



Innovations in Systems Strengthening at Community Level: The Case Management Model

Since 2008, the Bantwana Initiative of World Education has helped district government and communities to improve vulnerable children and families' access to comprehensive services in Western and East Central Uganda. In the West, Bantwana has improved children's agency to protect themselves and each other from abuse, improved household capacity to provide for the basic needs of their children, and strengthened linkages between community and district service providers to improve families' access to critical services. In East Central Uganda, under two PEPFAR/USAID-supported initiatives¹, Bantwana has helped district structures improve service delivery and coordination and facilitated development of an integrated referral system and community mapping process to improve service access for the most urgent cases. Despite significant progress, coordination mechanisms at the community level are weak and uncoordinated, which continues to hamper identification, follow-up and closure of the most urgent cases.

Bantwana's **Community-based Case Management** model is an innovative, cost effective approach designed to ensure that highly vulnerable children in Uganda receive the urgent care and support they need in their own communities. Bantwana developed and tested the case management model under the PEPFAR/USAID-supported *Children First* program in Zimbabwe. The case management model builds on the culture of care inherent in Ugandan society and centers on trained, community-based volunteers or **Case Care Workers (CCWs)** ensure that children and families receive the urgent care they need. These include children in child-headed households, children who are out of school, children in need of HIV-related services, disabled children, and those affected by violence or exploitation.

Case Care Workers are part of broader community-level **Child Protection Committees** that operate under the leadership of Local Councils and link directly to district officials through monthly meetings and consultations on child protection cases. The model improves coordination between the entire system of providers (government, education, health, NGOs, community volunteers, and structures) and improves providers' capacity to provide children and families with urgent services.

In March 2014, Bantwana began to pilot the Case Management model across five overlapping program districts in East Central Uganda². Prior to the Case Management pilot's launch, Bantwana conducted a two-day meeting with 20 district stakeholders³ in Namutumba district, the inaugural launch site, to ensure that the approach reflected the local context and was built on existing efforts and mechanisms at community through district level. The group reviewed basic definitions of child protection; identified examples of Uganda's various child protection referral pathways ("road maps"), using real cases to understand how children are identified; the systems they interact with (government, education, health, juvenile justice); the actors involved (families, teachers, principals, health workers, police); what happens to the child during the referral process; and how

Bantwana's Innovations in Case Management

Train Case Care Workers (CCWs) in case documentation to improve monitoring, tracking, coordination and closing of cases and to enable CCWs to manage their cases more effectively.

Place Case Care Workers (CCWs) on Child Protection Committees (CPCS) and link community-based CPCs directly to district systems through monthly case conferencing meetings with child protection officers.

Co-locate trained Interns in Community Development Office (CDOs) to address chronic understaffing of district offices and build a trained cadre of youth committed and able to support community-level child protection efforts.

¹ Under the Strengthening TB HIV & AIDS Responses in East Central Uganda (STAR-EC program), Bantwana expands comprehensive service delivery for highly vulnerable children and families through the development of an integrated health and social service delivery system and household mapping process to identify communities' most vulnerable families. As a Technical Service Organization (TSO) under the SUNRISE program, Bantwana builds the capacity of districts to provide child protection services and effectively coordinate social service and health referrals as part of a comprehensive service delivery system.

² These include Namutumba, Bugiri, Iganga, Mayuge, Kamuli

³ These included district officials, probation officers, community volunteers, village health workers, school teachers, clinic staff.

cases are followed up. The group also identified how they could leverage and coordinate existing community structures like Local Councils, Child Protection Committees, and community volunteers and how to link those structures to Community Development Officers (CDOs) at subcounty and district level through OVC Coordination meetings (SOVCCs; DOVCCs).

Following rigorous discussion and debate, the Namutumba group agreed to test the following approach:

1. Train a specific cadre of community volunteers - Case Care Workers (CCWs) - as frontline child protection responders at the village level.

Bantwana will draw CCWs from existing volunteer cadres⁴ and other adults committed to children's safety and rigorously train them in the basics of case management, including: principles of child protection, case identification and categorization, referral, follow-up, and case conferencing.

2. Assign CCWs primary responsibility for opening, documenting, following up and closing child protection cases; and on-referring to broader service providers (health, education, nutrition) as needed.

The CCW becomes the focal point for child protection and draws on support from other CPC members (see below) for support with decision-making, referrals, and follow-up.

3. Include CCWs as part of Child Protection Committees (CPCs) established from community through district structures.

Any CPC member can call a meeting when cases are identified and will determine a course of action with CCWs. To reduce the burden of an already overstretched social welfare staff at district level, the CPCs will aim to 'close' as many cases as possible at the village level but will jointly determine when cases need district involvement.

4. Provide ongoing support supervision to CCWs to build capacity and strengthen linkages between communities and district structures.

During the pilot phase, Bantwana and CDOs will jointly provide support supervision to CCWs. CCWs will meet monthly to review open cases and to document the types of cases being referred, the actions taken, and the services received. CCWs will also track and monitor cases and regularly share their findings with government, communities, and districts through established meetings and community events. Data will be used to better understand the types and incidence of child protection issues, to advocate for increased resources and—if the model is effective—for national scale-up in Uganda.

"Bantwana's Interns have made all the difference to following up on cases. These young people are dedicated, hardworking, and committed... I now feel that I have the resources to do my work[...]"
- CDO, Namutumba District, Uganda



Uganda Country Director Susan Kajura and Community Development Officers (CDOs) partnering with Bantwana on the case management initiative in Iganga district

⁴ These could include volunteers trained in parasocial work, village health teams, etc.

Learn more. Visit www.Bantwana.org.

