

PROGRAMME & PROJECT

Long-term Area Programmes – with a focus on health, WASH and child protection projects in the final phase

TIMEFRAME

2006/7 - 2025

PEOPLE REACHED

85,480

**O** LOCATION

Kimu and Ntwetwe Area Programmes in Kiboga and Kyankwanzi districts in the west of Uganda

© CHILD PROTECTION
PROJECT GOAL IN FINAL
PHASE (2021 -2025)

Increase in children who have positive and peaceful relationships in their families and communities (free from all forms of violence against children) by 2025

## **Context**

Kimu and Ntwetwe are rural areas in the west of Uganda close to the Democratic Republic of Congo (DRC) that have both experienced rapid population growth and migration from within Uganda and from DRC during times of insecurity. Kimu has been especially affected by loss of forest, farmland, woods and wetlands, due to pressure on resources for agriculture, charcoal burning, sand mining and brick laying, among others. Additionally, climate change affected agricultural productivity. Heavy rains at times led to flooding, destroying farmland and closing schools. In 2021, the emergence of fall armyworm led to the destruction of crops especially maize, resulting in food insecurity. The Covid pandemic brought school closures, food insecurity, and economic crisis. Progress in child protection has been particularly challenging, as awareness levels in communities on child protection fluctuate with population changes. Staff and community members have coped with hilly terrain, poor roads and poor internet to improve child wellbeing - in partnership with government programmes.



## At the beginning

Poverty levels were very high and children were frequently sick with preventable diseases. Most adults agreed that harsh discipline, such as beating in school, was acceptable and that children with disabilities should not be prioritised by parents. Many cases of abuse were not reported due to a lack of confidence in the legal system. It was a commonly held view that a girl who was raped should marry her abuser if able to provide for her. (Ntwetwe Assessment report, 2007)

## Our approach

World Vision used community-based approaches to build a movement for change in child wellbeing and strengthen families. Community members became experts in health and child protection locally. With the establishment of Household Clusters, the community embrace equality. Men and women now take part in decision making, children and people with additional needs have a voice. Citizen Voice and Action (CVA) groups brought community members and service providers together, producing action plans to improve services, such as quality of health facilities, schools and water supplies.

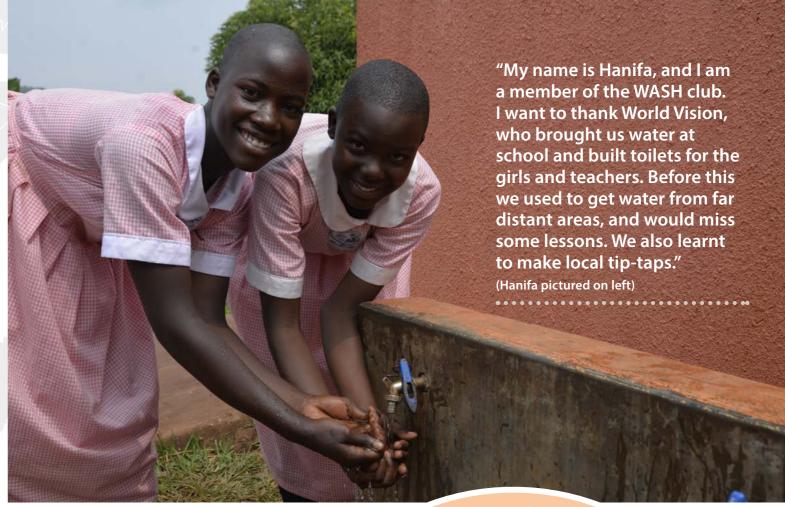
## ¹ Community based health care workers

## Changes we have seen

Health improved through better facilities and support to 343 community health workers in Village Health Teams¹ across both programmes. All families are now encouraged to attend clinics, especially in a child's first five years. Over 95% of all mothers² – well above national average – now deliver safely at a medical facility. Additionally, most children are now exclusively breastfed; drinking water coverage has improved; and 100% of schools meet sanitation standards.

It is very encouraging that two-thirds of all households in Ntwetwe report improved income while in Kimu there's a reported decrease in families living below the poverty line. This has been achieved in part through the work of 450 savings groups, set within clusters of households<sup>3</sup>.

"World Vision empowered us to advocate for improved service delivery in our community... for example we advocated for availability of essential drugs in all health facilities which is now a reality" (CVA group member, Kimu)



#### Our approach to child protection

enables us to address issues comprehensively<sup>4</sup>. Training of professionals, including teachers, police and community leaders, has taken place alongside community conversations on difficult subjects such as child marriage, facilitated by faith leaders using the Channels of Hope approach.

Through school clubs children learn how to protect themselves and help their friends. Household clusters have played an important role in identifying children who are most vulnerable, and a central role in their support. For example, a household cluster group may ensure that a child within the cluster group receives medical support or is able to attend school.

**ABOVE:** Hanifa, 14, and her friend Poline, 15, demonstrate improvements in water supply and hygiene at their school. ©2024 Micheal Eluga/World Vision



<sup>&</sup>lt;sup>4</sup> https://www.wvi.org/our-work/child-protection A description of our work in child protection.

<sup>&</sup>lt;sup>2</sup> 95.9 % in Kimu Area Programme, 97.3% in Ntwetwe

<sup>3</sup> A household cluster is made up of 15-20 households and enables neighbours to work together to access services and support most vulnerable children and families.



### **Results**

Both programmes show an encouraging reduction in child marriage over the last four years: 14.2% to 3.2% in Ntwetwe and 13.3% to 5.9% in Kimu. Alongside this is a reported reduction in incidences of child sacrifice<sup>5</sup> and an overall reduction in violence<sup>6</sup>. Most children in the programme are part of school clubs where children learn about child protection, positive relationships and are encouraged to achieve their potential.

In Ntwetwe, progress among young people was marked:

92.8%

feel supported in their

The Channels of Hope model, alongside child protection and advocacy empowered adolescents with skills for protection against violence and its prevention. Child participation through clubs in schools and faith-based organisations helped improve children's confidence and well-being in Ntwetwe, and more of this was recommended in Kimu where progress was more difficult. Despite progress in some indicators, fewer children in Kimu reported feeling secure in their living environment: 57.9% in 2024 compared to 76.5 % in 2020.

96.8%

feel able to express themselves with confidence (up from 26.3% in 2013) while 94% with disabilities feel the same.





91.3% believe their community is a safe place, up from 46% in 2012.



# Focus on most vulnerable children

It is due to the determination of Village Health Teams and changed mindset that Kwagala, a thriving six-year-old with Down syndrome, has been followed up to ensure she receives the same level of care as all other children. Roset, her mother, is now a Village Health Team member and describes her experience: "Kwagala took long to start sitting. She started developing slowly, sitting at the age of one and a half years. When she reached three, that's when she started walking. Through guidance from World Vision on how to support Kwagala, I bought her a plastic chair, which turned to be like a table. I would give it to her to hold, then I would move backward while she moved towards me. Every step she took made her legs stronger. After a while she started walking."

"World Vision instilled in me that if I could stand with my daughter she will be able to be what I desire for her."

(Roset)

**OPPOSITE:** Cathy 22, A former sponsored child who has better knowledge and confidence due to child protection training and opportunities to participate in the life of her community. ©2024 Micheal Eluga/World Vision

**ABOVE (LEFT):** Kwagala 6, and her mother Roset who is now a Village Health Team member, looking after children in other families. ©2024 Antonio Massipa/World Vision

## Inclusion of young people

With positive changes in household income, young people's access to food increased. However, children who drop out of school before completing basic education are at particular risk of early pregnancy and employment that puts them at risk.

Working with local government partners to increase vocational training opportunities, over 400 young people across both programmes have so far been supported to learn a trade. Young people like Joshua (right) have gone from not being able to complete school to employing and training other young people.

Joshua's family had no money for him to complete school, but he trained as a mechanic and now employs other young people in his business.

"At that point when I was stuck and had no hope. That's when they [World Vision] supported me, taught me, and made me who I am today. I want to appreciate them so much. I can now take care of myself and look after my siblings." (Joshua 25)

**ABOVE (RIGHT):** Joshua 25, attended vocational skills training supported by World Vision and became a mechanic. Now he is an employer with trainees of his own. ©2024 Micheal Eluga/World Vision

<sup>&</sup>lt;sup>5</sup>The proportion of parents and community members that report a reduction in the incidence of child sacrifice increased by 33.8 percentage points in Ntwetwe and by 33.9 percentage points in Kimu between 2020 and 2024.

<sup>&</sup>lt;sup>6</sup>The proportion of adolescents who report having experienced any physical violence and/or psychological aggression in the past 12 months, by any perpetrator reduced by 12.5 percentage points in Kimu and by 30.5 percentage points in Ntwetwe over the same period.



### **Conclusion**

We are proud of the strong working relationships we have with community groups and local government partners who have done an amazing job to improve child wellbeing especially for the most vulnerable. These programmes show the benefit of working across sectors as well as using proven project approaches. Household Clusters, Village Health Teams, CVA groups and Savings for Transformation have been identified as successful approaches in the final programme period, alongside child protection and advocacy and Channels of Hope.

Many young people have a greater level of positivity about their lives. The increase in child participation has given a greater voice to children, particularly those from vulnerable populations, including those with disabilities. The programme's efforts to tackle violence against children, evidenced by the extent to which children feel safe in their communities, reflect our interventions, designed to protect their rights and ensure their safety.

## **Our learning**

There was less positive change measured overall in Kimu in the area of child protection. Factors causing this are partly explained by household migration away from the community and a recent influx of new residents due to migration and urbanisation. Also a reported decrease in the strength of some community-based organisations in recent years. It is important and even more so in this context to build and ensure the sustainability of the community structures supported by the programme, and for faith communities to remain committed to child protection in the years to come.

In the new Bananywa area programme, due to begin this year, issues are similar to when Ntwetwe and Kimu began. Successes and learnings from these programmes will be taken forward and the voices of children amplified.

**ABOVE:** Changes seen and drawn by children from Kimu in a River of Life drawing exercise. From negative on the left; poor sanitation, child labour and domestic violence. Community training and then positive changes to the right: Construction of toilets, water supply in schools and better clinics; Men and women working together, children graduating, people with disabilities included and improved livelihoods. ©2024 World Vision

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At World Vision, our focus is on helping the world's most vulnerable children overcome poverty and experience fullness of life. For over 70 years, we have worked together with communities – of all faiths and none – even in the most dangerous places, inspired by our Christian faith

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