

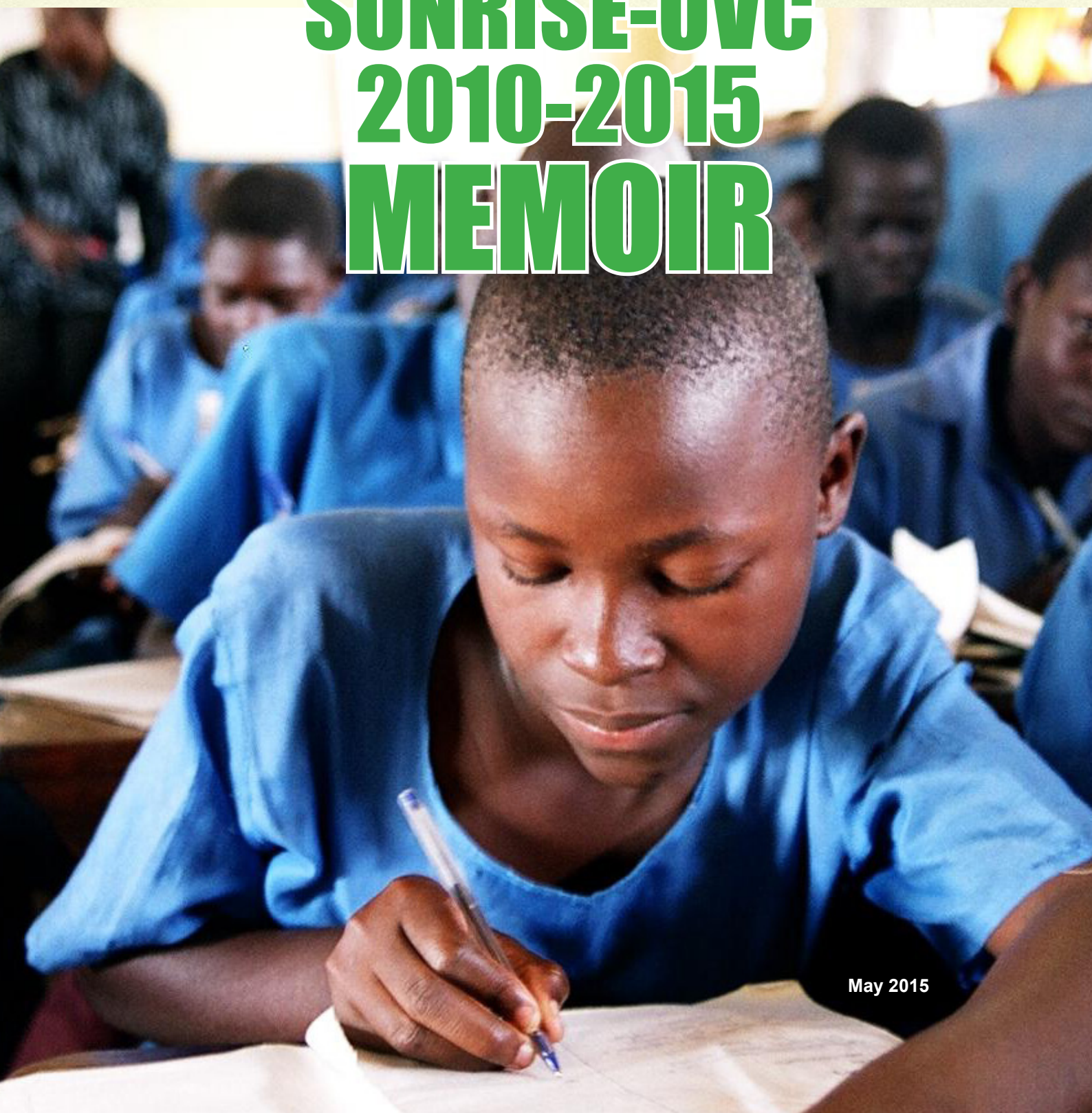


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**Strengthening the Ugandan National Response
for Implementation of Services for Orphans and
other Vulnerable Children**

SUNRISE-OVC 2010-2015 MEMOIR



May 2015



“...Through education, we emancipated women through the girl child campaign and we have succeeded. We brought Universal Primary Education (UPE) and although it was for every child, we are especially happy with how it has empowered the girl child...”

His Excellency President Yoweri Museveni during the Women's Day Commemoration, Kabale district, Boma grounds, 8th March 2015.

The government has enacted several policies and strategies in support of child welfare and development.



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It has been my pleasure heading USAID SUNRISE-OVC project involving multiple beneficiaries, multiple partners, multiple districts and multiple Technical Service organizations. Each of the benefiting 374,000 orphans and other vulnerable children has a different set of success stories, which is what this project set out to achieve.

Districts have excelled at various systems and that has been most interesting. Today we count five years of the project but the strengthened child welfare and protection systems will continue

to perform long after the project offices and budgets have closed. We depend on Ministry of Gender, Labour and Social Development, as well as the local government leadership to ensure that the systems operate at maximum capacity. The ultimate goal is to support every orphan and other vulnerable children attain their full potential towards Uganda's AIDS free generation, improved social cohesion, economic growth, increased political stability, environmental and social development.

GRACE MAYANJA
CHIEF OF PARTY



SUNRISE-OVC project has benefited 374,089 Orphans and other Vulnerable Children in 80 districts of Uganda, which is above its 350,000 target

79%

34 of the 43 project districts assessed have had a decrease in percentage of OVC aged 5-17 years experiencing cases of abuse between 2011 and 2014.

Source: Social Service Performance Monitoring Using LQAS Methodology by Management Sciences for Health (MSH) Star-E LQAS, 2011, 2012, 2013 and 2014

374,089

vulnerable children have since the start of the project in 2010 received child protection in form of birth registration, withdrawal from child labor, family re-integration, arbitration and counseling, legal support, care and psycho social services, directly by probation officers and CDOs, while over one million have indirectly received support within a government and community social welfare system that SUNRISE has strengthened.

The project target was 350,000



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Strengthening the Ugandan National Response for Implementation of Services for Orphans and other Vulnerable Children

PROJECT PURPOSE

To strengthen sustainable local government and community child protection and social support systems that will improve access to, coverage and utilization of quality essential services for orphans and other vulnerable children.

PARTNERS

Government of Uganda's Ministry of Gender, Labour and Social Development (MGLSD) for leadership and oversight. International HIV/AIDS Alliance in Uganda for management and coordination as a prime, working with Uganda Women's Effort to Save Orphans (UWESO) and Management Sciences for Health (MSH) in the consortium. Eight MGLSD's identified zonal Technical Services Organizations (TSOs) of; ACORD, Africare, AVSI, ChildFund, FOC-REV, Save the Children International, TPO and World Education Inc/Bantwana to deliver an array of direct technical assistance to districts and Civil Society Organizations (CSOs) for strengthening child welfare and protection systems that deliver results for OVC.

Total Budget

US\$24M

Funding

Funded by the United States Government (USG) under the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID)

Coverage

80 districts national wide, which is 71% national coverage, targeting a total of 350,000 OVC benefiting directly and another total 1,000,000 benefiting indirectly by end of five years. The project scored above at 374,089 OVC benefiting directly.

SUNRISE Development Hypothesis:

SUNRISE believed that; 1) If child welfare and protection structures are functioning at all levels and, 2) have optimal social welfare workforce capacities, 3) Are well resourced and supported to deliver a continuum of high quality preventive and response services then boys and girls can attain an education, 4) grow sustainability healthy and generally receive their entitlements to live at full potential for improved social cohesion, economic growth, political, environmental and social development of Uganda. The hypothesis proved correct to a very large extent and best practices were registered.

Project Results Areas have been:

1. Local governments effectively plan, manage and coordinate implementation of comprehensive OVC services at all levels.
2. Increased demand and utilization of OVC data and strategic information by districts
3. Local governments and CSOs monitor and measure quality of services to OVC and their households.
4. Local governments and CSOs efficiently use existing and raise additional resources to implement OVC plans



Nzuma Doreen an adolescent mother, now back and progressively studying to attain herself an education, Kasese District, Uganda. Doreen is one of the girls benefiting from the strengthened government system that deliver services to OVC

**A typical OVC family.
SUNRISE-OVC project has
benefited 374,089 Orphans
and other Vulnerable
Children in 80 districts of
Uganda, which is above its
350,000 target**



Key Interventions have been

1. Strengthening social welfare workforce at local government and community levels
2. Strengthening planning, coordination and implementation of care and protection services for OVC at local government and community levels
3. Enhancing data demand, analysis and Management Information System for OVC
4. Quality assurance, monitoring and improvement of social care and protection services for vulnerable children and families
5. Strengthening leadership, funding and accountability for improved social care and protection of OVC and their families

**THROUGHOUT THE FIVE YEARS OF THE PROJECT
LIFE TIME, SUNRISE-OVC REGISTERED
ESPECIALLY THESE
BEST PRACTICES**

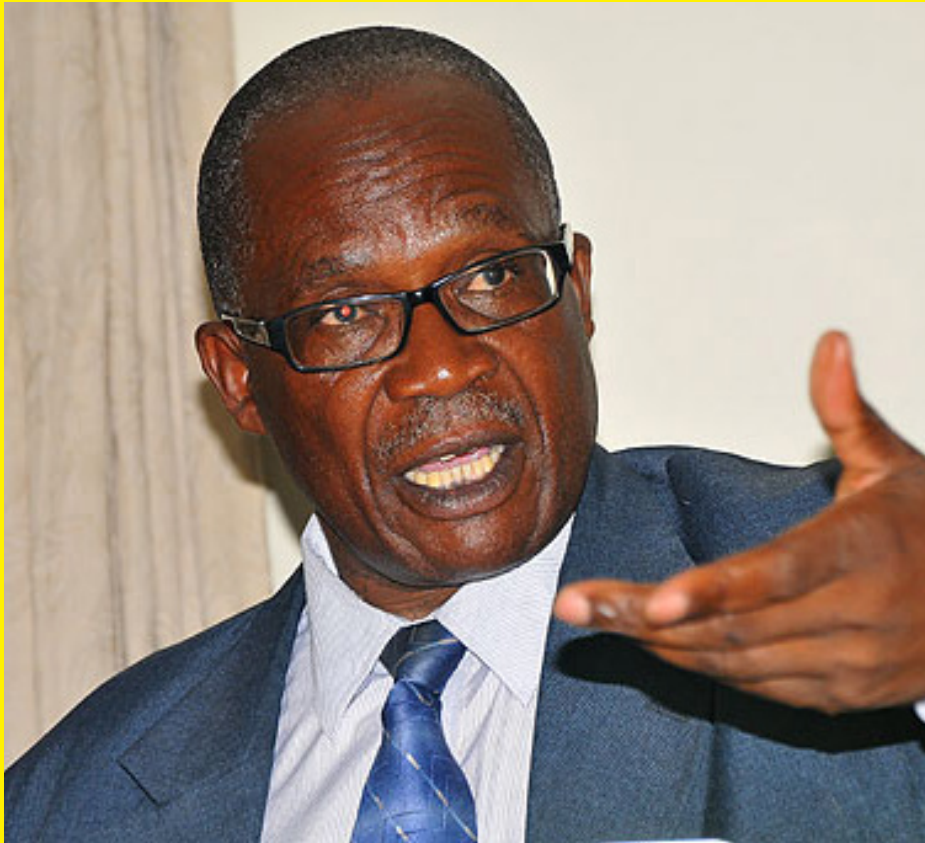
1. Community OVC mapping that informs action plans
2. Home visiting to vulnerable families for integrated social care and support.
3. Equipped child protection workforce accelerates expanded quality service provision for OVC.
4. Para-social workers is an effective mechanism for community based identification, first line response and referrals for OVC to other services.
5. Child protection community outreach service camps enhance equitable access to services for vulnerable children and families.
6. Availability of OVC-specific statistics guides evidence based decision making in favor of OVC
7. Community OVC care learning sites for good practices promote hands on practical learning experiences on quality of care among service providers.
8. CSO Cluster Based Learning Networks promote referral and integrated response
9. Leveraging OVC resources across district development programs expand coverage of service delivery for OVC.
10. Leadership development program equips district and community leadership to be vigilant for expanded OVC service delivery.
11. Curriculum based training and follow up structured supervision on alternative care standards enhances de-institutionalization practices for OVC.



Janet, an Adolescent mother is a Senior three high scholar at Peas Secondary school, Kasese district, living at Kasanga village



THE REPUBLIC OF UGANDA
Minister Of Gender, Labour And Social Development



Minister of Gender, Labour and Social Development,
Hon. Wilsom Muruli Mukasa

“ **SUNRISE OVC Project** has built my capacity as probation officer. I have been trained in many aspects all of which have improved my performance. I have been trained in child protection, quality improvement, and human resource management. My request is that Ministry of Gender, labour and Social Development should find ways to continue what the project has established ”

Probation and Welfare Officer (Name withheld), from one of the eastern Uganda districts,
April 2015



THE REPUBLIC OF UGANDA
Ministry of Gender, Labour
and Social Development



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SUNRISE OVC
Project

Strengthening the Ugandan National Response for Implementation of Services for Orphans and other Vulnerable Children

**USAID SUNRISE –OVC
80 DISTRICTS OF OPERATION,
REPRESENTING 71% NATIONAL COVERAGE**

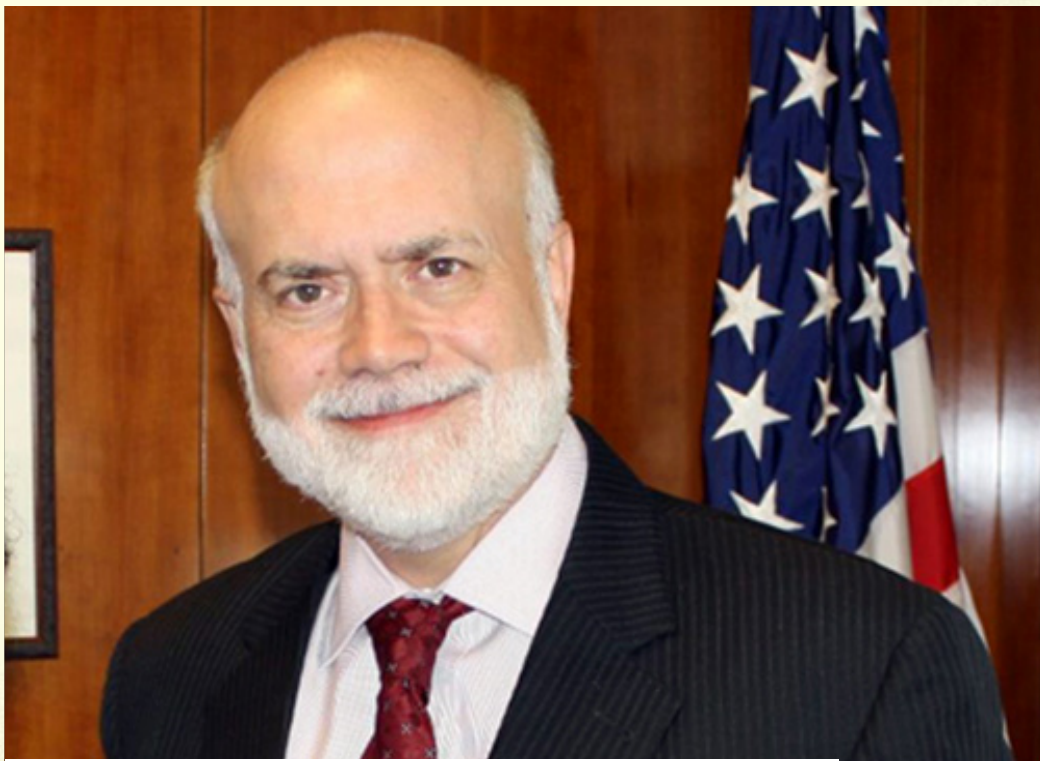
Abim, Adjumani, Amolatar, Amuria, Amuru, Apac, Arua, Budaka, Bududa, Bugiri, Bukedea, Bukwo, Buliisa, Bundibugyo, Bushenyi, Busia Butaleja, Dokolo, Gulu, Hoima, Ibanda, Iganga, Isingiro, Jinja, Kabale, Kabarole, Kaberamaido, Kaabong, Kalangala, Kampala, Katakwi, Kayunga Kamwenge, Kasese, Kumi, Kanungu, Kaliro, Kamuli, Kapchorwa, Kibaale, Kotido, Kiboga, Kiruhura, Kitgum, Kisoro, Koboko, Kyenjojo, Luwero, Lira, Lyantonde, Mayuge, Mukono, Maracha, Manafwa, Masaka, Mityana, Mpigi, Mubende, Moyo, Moroto, Mbarara, Masindi, Mbale, Nakaseke, Nebbi Namutumba, Nakapiripirit, Ntungamo, Nakasongola, Oyam, Pader, Pallisa, Rukungiri, Rakai, Sembabule, Soroti, Sironko, Tororo, Wakiso, Yumbe



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United States Ambassador to Uganda, Scott DeLisi

“...What I’m happy about is your determination to continue bringing up these children, a determination you gained through this web of support involving the child protection committees, the CDO and others. Thank you very much ”

Ambassador Scott DeLisi while at Madalena Atto's household, a 74 year old grandma headed household, living with her nine grand children in Bungatira sub-county, Gulu district on Saturday 14th September, 2013 during his monitoring visit of SUNRISE-OVC project activities.

COMMUNITY OVC MAPPING THAT INFORMS ACTION PLANS

4,708

is the number of parishes that conducted Community OVC Mapping, representing 812 sub-counties in the 72 districts that participated, which is 64% national coverage.

1.5

million is the number of vulnerable children that community mapping identified

Community OVC mapping is a participatory rural appraisal methodology that was used to promote community participatory processes for identification of OVC individuals and their families, and supporting community responses.

The exercise identified characteristics and causes of the vulnerabilities, resources and services available, gaps and developed plans of action to meet the needs of OVC and their families. The exercise used a Ministry of Gender, Labour and Social Development nationally approved manual.

The entire mapped families received community, sub-county or district level response during the cycle of the project through implementation of action plans at each of these levels. This community targeting mechanism for OVC has increased demand for programs to be responsive to the needs of vulnerable children at community and district levels.

SUNRISE-OVC PROJECT BEST PRACTICES



Acom and her parents take a photograph in front of their grass thatched house.

SUCCESS STORY

OVC MAPPING MADE THE TURNING POINT AT STELLA'S HOUSEHOLD

At Stella Ajaro's household, life started changing one lucky morning when a group of government workers and community volunteers visited her home at Okenyai village, Obalanga sub-county- Amuria District, 2011. Until the team introduced themselves, Stella wasn't quite sure what caused the visit but she felt thrilled anyways, that a stranger was indeed interested in her wellbeing and that of her then four children and husband. As it turned out the strangers were government representative whose visit has marked the improved welfare turning point at her household.

Stella, a mother of five used to sustain her family entirely on subsistence farming, and some times on less than 2000 Uganda shillings whole day "This money was not enough for me and my family members to buy food stuffs because that is what we need on a daily basis" she said. She is a mother to Mary Ajaro Elder 15 yrs, Racheal Achom, 11yrs, Beatrice Agaro Emima 9 yrs, Jethro Okare, 5 years and Moses Ecweru 18 months. "I would wake up without the knowledge of where I would get the food to put before my malnourished children as breakfast let alone lunch", Stella recounts adding that "I would not miss a week without visiting Obalanga (health center) for treatment services for either me or any of the children" Malnutrition is common

in Orphans and other Vulnerable Children (OVC) families like those of Stella's. Families like hers spend valuable farm hours at health facilities seeking medical services, consequently perpetuating the poverty cycle at OVC family levels.

According to Stella's testimony, the family experienced domestic violence fueled by regular disagreements between her and her husband especially about children welfare responsibilities, including food supplies.

During community mapping funded by SUNRISE, the Community Development Officer (CDO) for Obalanga sub-county, convened a meeting at Okenyai village, involving Local Council One chairperson, Secretary for Children's affairs, Secretary for Women Affairs, Religious leader and Village Health Teams (VHT) member to map the most vulnerable OVC households in the parish. Stella's household was among the OVC households identified after thorough vetting by members guided by OVC selection criteria supported by SUNRISE- OVC project. The household assessment findings determined that Stella's deplorable socio-economic situation emanated from lack of means to invest income Generating Activities for wealth creation.

Stella was enrolled and trained together with other women in the Village Saving and Loan Association (VSLA) methodology. "I have been able to borrow money from the group which I use to do some petty business like selling tomatoes, Omena, (small fish) and sometimes brewing local brew. The profits I get after paying the loan I use it to meet the medical and education needs of my children...I can ably buy scholastic materials like pens, books, pencils and uniforms for my children. Mary is now in primary six at Alupe Primary School, Rachael is in primary four at Opot primary school, while Beatrice is in primary two in Township private school. Jethro is studying at Imoso memorial primary school in Top class... My children's health has improved and hence I no longer spend time in hospital: She said. Parenting, farming especially cassava and other cereal crops for consumption and sale occupy most of Stella's time currently. She also has a long string of micro businesses, including roadside vending, a poultry business of eight layer chickens so far, some of those eggs she boils for the children to balance off their diet. Her relationship with the husband has greatly improved. The family is happier and truly developing.

HOME VISITING TO VULNERABLE FAMILIES

Home visiting to Orphans and other Vulnerable Children remained the first level response. Home visiting informed holistic response to the OVC and their families. It was conducted on families identified through community mapping. It benefited the entire household while facility based visitations benefited mostly the individual OVC.

It was mainly conducted by Para-social workers in support of the Community Development Officers (CDO) role in their respective parishes using two forms namely; The Home Visit Form and the OVC Referral Form. The Home Visit Form records the on-spot status of the family and the information is useful to track desired improvements in the OVC and their families by both the para-social worker and the CDO. The OVC Referral Form is issued for the OVC that need extra services beyond that which the visiting officer can offer. The form introduces the OVC to the respective service provider.

For monitoring outcomes, there is the use of a child status index which is applied every 6 months to monitor the progress of core service areas. Other referral mechanisms used by other CSOs are used to re-target.

VULNERABLE HOUSEHOLDS REAP FROM SKILLED SOCIAL WELFARE WORKERS

John is a 76 year old and a father of five including two children aged below 17 years, Namutumba district. The family lacks shelter, clothing and is exploited by land tenants. His wife and the eight year old girl suffer mental illnesses and all family members are afflicted with jiggers.

When she first visited the household, Christine, the Nsize sub county CDO was shocked by the appalling situation of the children. She currently regularly visits this household, counsels family members and secured John's land. She also mobilized the community that is building a more hygienic house (room) for the family. Christine also linked the family to SERACH, a local NGO that contributed iron sheets and timber towards the house construction

"We were badly off and the old hut nearly collapsed and killed us. Everynight I was

worried the house would fall on us. I am happy and thank Christine who has helped us this far,' a teary John said, referring to the CDO as their mother for the support she is offering his family.

Additional household visits to John's family by para social workers in his parish, have linked the family to the government's National Agricultural Advisory Services (NAADS) for livelihood services.

SUNRISE has supported training, mentoring and coaching the child protection workforce at Namutumba district, among the 80 other districts of the project area. As a result, Community Based Services Department (CBSD) staff in Namutumba have reached over 1,700 children during mainly outreaches and home visits in a period of three months.

Story date is June 2013

VULNERABLE CHILDREN AND FAMILIES ACCESSING EQUIPPED CHILD WELFARE AND PROTECTION WORKERS

1,345

is the number of Community Development Officers (CDOs) and selected Probation officers and other frontline social services workers who completed and attained a Makerere University Child Protection accredited certificate from 1,056 sub counties and are now effectively responding to the needs of OVC.

1,312

is the number of filled positions of CDOs and their Assistant positions at sub county level, Probation Officers and DCDOs at district level in the 80 project districts. The number represents 57.3 %, an increase from 41% in 2010 when the project started.

Community Development Officers (CDOs) is a very strategic position in child welfare and protection systems development by Local governments. Based at each subcounty, it is the last level government salaried position that is charged with community mobilization roles, provision of specialists care and strengthening community and family including vulnerable families.

Probation and Welfare Officers, whose offices are based at district headquarters is another strategic position in the systems strengthening programs for delivery of services for OVC. The position is charged with the implementation of the Children's Act.

SUNRISE-OVC project strengthened both positions through various ways including supporting the roles of the District Orphans and Vulnerable children committees (DOVCC) which coordinates directly with the Probation Officers and Sub-country OVC Committees (SOVCC). Officers from both levels received a Makerere University Child Protection accredited certificate training, human resource management training and coaching on performance improvement.

SUNRISE-OVC PROJECT BEST PRACTICES



21 Goerge Lwanga leading Derrick Mugoba, during a legal aid follow up school visit, Kiringente sub-county, Mpigi district, Uganda

SUCCESS STORY

LEGAL AID SUPPORT RE-INSTATES 10 YEAR OLD DERRICK

It was a fateful night for Derrick Mugoba when the Police bundled him up at the scene of a village bank robbery, Kiringete subcounty, Mpigi district, Uganda. Like for most evenings, he strolled away from his grandmother's house, into the nearby trading center mainly to watch television from any random shops.

Although the grandmother had earlier warned Derrick against the practice, the boy's adherence to the warning was minimal, a trait that is common in the community, characteristic of children living with elderly guardians. Like is expected of other children, Derrick attended school, participated with the house chores, including fetching water for the regular household use. On the claim of boredom, loneliness, lack of playmate, during evening hours, Derrick often escaped out of the house to the overlooking shops.

Just this one night, Derrick stayed longer watching television at the shops, only to find grandmother already locked and retired to sleep. As he narrated later, waking up the grandmother would amount to turning himself in and so Derrick chose to walk back to the shops, identified a grass cushioned spot under the security lights of the trading center and

off, he snored to sleep. The same night, a village bank robbery took place in the township and the police was doing its job arresting suspects, when Derrick was bundled up.

"Immediately I received the information, I went to police cells and mediated for Derrick... He was released but for the few hours he spent in detention, the damage was already done." Said George Lwanga, 46. He is the Community Development Officer for Kiringete sub-county, Mpigi district, Uganda. According to him, the boy was hungry and terrified at the hour of release. The Police case against Derrick has since been closed and his confidence returning steady.

"Without necessarily exposing Derrick, I quickly chaired a meeting between him and his grandmother who was by the way helplessly in tears worried about the incident" George said adding that, from the meeting, the boy understood the challenges involving young boys like him spending night time out of home. George has so far made two quarterly family visits to Derrick and his grandmother, including monitoring his school coping trends, especially after the traumatizing arrest.

Before SUNRISE-OVC project, the district probation budget enabled zero social inquiries. The government releases about UGX300,000 (USD115) annually per district for the office of Probation and Social Welfare. The district identified a total of 26,410 OVC in November 2011 during the SUNRISE-OVC project supported country wide OVC mapping exercise of which 4,000 still get direct service delivery from the humanitarian organisations, according to the district probation office.

"I would get about 40 cases per year at district level and handle only those located within my office walking area. Those would be about only 4 cases but now I receive more cases and I handle all" Annet Nabuuma, the District Senior Probation Officer said. For the quarter of April 2013 to June 2013, Annet had received and handling 16 legal aid cases, including 7 defilement cases as of first week of 31st May 2013. Some legal aid cases like that of Derrick are completed at Sub-county level while others that require prolonged social inquiries are forwarded to district levels, which is Annet' level.

ACTIVE COMMUNITY PARA-SOCIAL WORKERS

11,771

is the number of para-social workers that the project has trained and supported from 78 districts and 405 sub-counties.

Para-social workers are voluntary community watchdogs for OVC families. They compliment the role of the government's Community Development Officer (CDOs) as the first frontline workers for child protection and care. They have close proximity with the OVC families, usually residing in the same villages as the OVC families they oversee. They are community informal groups such as Village Health Teams (VHTs), Village Saving and Loan Associations (VSLAs), Functional Adult Literacy (FAL groups) with OVC protection roles especially home visiting.

The project equipped the para-social workers each with curriculum based training in child protection using the UNICEF curriculum. The training equipped the community child protection workers with home visiting, first level response and referral skills of OVC and their families, a mechanism that is greatly preventing, responding and protecting OVC against abuse, neglect, violence and exploitation.

SUNRISE-OVC PROJECT BEST PRACTICES



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SUCCESS STORY

INSPIRING AN OVC FAMILIES

In 2013, NABIIRA NALUKWAGO, now 15 years was living with her mother Zam Nakidde, and one sibling, in their mud and wattle house at Kataba village, Mpigi district, Uganda before a government system that delivers services to vulnerable girls like her, could reach the family and offer hope.

Nabiira still lives in the same type of house, except now she goes to school and her mother earns an income that offsets a huge amount of the family bills, even though still with a lot of struggling.

Because of USAID SUNRISE-OVC project Nabiira life and that of her family is on an increasing development curve which started with a single family visit of a Para-social worker for that village, Ann Kyobe. Ann had just been enrolled as a Para-social worker and had received a SUNRISE-OVC child protection training that skilled her to handle child rights issues of vulnerable adolescent girls like Nabiira and other orphans and vulnerable children.

Nabiira had lost her father and the household was mourning way too long to the cost of their family's economic development and the children's education. Therefore, Ann made several other visits

to the family, counseling both the mother and Nabiira, reemphasizing the importance of girl child education and offering adequate time to exchange ideas with them about what the family could do to attain that education and economic independence.

To date, Nabiira has been re-enrolled at school and she has the full support of the school administration especially lenience regarding her inability to meet school fees on deadlines. Nabiira's mother has enrolled with Community Driven Development (CDD) program where groups at community level in Mpigi district, submit projects and receive financial support from the government. She is also succeeding at her new found water supply business. Because the community lacks piped water, Nabiira's mum has found a business opportunity in that, to fetch and supply water for domestic use to her neighboring households. In five years, she is working towards starting to build a more hygienic home for the family although her every day biggest concern is to continue keeping her children, including Nabiira in school and that is a budget line that currently consumes the biggest part of her meager income. Story date is March 2015

CHILD PROTECTION SERVICE CAMPS

4,260

is the number of parishes and 875 sub-counties and that have received service camps in which caregivers of OVC and other community members have been educated and provided information about child abuse prevention and reporting, available services for OVC, positive parenting skills and referrals. OVC that require family focused services are followed up through home visits at family level for further case work by CDOs or other specialist service providers. This way demand for services at family and community level is increased.

Child Protection camps are held at least once a quarter per sub-county, involving key government and non- government specialists who provide onsite services such as legal aid, arbitration and counseling, birth registration, Prevention and care HIV/AIDS services, Sex and reproductive Health Services. More sophisticated cases are referred for alternative services using a child referral form.

The practice registers high response of OVC caregivers seeking child protection and care services, including sensitizations. It provides child protection clinics for individual OVC caretakers, which has proved very popular to the OVC families especially because of its observance of privacy of the client (OVC caretaker)

SUNRISE-OVC PROJECT BEST PRACTICES

SUNRISE-OVC project has benefited 374,089 Orphans and other Vulnerable Children in 80 districts of Uganda, which is above its 350,000 target



SUCCESS STORY

... THROUGH OUTREACHES, OVER 25% OF THE IDENTIFIED VULNERABLE CHILDREN HAVE RECEIVED SUPPORT WITHIN THREE MONTHS

The children, including a defilement survivor, a 12 year school girl (name withheld) have received legal, protection and health services using the project's initiated strategy of community child protection camps. The outreaches involve grassroots technical individuals and institutions camping is designated villages for about 3 consecutive days and offer awareness, arbitration, referral and related services to OVC and their household members.

Kayunga is among the beneficiary districts of these

community child outreaches. In January 2013, SUNRISE OVC and Bantwana, a child focused partner organization that SUNRISE implements through, supported the district to conduct outreaches in Busana sub county which has limited access to child protection services.

During the camps, teams led by Busana Community Development Officer and comprising of officers from the Uganda Police Child and Family Protection Unit (CFPU), a magistrate, school inspector, health assistant

and the Probation and Social Welfare Officer, provided a range of services to neglected and abused children.

The project's mapping exercise in 2011, identified over 4,600 Kayunga's children as vulnerable, consequently ranking the district as one of the top among those with highest number of vulnerable children countrywide. Through outreaches, over 25% of the identified vulnerable children have received support within three months. Story date is March 2013

OVC DISTRICT STATISTICS NOW AVAILABLE

76

is the number of districts consistently collecting, analyzing and disseminating OVC data quarterly from child protection service providers, promoting evidence based planning & response at Ministry, District, Sub-county, Civil Society Organisation (CSO) and other levels.

1,100

is the number of service providers of the total mapped 2,704 who now report through the OVC Management Information System (OVC MIS) which is above the 800 project target.

Child Protection service providers report quarterly to the district probation officer about the number of children they have each reached through their various programs. The probation officer compiles a report quarterly and disseminates the numbers to the rest of the district officers and service providers to inform planning and implementation.

The database is kept nationally at the Ministry of Gender, Labour and Social Development (MGLSD) headquarters and data can be accessed with internet by all government officers and development partners.

The Districts OVC Committees (DOVCCs) and Sub-county OVC Committees (SOVCCs) discuss the OVC service provision reports during their quarterly meetings and make relevant decisions informed by data for better child protection and care.

SUNRISE-OVC PROJECT BEST PRACTICES

24 Grace Nantogo (in a Maroon School Uniform) with his siblings and grandma, Josephine Namakula, Kiringete Subcountry, Mpigi, Uganda.



SUCCESS STORY

INFORMATION SYSTEM TRANSFORMING OVC SERVICE DELIVERY

Steven Ssali 6years, Grace Nantongo 8years and Martin Segawa 11 years, are three siblings under the care of their grandmother, Josephine Namakula 57 living in a wattle house at Kiringete sub-country, Mpigi district, Uganda. The future of the family's livelihood and the children's education is more assured with the advent of the Orphans and Vulnerable Children Management Information System (OVCMIS).

The government of Uganda's Ministry of Gender, Labour and Social Development implements the system countrywide, with SUNRISE-OVC support, a USAID five year supported project that is strengthening Uganda's response systems to Orphans and Other Vulnerable Children.

"She is now enrolled in school. She has a school bag and goes to class every school day." Josephine said smilingly, pointing at her grandchild, Grace Nantongo. The district used the OVCMIS reports to identify Grace's sub-county as one qualifying for OVC support

from government stakeholders like NGOs, among others.

"Basing on the OVCMIS data that I have, I advised Red Cross, to locate their OVC program to Muduuma and Kiringete Sub-counties. The data showed that we had zero returns on OVC services from the two sub-counties, and this data helped convince Red Cross that the communities were the most suited for the services" said Annet Nabuuma, a Senior Probation and Welfare Officer since 2009, Mpigi district.

On the recommendation of the district, Red Cross started OVC service delivery to Grace and her community close to 15 months so far, providing education, livelihood and related services for OVC.

Grace's grandmother is enrolled in a farmer's group of 15 households that Red Cross supplied UGX500, 000 (about USD190) start up. The group saves the monies on the government initiated Kiringete sub-county saving scheme. The Sub-county has 12 farmer's groups that Red Cross is working

with, a practice that hinges well with SUNRISE-OVC's objective of linking OVC to other service providers and to the government programs.

The district identified a total of 26,410 OVC in November 2011 during the SUNRISE-OVC project mapping exercise of which 4,000 still gets direct service delivery according to the district probation office. The data is collected quarterly at sub-county level, analysed and shared at district level during the Technical Planning Committee meetings comprising of head of departments like the District Education Officer, District Health Officer, Water Officer, District Engineer among others.

"I generate action points from the data. I now plan supervision based on the OVCMIS feedback. Honestly, it was hard to track data without the tool. Our reporting is more periodic. Before, our reporting was impromptu based on inquiries" The Senior Probation Officer said. Story date is May 2013

DISTRICT LEADERSHIP MORE VIGILANT FOR OVC

450

is the number of district leaders and Civil Society Organisation (CSO) managers in 80 districts that undertook Leadership Development Program (LDP) and 352 graduated.

7.2%

is the average district fund allocation increase that district leadership has made of locally raised revenue and unconditional grant to Community Based Services Department (CBSD), an increase from an average allocation of 1.4% in 2010 when the project started in 80 target districts.

45

is the number of project districts that have initiated ordinances and bylaws in favor of child protection and support

72

is the number of the 80 project districts that implement resource mobilization strategies

Vigilance of the district leadership has played a critical role to the successful integration of OVC programs, expanded service delivery and reporting. District Chief Administration Officers (CAOs) and their assistants, along with District Chairpersons and other critical positions underwent intensive orientation on OVC policy, strategies and concerns through the Issues Paper that SUNRISE developed and disseminated.

SUNRISE-OVC project developed leadership and management skills for child protection at district and CSO top management levels through the Leadership Development program (LDP) lasting between 4-6months.

The program builds leadership capacity of social development managers to learn leadership and management practices, face challenges and achieve measurable results. Through LDP, district workplace teams together build their leadership and management capacity, applying new skills to real challenges and achieving results at the end of the 4-6 month period

SUNRISE-OVC PROJECT BEST PRACTICES



SUCCESS STORY

Iganga for the first time established a budget vote for Probation and allocated UGX.4M from local revenue in FY 2013/14-This is increased prioritization of OVC in the district annual work plans and budgets.

Bududa team raised UGX 12,500,000 for mapping of OVC. Nakapiriprit team mobilized UGX 250,000,000 that constructed a fully furnished office block for CBSD. Bugiri team acquired 3 rooms for Probation office in the newly constructed administration block- This is increased capacity of districts to mobilize resources for child protection from International Agencies and Communities.

Increased leveraging resources for OVC in other Government Programs like CDD, NAADS, NUSAF 11, DLSP due to vigilance of the LDP team

EVERY CHILD COUNTS

Nabu would have died if the Kotido district top leadership team did not do what they did 17 months ago. They visited the premature baby and made a quick decision to have the baby transferred to better health facilities at Amacet Babie's home, Soroti district.

Longorok Sabina Nabu, one year and five months now is of Lobongia Village, Watakao Parish, Nakapelimoru Sub County, Kotido Disitric. The OVC lives with her biological father, Mr. Lomala Nalukpus, her mother died immediately after delivering Nabu.

"Without the Leadership Development Program training, it would have been very difficult to make the leadership of the district to appreciate my request of them to visit baby Nabu. The training has truly changed the attitude of the leadership here towards OVC interventions. But we still need to do more to sustain and continually improve this attitudinal change." Lawrence Ogwaria Karowth, the Kotido district Probation and Social Welfare Officer said in a appreciation of his district's leadership team.

Nabu lost her biological mother hours after birth, developed a heart complication and breathing problems. The baby lacked formula feeds after the death of her biological mother and needed an alternative caregiver to provide care and support that a mother could have given.

The entire district leadership, having just graduated from an LDP training, visited Nabu, assessed her condition as fatally critical. The team picked the baby and transported her to Amacet babie's home. The incident marked a series of Kotido district leadership support to OVC programs.

The medical team at Amacet diagnosed the baby with pneumonia and open heart complications. The condition of the baby I deteriorated further in the first few days of admission until she was put on oxygen, while in incubator for one month, an action that made the heart to slowly close up and function normally. Six months after the heroic referral, Nabu was discharged and has been since reunited with family. Story date is April 2015

CURRICULUM BASED TRAINING AND STRUCTURED SUPERVISION ON ALTERNATIVE CARE STANDARDS FOR DE-INSTITUTIONALIZATION

420

is the number of child institutions (orphanages) who were mapped and 216 (51%) of them assessed, trained and supported to implement quality of care improvement plans.

69

of 80 project districts is the number of districts, whose Quality Improvement Teams(QITs) facilitate routine structured support supervision to 645 service providers and institutions. QITs provided hands on coaching, mentorship and guidance to the staff of the service providers on quality service delivery and to analyze and solve bottlenecks constraining quality service delivery.

SUNRISE supported mapping of child residential care institutions, training and coaching on application of quality improvement methodologies.

The project conducted the alternative care workshops using the Ministry of Gender Labour and Social Development Nationally approved tool kit and manuals. This way, the project facilitated de-institutionalization process and family reunification.

Quality Improvement Teams are created at district level, equipped and conduct structured support supervision to child institution for quality of care improvement. Also, OVC sites of excellence within a district are identified and promoted to other child protection service providers.

Children Institutions and districts were provided with clear guidelines and placement options for children in need of alternative care based on a defined continuum of care. The districts were assisted to put in place mechanisms to support existing structures to carry out their statutory responsibilities for overseeing the care of children in alternative care.

SUNRISE-OVC PROJECT BEST PRACTICES



SUCCESS STORY

USAID EQUIPS RAKAI WITH OVC PROTECTION TOOLS

Thirty four service providers for Orphans and Vulnerable Children (OVC) in Rakai district, Uganda have received a three days Quality Improvement of Care and Protection of OVC training funded by USAID SUNRISE OVC project. The training was in collaboration with Ministry of Gender, Labour and Social Development (MGLSD) with partnership with the district and Save the Children Uganda, the project's Technical Service Organisation for the district.

Eighteen participants were a representation of the Civil Society organizations while Community Development Officers representing sub-counties totaled to sixteen. Three districts heads of departments also attended. Sub-counties are the lowest administrative level at local government/district, which is strategic for providing government led services for Orphans and Vulnerable children, as well as monitoring the wholistic development of OVC families.

The training brings to a total of 1,080 civil society organizations that USAID has given the training

, which is far above the project target of 800 CSOs, receiving training and coaching on application of quality Improvement methodologies to improve the quality of their services for OVC.

“What we realized three months ago about Rakai district is that the Community Based Organisations (CBOs) have very limited knowledge in service delivery. Among the NGOs, World Vision is one of the few doing a good job and that is why we had to link up with them to lead the mentorship part of the training” said Richard Ekodeu, USAID SUNRISE OVC Project Technical Advisor.

The project, through one of its scheduled and conducted assessments, received findings July 2014 that Rakai district CBOs lacked guidance and skills to respond to OVC protection needs, among other identified gaps.

“Some CBOs meant to provide psycho-social support, didn't have the guidance and skills. Some of them were saying they just pray for the children and wait on God to intervene” Richard Ekodeu said. The training opened permanent

mentorship linkages between the said CBOs and World Vision Rakai Offices as a strategy to maintain onsite mentorship and coaching between the experienced and non experienced OVC service providers in the district. A wholistic Approach To Psycho-support, which is a Psychosocial Manual developed by the Ministry and UNICEF were also availed and discussed with each participant. The participants also committed to sign within November 2014, a Standard Operations Procedure (SOP), which is an agreement between them and the districts, spelling out expectation on both sides. The Procedures will strengthen the powers of Rakai district to provide oversight to the CBOs in relation to OVC service provision.

The Quality Improvement of Care and Protection training is one of the many indicators showing that the project is generally performing beyond target long before its close date. Story date is November 2014

CLUSTER BASED LEARNING NETWORKS

Over

2,700

is the number of Civil Society Organizations (CSOs) that SUNRISE mobilized and now consistently participate in OVC Service provider Coordination, Learning and Referral Networks at district and sub-county levels in 77 districts and 812 sub-counties. An average of 10 CSOs and 5 CSOs participate consistently at district and sub-county levels respectively.

30

is the number of districts that signed Standard Operating Procedures (SOPs) with OVC service providers in order to formalize the coordination and referral mechanisms between local governments and service providers.

SUNRISE promoted OVC Service provider Coordination, Learning and Referral Networks as fora /spaces where OVC service providers at district and sub-county levels share information, monitor and analyze reports, promote good practices, innovations and advocate on issues that affect well-being of OVC.

The meetings are convened quarterly and often the coordination role is rotational among the participating organizations and districts. In some cases, the local governments have convened the meetings until the network is adequately vigilant to coordinate on their own.

During the meetings, joint performance reviews for service provision to OVC are conducted for the actors including reporting, services quality improvement and support supervision reports. Additionally, service provider directories are updated, important guidelines and tools disseminated and functioning of referral pathways reviewed.

Results: As a result, CSOs now know where to refer families for specific services through these meetings. This mechanism has also assisted districts to direct service providers to underserved areas thus improving equity of service coverage. Additionally, it has reduced duplication of services as CSOs now know who works where and in which Core Program Areas. Collaboration and partnership between CSOs and local governments as well as among CSOs themselves has also improved.

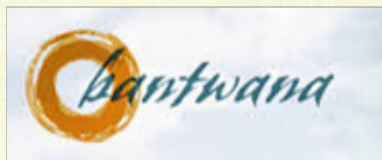
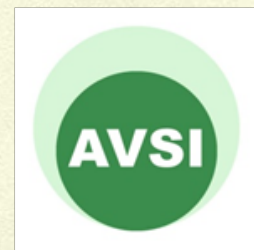


Human pyramid performance by young boys in blue shirts and black pants. The pyramid consists of four levels: two boys at the base, two boys in the middle, and one boy at the top. The boys are standing on a grassy field with white tents and trees in the background. A band is visible in the distance.

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