COMMUNITY PARTNERSHIPS FOR CHILD PROTECTION IN AFRICA

Keeping children safe cannot be assigned to any one person, organization or public child welfare agency. Raising safe and healthy children requires a network of involved and caring parents, extended family, community members, local nonprofits, schools, health care providers and local and national government. Ideally all the systems and processes are functioning in unison, resulting in children that are protected and cared for by their families within supportive communities, and in alignment with strong national regulations and policies. Risk factors such as poverty, disease, disasters, and displacement, have caused some or all of these systems of protection and care to weaken and even to falter. Additionally, recent evidence suggests a significant disconnect between the formal systems of care and protection that are regulated by government and the informal systems operating at the community, family, and child level.

The Regional Psychosocial Support Initiative (REPSSI), the African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN), and the USAID Health Care Improvement Project (HCI) are working together to support existing national groups and district and community networks to improve the effectiveness and reach of child protection systems in four countries, Kenya, Swaziland, Tanzania and Uganda, through the development of an action-oriented, bottom-up community of learning on child and family protection systems that cuts across multiple levels of the system in the four countries.

REPSSI, ANPPCAN and URC staff planning upcoming activities at a partners meeting in February 2013 in Johannesburg, South Africa. *Photo by Charles Kienzle, URC.*

While certain components of the child protection system may work more effectively and efficiently than others, the system as a whole is only as strong as the weakest link between the components. The project aims to build on skills of national, district and community level groups to identify and analyze gaps in the existing child protection systems, implement change, and measure results for local empowerment in removing the barriers that exist at the point of care.

The project adopts a quality improvement (QI) lens on child protection systems. A QI approach identifies where gaps exist between services provided and expectations for services and then systematically adopts changes that seek to reduce these gaps to improve performance. QI is based on principles of quality management that

focus on systems and processes, multidisciplinary teamwork, strategic use of data, sharing of knowledge, and inclusion of child and family voices. A QI approach seeks to identify, measure, and improve critical dimensions of quality such as accessibility, effectiveness, and efficiency of the care provided, through improvement methodology.

PRIMARY ACTIVITIES OF THE PROJECT

- *Consolidate and disseminate evidence-based best practices and capacity building efforts in child protection at the community and district levels in Kenya, Swaziland, Tanzania and Uganda.* The report, written in a quality improvement framework, will address critical elements of child protection in the

target countries, including gaps in the child protection system and workforce, linkages between formal and informal protection mechanisms, process flow at the community and district levels, indigenous practices, existing efforts to improve the quality of child protection mechanisms, etc. The purpose of the synthesis report is to inform stakeholders on the gaps that exist in the child protection system, and the need for improving the quality of child protection mechanisms at the district-community level.

- *Identify/establish a Technical Working Group (TWG) in Kenya, Swaziland, Tanzania, and Uganda to provide country-specific guidance for the project.* The TWGs will consider the recommendations of the synthesis report, discuss priorities and identify districts to include in the project, with the goal of building capacity and addressing gaps in the local systems that protect vulnerable children and families.

- *Identify/establish a district TWG in two districts per country* which will also consider issues raised in the synthesis report, discuss priorities at the district level and identify which community sites to include in the project, with the goal of building capacity and addressing gaps in the local systems that protect vulnerable children and families.

- *Conduct "community conversations" on protection and safety mechanisms for vulnerable children at the community level, in two communities per district identified above.* Discussions will include children, community members and leaders, and caregivers, as well as some district level officials. The guidelines will include a contingency plan for managing disclosures of abuse by children or caregivers.

- *Develop action plans with the community, using an improvement framework appropriate for community settings.*

- *Engage the district level TWGs as partnerships with the community.* Present the results of the community meetings and action plans to the district level TWGs. Train district level workers in improvement methods that can help to address the gaps identified at the community level and strengthen the capacity of key stakeholders (district government, police, social workers, teachers, NGOs, community groups, children and caregivers, etc) to identify and address gaps in the protection of vulnerable children and preservation of families and to work in partnership with communities. Agree on action to be taken to support communities to improve safety and protection for children and identify support that is required from the national level.

- *Engage the national TWG for action.* Agree on action that the TWG will take to support communities and districts to improve safety and protection for children. Identify ways to integrate national policies and local community practices within a contemporary national context, addressing the linkage between formal and informal systems of support.

- *Develop mechanisms for shared learning.* Create sections on each organization's website to communicate activities of the project and lessons learned from the project. Conduct a webinar to disseminate results of the project to global stakeholders. To share learning across the region, establish/identify a Regional Advisory Group for the protection and preservation of children and families with representatives from the four country TWGs. This group will convene at the close of the project to share and synthesize knowledge gained.

PROJECT PARTNERS

The African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) is a pan African network that promotes child rights and child protection in Africa. It was founded in 1986 in Enugu, Nigeria, at the first Child Labour Conference. It has national chapters in 26 African countries and is headquartered in Nairobi, Kenya. ANPPCAN has observer status with the African Union and similar status with the African Commission on Human and People Rights. It envisions a continent where children are free from all forms of maltreatment. The organization works with its national networks in Africa and other partners in implementing national as well as regional programmes on child protection. ANPPCAN implements direct action programmes, undertakes lobbying and advocacy on children's rights and also organizes thematic forums at the national, regional and international levels on a regular basis bringing together stakeholders to learn and share child protection methodologies and practices. ANPPCAN is guided by core values, namely, respect for child rights, equity and equality, collaboration and partnerships and professionalism. http://www.anppcan.org/

The Regional Psychosocial Support Initiative (REPSSI) is a leading African psychosocial support organization. REPSSI's vision is that all communities and families nurture, protect and empower their children and youth. In 13 countries of East and Southern Africa, REPSSI partners with governments, development partners, international organisations and NGOs to provide programmes that strengthen communities' and families' competencies to promote the psychosocial wellbeing of their children and youth. https://www.repssi.org/

The USAID Health Care Improvement (HCI) Project supports countries in improving the quality and impact of health, social and education services. Guided by the vision that service quality can be significantly improved by applying proven quality improvement methods, the USAID HCI Project assists national and local programs to scale up evidence-based interventions and improve outcomes in child health, maternal and newborn care, orphans and vulnerable children care, HIV/AIDS, tuberculosis, malaria, and reproductive health. The project also seeks to assist countries in expanding coverage of essential services; help services better meet the needs of underserved populations, especially women and children; improve efficiency and reduce the costs of poor quality; and improve health worker capacity, motivation, and retention. HCI has the mandate to provide technical assistance to country ministries, civil society, and implementing partners to improve the quality of care and protection provided to vulnerable children and their caregivers. HCI is managed by University Research Co., LLC (URC), a management consulting firm based in Bethesda, Maryland, USA, that provides technical assistance worldwide. http://www.hciproject.org