The VCCMC model is a promising case management approach for communities. It addresses emerging needs in communities through partnerships and capacity building, supporting the SCCM, the Journeys Handbooks, and the SCCM Curriculum, which have been used to train key personnel in order to respond to cases of VAC and to address child protection concerns. It is part of the SCCM and VCCMC Curriculum training yet they are key players as far as the members can act as watchdogs and reference points for caregivers to seek information about their children. The SCCM has been scaled up in 13 districts and has been used to train 20 VCCMCs.

**IMPLEMENTATION CHALLENGES**

1. A VCCMC is comprised of only seven members: 2 teachers, 1 school management committee (SMC) or Parents and Teachers Association (PTA) member, 1 religious workers by multiple roles in various organizations, 1 chairperson in two or more roles, 1 community or local council (LC) leader to talk to their parents about positive and negative experiences on the cases they are handling. The VCCMC can invite other committee members to enrich its deliberations.
2. The model only handles non-statutory cases.
3. The model is supported by the CDO and other government structures.
4. The requirement of evidence and key facts to advance cases for resolution by law is complicated.
5. The members are statutory or non-statutory so that the cases can be handled appropriately.
6. The members of the VCCMC identify cases and determine whether they should be handled by national, sub-county, divisional, or village layers. Once the VCCMC has been formed, each member is assigned a role to play, e.g. religious workers by various roles in organizations (CSOs), faith-based organizations (FBOs) and other stakeholders. The chairperson is the team leader of the VCCMC, and as such, s/he is responsible for recommending cases for closure in consultation with the committee members. Once cases are determined in terms of statutory or non-statutory, the VCCMC organizes mini case conferences at the village level with the VHTs and Bantwana’s female community members. Bantwana’s female community members. The VCCMCs' efforts before and during the COVID-19 lockdown resulted in the training of 20 VCCMCs to enhance their skills and competences to focus efforts in identifying, acting as watchdogs, and reference points for caregivers to seek information about their children. The VCCMCs' activities mainly focused on child neglect, campaigns. To date, 92 children (34 male, 58 female) have received different services including: home visits to 35 children (17 male, 18 female) by VCCMC members, a meeting with 9 children (5 male, 4 female) at the village level, VHTs by scheduling home visits, community leaders by scheduling home visits, and follow-up of 40 children (20 male, 20 female) for a period of six months.

The guidelines emphasize the importance of strengthening the child protection system at all levels, especially at the community level, where mechanisms to detect and respond to child rights violations can prevent abuse and improve the well-being of children.

**APPROACH**

1. There are a few challenges encountered in its implementation which are:
   a. There is a lack of capacity among VHTs and Bantwana's male community members.
   b. There is a lack of coordination between the VHTs and Bantwana’s male community members.
   c. There is a lack of support from the CDOs.

**OBJECTIVES**

1. To support communities in responding to cases of VAC and to address child protection concerns.
2. To address emerging needs in communities through partnerships and capacity building.
3. To support the SCCM, the Journeys Handbooks, and the SCCM Curriculum training.
4. To train key personnel in order to respond to cases of VAC.
5. To respond to child rights violations and improve the well-being of children.
6. To prevent abuse and improve the well-being of children.