60-MINUTE HUDDLE CURRICULUM GUIDE
CONTINUUM OF CARE FOR CHILD SURVIVORS OF SEXUAL VIOLENCE IN AFRICA

SESSION ORGANISER: Impact and Innovations Development Centre (IIDC)
Physical location: Kampala, Uganda
Website: https://iidcug.org
SESSION HOSTS: IIDC and the Government of Uganda (Inter-Ministerial Committee on Child Wellbeing)

SESSION PURPOSE
To facilitate a focused, policy-oriented African exchange on how child protection systems enable or obstruct safe disclosure, timely reporting, coordinated response, recovery and safe reintegration for child survivors of sexual violence, and to identify practical, prioritised actions to strengthen the continuum of care.

SESSION OBJECTIVES
By the end of the huddle, participants will be able to:
- Identify key barriers and enablers within child protection systems that influence safe, child-centred disclosure and access to protection.
- Examine the functionality of reporting, referral and care pathways, identifying critical gaps in institutional coordination and the delivery of timely, quality and safe services.
- Identify priority policy and implementation gaps relating to institutional mandates, protocols, workforce capacity, financing, accountability and equitable access to services.
- Prioritise feasible policy and system actions that governments and partners can take to strengthen continuity, quality and safety of care.

SESSION DESCRIPTION (MAXIMUM 150 WORDS)
Co-hosted by IIDC and the Government of Uganda, the session will examine how African child protection systems enable or impede safe disclosure, reporting, coordinated care and reintegration for child survivors of sexual violence. Through concise plenary framing, a rapid country poll, focused thematic group discussions and policy synthesis, participants will identify critical gaps, promising practices and opportunities to strengthen the continuum of care. The discussion will explore how legislation, policy implementation, institutional mandates, referral protocols, public financing, workforce capacity and accountability influence access to timely, coordinated and survivor-centred support. Participants will prioritise feasible policy and system reforms and identify relevant contextual African tools and resources to inform policy and practice. Key issues requiring deeper deliberation will be carried forward to the Rise Up Policy Forum.

CORE ANALYTICAL FRAMEWORK: THE CONTINUUM OF CARE

At the start of the session, each participant will receive a printed written account of the case. The printed account will be the shared evidence base for the discussion. Participants should refer to specific points in the account when analysing whether the system works as a connected pathway, rather than as a list of separate services:

- Safe disclosure and identification: a child can tell, or be helped to communicate, what happened without blame, intimidation or repeated questioning.
- Reporting and referral: clear, trusted and accessible routes connect the child to appropriate protection and justice actors without avoidable delay or duplication.
- Immediate and continuing care: timely access to health care, psychosocial support, child protection, legal/justice support and other locally available services, guided by the child's safety and best interests.
- Recovery, follow-up and safe reintegration: coordinated case management, appropriate family engagement where safe, continuity of support, confidentiality and protection from stigma or further harm.

Policy lens across every stage: What is required by law or policy? Who is accountable? Are protocols and referral pathways operational? Are services funded, accessible and adequately staffed? How is quality and follow-up monitored? Who is excluded, and what remedy exists when the system fails?

EXPECTED OUTPUTS

- A concise cross-country picture of one or two critical breakpoints in the continuum of care.
- Examples of promising practices from participating African contexts.
- Two or three prioritised policy and system reforms, with indicative responsible actors and implementation considerations.
- A short list of issues requiring deeper deliberation at the Rise Up Policy Forum.

SESSION DESIGN PRINCIPLES

- Use the plenary hall throughout to save time and avoid transitions between stations.
- Co-present: IIDC frames the case and continuum; a designated government official connects the discussion to policy, mandates and implementation realities.
- Pre-identify country contributors and brief them in advance; invite concise and comparative reflections based on experiences from their own countries.
- Keep the printed case account anonymised and discussion non-identifying. Do not invite participants to disclose real cases or sensitive personal information. Refer to the case account rather than speculating about details that it does not contain.
- Apply a child-centred, survivor-centred, trauma-informed, disability-inclusive and gender-sensitive lens; avoid blame, re-traumatisation and assumptions about children or families.
- Capture only prioritised findings and actions. Reserve very detailed policy and practice discussions and extended questions for the Rise Up Policy Forum.

KEY QUESTIONS FOR THE HUDDLE

- At which point does the continuum most often break down, and what does that mean for a child's safety, recovery and access to justice?

- Which policy, financing, institutional or accountability gaps explain the breakdown and what is already working that can be strengthened or adapted?
- Which two or three feasible system changes should governments and partners prioritise?

60-MINUTE SESSION RUN OF SHOW

The schedule keeps all participants in the plenary hall, uses the printed case account as the shared working document, and protects time for cross-country comparison and policy synthesis. No video replay, case retelling or rotating café format is planned.

Time	Segment	Method	Required Output
0–4 min	Welcome and purpose — IIDC	State the purpose, objectives, expected outputs and ground rules.	Shared focus; no case retelling.
4–10 min	Case re-anchor and continuum — IIDC + Government co-presenter (Mr. Rogers Golooba)	Distribute the printed case account. Allow participants 2 minutes to scan/annotate it against the four continuum stages; do not replay the video or retell the story. IIDC states the analytical task (continuum of care), while the government co-presenter identifies potential policy and institutional responsibilities to test against the case.	Common case and policy frame.
10–14 min	Rapid country pulse — facilitator	Live poll: "Which stage of the continuum of care is the most vulnerable in your context?" Display results immediately.	Prioritised stage for comparison.
14–18 min	Pre-identified country voices	Two or three pre-briefed participants from different African countries give up to 60 seconds each on one vulnerability or promising practice in their continuum of care.	Brief cross-country comparison.
18–33 min	Focused thematic group work — all participants remain in plenary hall	Four assigned groups work simultaneously on one theme each. Each group answers the same questions and records no more than three points. Facilitators capture outputs on a shared screen/laptop/notepad/phone or flipchart.	One breakpoint, one policy/system cause and one actionable recommendation per group.
33–45 min	Rapid group feedback — group rapporteurs	Four rapporteurs give 2.5 minutes each; facilitator gives 1 minute to connect the findings across the continuum.	Concise findings across all four themes.
45–55 min	Policy synthesis — Government co-presenter + IIDC	Test proposed actions against mandate, feasibility, financing, accountability and equity. Select two or three priority reforms; park detailed issues for the Rise Up Policy Forum.	Ranked policy/system priorities and responsible actors.
55–60 min	Close and resource signposting — facilitator	Final mentimeter poll: "Which reform should receive priority attention?" Display results immediately. Share or signpost the resource pack and summarise the issues to carry forward.	Priority signal and resource follow-up.

CASE ACCOUNT: HOW PARTICIPANTS WILL USE IT

The case video will already have been viewed by all participants before the session. A printed written account of the case, drawn from the video will be handed to each participant and will remain the reference document during plenary and group work.

Participant instructions: read the printed case account; mark the points relating to disclosure, reporting/referral, care, and recovery/reintegration; identify where the account shows a response, delay, barrier, positive practice or unanswered question. Keep comments grounded in the account and avoid assumptions about facts that are not stated.

Facilitator discipline: distinguish evidence from inference. If the written account does not establish whether a service was available, a referral was completed or follow-up occurred, record this as "not clear from the case account" and consider what information or accountability mechanism would clarify it. Do not imply that an unmentioned action definitely did not happen.

Safeguarding: ensure the printed account is anonymised and appropriate for the audience. Do not circulate identifying details, invite disclosure of personal experiences, or ask participants to speculate about the child's identity or motives.

THEMATIC GROUP TASKS

Each group should keep the printed case account in view and focus on its assigned point in the pathway. Distinguish clearly between (1) what the case account states, (2) what participants infer about system performance, and (3) what policy or system change they recommend. Do not treat missing information in the account as proof that a service or action did not occur; identify it as an information gap to verify.

Group 1 — Safe disclosure and identification

Discuss: Where do fear, stigma, power relations, disability-related barriers, age, gender or lack of trusted adults inhibit safe disclosure?

Policy probe: Which policy protections, trusted entry points, workforce practices or community mechanisms would enable safe, child-centred disclosure?

Output: one critical barrier; one enabling practice; one policy/system action.

Group 2 — Reporting, referral and coordination

Discuss: Are reporting channels clear, accessible and trusted? Where do delays, duplication, unclear mandates or weak referral feedback occur?

Policy probe: Are referral protocols, information-sharing safeguards and inter-agency responsibilities in place and used? Who is accountable when a referral fails?

Output: one breakpoint; one institutional or protocol gap; one improvement with a responsible actor.

Group 3 — Timely, quality and survivor-centred care

Discuss: Can children access appropriate health, psychosocial, child protection and justice support promptly and without avoidable repetition or further harm?

Policy probe: What constraints in financing, geographic access (hard to reach/serve), staffing, service standards, confidentiality or case management affect quality and continuity?

Output: one strength; one service or policy gap; one feasible investment or implementation action.

Group 4 — Recovery, follow-up and system accountability

Discuss: What happens after the immediate response? Is follow-up coordinated and is reintegration safe, supported and free from stigma?

Policy probe: Which policy, budget, data, oversight or accountability arrangements are needed to ensure continuity and identify children who fall through the gaps?
Output: one continuity failure; one promising practice; one or two priority reforms.

POLICY/SYSTEM GAPS AND IMPROVEMENTS CAPTURE TEMPLATE

Use a simple visible capture grid for each group. Record concise, comparable statements rather than long narrative notes.

Continuum stage	Observed breakpoint	Policy/system cause	Priority action	Responsible actor / enabling condition
Safe disclosure and identification				
Reporting, referral and coordination				
Timely, quality and survivor-centred care				
Recovery, follow-up and system accountability				

FACILITATOR PREPARATION CHECKLIST

- Confirm the Government of Uganda co-presenter and agree in advance on the policy and implementation perspective they will contribute.
- Pre-identify two or three participants from other African countries; request one concise example each of a continuum-of-care vulnerability or promising practice and brief them on timing.
- Prepare a concise, printed written account of the case for every participant, ensuring consistency with the video already viewed. Anonymise identifying details and remove unnecessary sensitive information. Include enough information to analyse disclosure, reporting/referral, care and recovery/reintegration, without adding facts not shown in the video. Prepare one simple visual showing the four continuum stages.
- Assign four thematic groups before the session; prepare visible prompts and nominate a rapporteur for each group. Do not rotate participants between stations.
- Prepare the live polls and a single shared capture slide or document, with a facilitator responsible for synthesising outputs.
- Compile and share a short, verified resource pack before or immediately after the huddle. Include African and global guidance relevant to child sexual violence response, case management, referral, health and psychosocial care, and policy implementation; identify the source, year, geographic relevance and link for each item. This will be online accessible via a QR code.
- Agree which issues will be captured for the Rise Up Policy Forum rather than debated in detail during the huddle.

RESOURCE PACK: PROPOSED CONTENT

Before circulation, IIDC will verify and select resources that are accessible and relevant to participating countries. The pack will prioritise:

- National laws, policies, standard operating procedures and referral pathways from participating countries.
- African regional or country-level guidance on child protection case management, multisectoral response and services for child survivors of sexual violence.
- Relevant global technical guidance on clinical management, psychosocial support, child-friendly justice, safeguarding, confidentiality and safe referral.
- Implementation tools: referral directory/template, case-management pathway, service-readiness checklist, supervision tool and indicators for monitoring timeliness, continuity, equity and quality.
- A short annotation for each resource: what it supports, intended users, geographic scope, date/version and accessible link.

Quality check: do not present a resource as an African tool or as current national policy until its origin, date, applicability and link have been verified.

CLOSING QUESTION

"Which policy or system reform would most improve the safety, timeliness and continuity of care for child survivors of sexual violence in your context and which actor must lead it?"

Facilitator closes by naming the top two or three priorities emerging from the poll and group work, and by signposting the detailed policy questions for the Rise Up Policy Forum.