

Community Based Initiatives:
***Building capacity of community groups and
families in care and protection of children***

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Washington, DC
29th April, 2014

Case Example 1: Establishing CP service delivery structures in a stateless country - Somalia

Context 2007 - 2011

Active conflict; widespread civil disorder; inexistent social service delivery structures; gross rights violations on children and women; a very strong closely knitted & influential clan system; human resource flight and dismal presence of international NGOs.

Our Task

Identify and build capacity of 12 grassroots organisations and women groups to deliver basic psychosocial support and child protection care to children and women.

The Intervention

Community mapping of individuals, associations and/or informal groups involved in child care. Criteria included; empathy; willingness to help; volunteerism; basic education not essential, understands local context and language.

The approach

- Selected over 20 individuals that had been recommended by communities and vetted during the mapping as credible.
- While close to 50 trainees affiliated to community self-help groups; local CBOs were selected for training.
- All 70 were brought to Uganda for an intensive 3 week field based foundational course in psychosocial support and child protection.
- From this group we selected 32 that were capable of training others as community facilitators; possessed leadership skills able to manage local CBOs and those with potential as child carers.
- Minimum criteria; completion of O' levels secondary school; basic English; can read and write.

- The 32 were further trained as trainers, 8 dropped out of the course and 30 were retained as care givers.
- These were then attached to local CBOs, and where CBOs did not exist, encouraged to come together and form one.
- In all we ended up with 12 CBOs that were formally incorporated and to whom we extended sub-grants ranging from \$25,000 – 50,000 from UNICEF.
- Sub-granting included project administration and financial capacity building support. We moved out after 5 years and to date 8 of these CBOs have registered as NGOs and diversified their funding sources.

Curricula and Training materials used

Non – accredited Psychosocial and Child protection training materials adapted from the Ugandan context.

Case Example 2: Harnessing community potential for self help: Karamoja, Uganda

Context: 2009 –to date

Semi-arid; nomadic pastoralists; hard to fill staff location; 2 Doctors and 3 Social Workers for over 30,000 people; widespread harmful traditional practices; a handful of NGOs

Our Task

Building on our Somalia experience, establish a community driven child protection mechanism. Building capacity of para social workers and supporting them to form CBOs.

Curricula used:

An accredited university certificate. The Overseas Distance Learning Certificate in Community Based Work with Children and Youth is offered by REPSSI and the University of Kwazulu Natal, South Africa

Community child care givers meet regularly to review their work plans



**Francis an ODL alumni now works at Amudat hospital
he had this to say about the ODL course**

*“first of all I never had an opportunity for an education.
The knowledge gained from the course enabled me
to get the job at the hospital as a child care giver in
the social services department.*

*Now I also do community health education,
communicate with the children and parents who
come to the hospital about parenting skills and care
for OVC. I also raise awareness on the needs of
children.*

Elders and clan leaders are involved in selection of trainees



A CBO formed bottom-up

After the ODL course, Rodah teamed up with 4 other alumni and formed a women's NGO Maendeleo Womens Group in kKaramoja;

She had this to say about the course:

"I only possessed a secondary level education but had always wanted to help children in my community. This course gave me the opportunity to do that. After the course we formed our own CBO which TPO helped us to register. We now have a constitution, we opened up a bank account and manage small grants from TPO, ZOA, many agencies now come to us for community work"

A cascading and multi-tiered approach to skilling the social service workforce in child protection

- TPO Uganda and the CPC Network, led an interagency process of developing a professional child protection course unit.
- This 3 year process drew participation from academia, practitioners and government policy makers.
- A prototype child protection course unit was developed and accredited by the Ministry of Gender and 3 public universities.
- This course unit was then split into 3 levels all targeting specific student populations

Cont'd

- Integrated the course unit as an elective into a Social Work Degree program targeting entry level social work students.
 - Integrated the course unit as an elective for the masters degree in Social Sector Planning and Management Course.
 - Developed an in-service training Practice oriented Professional Certificate course.
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- The first two were integrated into 3 existing university programs because it came at no extra tuition fee and the existing courses were already popular and marketable.
 - The university courses have now trained 3 student cohorts so far targeting over 300 students and policy makers each year.

Adapting these curricula to train community based caregivers

- Popularised these curricula within two flagship USAID OVC programs - SCORE + SUNRISE.
- SUNRISE adopted these materials and has so far trained 1300 Community Development Officers (CDOs) and close to 2000 para social workers.
- CDOs in turn supervise the para social workers.
- While SCORE has used these materials to train close to 200 community based care givers supporting vulnerable children.
- Training is for 2 weeks classroom and 1 week field placement.

Pitfalls to look out for

- Because para social workers and caregivers are part of these communities they tend to easily align with traditional practices and custom.
- Require regular supervision from the CDOs - critical to minimise social and personal harm to children.
- Works best with functional referral pathways and follow-up mechanisms.
- Need for refresher training in new practices, laws.
- Lastly, trainee selection has to be detailed taking into consideration character, volunteerism and empathy.