support of Vulnerable Children Living with HIV

The Katuba VCPC worked with their sub-county CDO to first analyze the issues facing vulnerable children in their village. The committee found out that many of the vulnerable children came from homes affected by HIV and AIDS, experienced high levels of poverty with unemployed caregivers, and were exposed to sexual abuse. Identified HIV-positive children were linked to HIV care, and those who are already accessing HIV care were provided with psychosocial support to enable them to adhere well to treatment.

Other challenges included school drop-out rates and irregular school attendance because caregivers were not able to pay the school administrative charges along with lunch and scholastic materials. The children whose caregivers were employed in horticulture farms were often left unsupervised and therefore exposed to sexual abuse. Local leaders in the village felt that the situation was complex, especially with little to no action taken when cases of abuse and neglect were reported.

## Changes Tested by the Katuba VCPC

### 1. Formation of the Village Savings and Loan Association group

In April 2014, the VCPC supported and empowered caregivers to form a village savings and loan association group (VSLA). Twelve out of 30 caregivers registered were able to form a saving group. The caregivers selected one of their homes where they meet on a weekly basis, selected leadership, and agreed to save a minimum of 1,000 UG Shillings on a weekly basis. The caregivers set out major goals for their group, such as setting up a joint economic strengthening project and providing interest-free loans to buy scholastic materials for children of school-going age. The 12 caregivers in the VSLA started saving in April 2014 with each individual contributing 3,000 UG Shillings. By the end of the first month, the group had accumulated 120,000 UG Shillings. By February 2015, seven registered caregivers were able to access interest-free loans from the VSLA group. As a result, thirty vulnerable children, whose caregivers were registered in the VSLA, were kept in school with scholastic materials and funds for lunch, uniforms, and administrative costs.

### 2. Identification of HIV-positive children

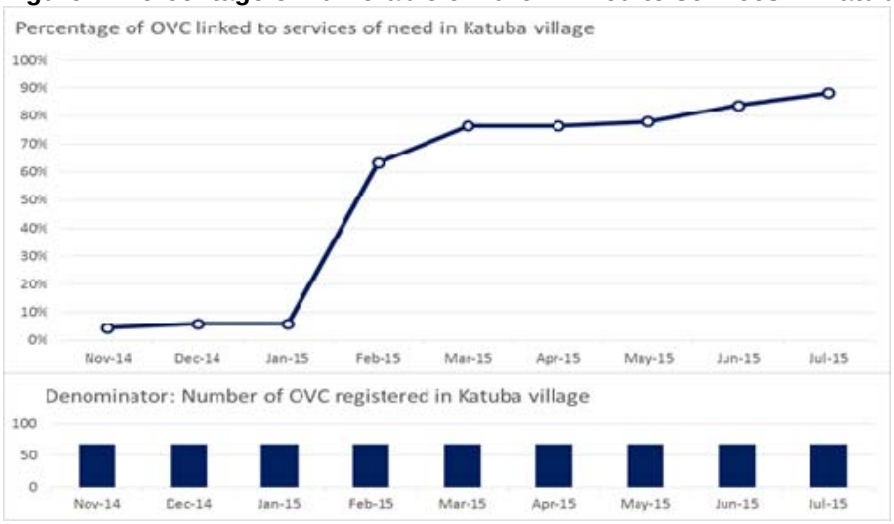
The Katuba VCPC members identified five HIV-positive children living in two households after they had lost their parents to HIV. The children were enrolled into HIV care at a health facility. The VCPC members engaged relatives to take them up after the death of their parents. The VCPC followed up with the children on a biweekly basis to ensure that they keep their appointment dates and adhere to their treatment.

In addition, the VCPC successfully advocated for further support of vulnerable children from the sub-county and community-based organizations. Ten children received scholarships, seven children received textbooks, and the committee also provided psychosocial support to children infected and affected by HIV. By July 2015, the VCPC had been successful in linking 60 registered vulnerable children to services such as scholarship opportunities and psychosocial support counselling, among others. Children's regular school attendance also improved from 52% (30/57) previously reported at the baseline to 100% (57/57).

## Results

As a result of the efforts of VLSA, thirty vulnerable children whose caregivers are registered in the village saving group were able to access scholastic materials, regularly attend school and have at least three meals a day. In addition, another 25 children, whose caregivers were not registered in the VLSA, were also able to benefit and accessed services through advocacy for vulnerable children with community-based organizations. Five HIV-positive children were identified and enrolled into HIV care. In total by July 2015, 88% (60/68) vulnerable children had accessed critical services such as scholastic materials, education scholarships, and psychosocial support counselling, and all were regularly attending school (see **Figure 1**).

**Figure 1: Percentage of vulnerable children linked to services in Katuba Village**




## Way Forward

The Katuba VCPC intends to continue identifying more HIV-positive vulnerable children in the community and enroll them at the health facility for care and treatment. Basing on their successful experience, the Katuba VCPC has made a one-year plan to include more community members to constitute a group of at least 30 members who will be provided with a minimum of two birds to start up an individual poultry farm. It is expected that within that period, caregivers would have acquired skills of caring for the birds and capital will have accumulated to buy more birds. The caregivers will produce and market their poultry products as a group, with each farm contributing and sharing the proceeds thereafter.

**Experience from one beneficiary:**

"I am hopeful life will be much better now that I can afford to pay for my sick child's medical needs."

Asked about her experience joining the Katuba village savings group, this 48-year-old mother was widowed due to HIV since 2008 and struggled to provide for the basic needs of her six children. To provide for her children's education, food, and medical care; she set up a small roadside stall next to her home, where she sells fresh vegetables. As a member of the VSLA, she got a loan of 100,000 UG Shillings to increase the stock of products at her stall to earn more money. With increased earnings, she has been able to pay for her children's' needs, including taking one of them to the national referral hospital for HIV care and cardiac specialist services.

## Conclusion

The Katuba VCPC's adoption of quality improvement approaches led to the successful identification and linkage of five HIV-positive children to care and treatment and improved the support of vulnerable children in the village, not only in terms of economic empowerment of their households but also in retaining 40 vulnerable children in school. The Katuba improvement model can be sustainably scaled to communities struggling to care for orphans and vulnerable children in other parts of the country.

This study is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents of this study are the sole responsibility of University Research Co., LLC and do not necessarily reflect the views of USAID or the United States Government.

**USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project**

University Research Co., LLC
Uganda: Plot 40 Ntinda II Road, Kampala