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Protecting Hope: Situation Analysis of Vulnerable Children in Uganda

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2009

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Foreword

Government of Uganda's commitment to the fulfillment of the rights of vulnerable children is manifested in the National Policy (NOP) and Strategic Programme Plan of Interventions (NSPPI). The NOP and the NSPPI have been under implementation since November 2004 and have guided actors in providing integrated and comprehensive services to vulnerable children.

While implementation of the policy and its corresponding plan has partially addressed the concerns of vulnerable children, there is limited information about the number of vulnerable children supported, their geographic distribution, characteristics and service gaps that remain to be addressed. In addition, data on existing programs addressing the rights of vulnerable children is also grossly inadequate. It is against this background that government of Uganda with support from the United States Agency for International Development (USAID) in Uganda contracted the Population Council and its partners; Uganda Bureau of Statistics (UBOS) and Mathematica Policy Research, to conduct a second Situation Analysis of vulnerable children in Uganda; the first Situation Analysis having been conducted in 2004 prior to the formulation of the NOP and the NSPPI. The major objective of the study was to establish the scope of the problem of vulnerable children and the current national response to it. Essentially, the analysis sought to contribute to building a knowledge and information base that would inform those working with vulnerable children and the development of the second National Strategic Programme Plan of Interventions.

The main findings of the study show that overall, progress towards the national OVC response remains on course, albeit un-evenly across some core service areas and sub-regions. Based on a simulation exercise, health core programme area was the best addressed with 15 percent of the vulnerable children reporting to have received medical assistance. In terms of services accessed by more than 6 percent of households, training in modern farming techniques, agricultural inputs and schooling stand out as most received. Specifically, 9.1 percent OVC households received modern farming techniques during the last 12 months; 7.7 percent received agricultural inputs while 6.9 percent received educational support for OVC. The least support received by households was recorded in start up capital at 1.8 percent and skills training at only 1.2 percent.

However, despite the general positive progress in realizing the rights of vulnerable children, the impact has been less marked in many other areas. Using indicators developed specifically for this study and definitions contextualized within the Uganda situation, up to 96 percent of children are considered to be vulnerable, 43 percent moderately while 8 percent are considered critically vulnerable. The study further indicates that out of an estimated 17.1 million children below the age of 18 years, 14 percent (approximately 2.43 million) have been orphaned.

High levels of prevailing poverty continue to impact negatively on OVC, heightening their vulnerability. Additionally, the demographic dynamics of Uganda show a rapid population growth especially among the vulnerable groups. This has several implications

for resource allocation for the realization of the rights of vulnerable children. Consequently, enhanced funding for the OVC response remains essential if current achievements are to be safeguarded and future plans secured.

This Situation Analysis Study Report marks yet another milestone in the Uganda Government's commitment to improve the quality of life of vulnerable children. I wish therefore to express my appreciation to Population Council and its partners for the lead role they provided, USAID for the financial support and all those who worked tirelessly to produce this report. I hope that the findings and recommendations in the report shall be used by all stakeholders to enhance the OVC national response.

Hon. Opio Gabriel
Minister for Gender, Labour and Social Development

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AVSI	Association of Volunteers in International Service
CAWADISA	Children and Wives of Disabled Soldiers Association
CRD	Community Resilience and Dialogue
CBO	Community-Based Organization
CBT	Community-Based Trainers
CDC	Centers for Disease Control and Prevention
CPA	Core Program Area
CSO	Civil Society Organization
CORE	Communities Responding to HIV/AIDS Epidemic
FIDA	Federation of Women Lawyers
FGD	Focus Group Discussion
GOU	Government of Uganda
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
IRC	International Rescue Committee
LC	Local Council
MEEPP	Monitoring and Evaluation of the Emergency Plan Progress
MGLSD	Ministry of Gender, Labor and Social Development
NGO	Non-Governmental Organization
NIU	National Implementation Unit
NOP	National OVC Policy
NSPPI	National Strategic Program Plan of Interventions for Orphaned and other Vulnerable Children
OVC	Orphaned and other Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
SIDA	Swedish International Development Agency
TASO	The AIDS Support Organization
TPO	Trans-cultural Psychosocial Organization

TSO	Technical Services Organization
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNAIDS	Joint United Nations AIDS Program
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United States Agency for International Development
USG	United States Government
USE	Universal Secondary Education
UWESO	Uganda Women's Effort to Save Orphaned Children
WFP	World Food Program
WVU	World Vision Uganda

1. Executive Summary

The Government of Uganda (GOU) has focused attention on the problem of orphaned and other vulnerable children (OVC) through a number of policies, regulations, and initiatives. In 2004, the Ministry of Gender Labor and Social Development (MGLSD) developed the National OVC Policy (NOP), aimed at improving the quality of life for poor and vulnerable children, such as children who have been orphaned, children who are living on the streets, children who are at risk of abuse, and children exposed to situations of armed conflict.

However, despite the many efforts to improve the circumstances of vulnerable children in Uganda, policymakers, donors, and program managers still lack comprehensive and up-to-date information about their numbers, geographic distribution, characteristics, and needs. Furthermore, documentation of existing programs addressing the circumstances of vulnerable children is limited. To address these needs, the United States Agency for International Development (USAID)/Uganda contracted the Population Council and its partners, Uganda Bureau of Statistics (UBOS) and Mathematica Policy Research, to conduct a Situation Analysis of vulnerable children in Uganda. The Situation Analysis aims to increase the understanding of the scope of the problem of vulnerable children and the response to it, including the full spectrum of core services, in order to facilitate country-wide planning and to inform current and future programming efforts.

Methods

Following a literature review and stakeholder consultation, the research team conducted a nationally representative household survey to estimate vulnerable children in Uganda. Two questionnaires, one general household questionnaire and a second exploring the welfare of children in the household, were administered to adult respondents in 2,551 households resulting in a total sample size of 7,946 children. Questions addressed household and children's circumstances, contact with external support programs, and the extent to which programs meet their needs.

Qualitative data collection activities conducted nationally included in-depth interviews (n = 36), key informant interviews (n = 14), and focus group discussions (n = 18) with respondents in a variety of roles supporting children to further understand their situation. In addition, nine Child Forums were held to elicit the perspectives of children on the vulnerable children in their communities.

Other data collection methods included an assessment of organizations providing support for vulnerable children throughout Uganda, to explore the degree of comprehensiveness of service provision in terms of approaches employed and geographical coverage, and to seek information on costing. An in-depth cost analysis was conducted for selected organizations.

Results

Vulnerability scores

Recognizing the need for a simple tool by which to rapidly assess children's vulnerability, the research team developed a vulnerability scoring system to apply to household survey data, in order to derive a single compound measure of vulnerability integrating a wide range of factors. This score can be used to assess and identify degrees of children's vulnerability from household survey data; differentiating between children who are critically, moderately or generally vulnerable, and those not to be considered vulnerable at all. This measure is intended for national strategic planning, targeting, and monitoring purposes.

Estimates of orphaned and other vulnerable children

Household survey data was used to estimate the number of vulnerable children in all four major regions of Uganda. Household survey data indicate that 14 percent of children in Uganda have been orphaned (i.e., experienced the loss of one or both parents), which is equivalent to a national total of 2.43 million out of 17.1 million children under age 18. According to the Uganda-specific definition and indicators developed during this research, nationally, up to 96 percent of children have some level of vulnerability. Within this broad grouping of vulnerable children, degrees of vulnerability can be distinguished for the prioritization of support services: nationally, 51 percent of children in Uganda are considered moderately or critically vulnerable, equivalent to a national total of approximately 8 million vulnerable children in Uganda.

Residential status of orphaned and other vulnerable children

Survey data illustrate some differences in the distribution of orphanhood and vulnerability between children in urban and rural areas. Data suggest that orphanhood in urban areas is significantly higher than in rural areas (18 percent urban vs. 14 percent rural; $p = 0.002$), but that degrees of vulnerability tend to be higher in the rural areas for moderately and critically vulnerable children combined (43 percent urban vs. 52 percent rural, $p = 0.000$).
Based on the vulnerability score, overall vulnerability tends to be highest in the conflict-affected Northern region, and lower in the more affluent Central region. Vulnerability tends to be higher in rural areas. The percentage of children defined as critically vulnerable remains fairly constant throughout the regions, at approximately 8–9 percent.

Coverage of external support services

The most common form of external support reported by household respondents was medical support, received for 15 percent of all children. Other common forms of support received by more than 6 percent of households were training in modern farming techniques, agricultural inputs and schooling. During qualitative research, adult and child respondents felt that few organizations are actually offering comprehensive care to vulnerable children. Most

organizations tend to provide educational support and support in one or two other core program areas. However, the household survey indicated that only 11 percent of moderately vulnerable children and 8 percent of critically vulnerable children received schooling support.

> *The needs of the OVC are very wide and there is no particular organization that can meet comprehensively all the needs.*
>
> NGO staff, Northern region

Government efforts to address the needs of vulnerable children

The Situation Analysis examined the government's structures, tools and guidelines to enable implementers to provide services to vulnerable children in the country. In 2004, the Government of Uganda launched the National OVC Policy together with the National Strategic Program Plan of Interventions for Orphaned and other Vulnerable Children. However, levels of training and awareness of the National Strategic Plan among local leaders and service providers is limited. In addition to providing overall strategic, policy and technical guidance, the government through its various ministries is responsible for directly delivering services to vulnerable children in at least three areas: education, health care and child protection.

Civil society organizations' efforts to address the circumstances of vulnerable children

NGOs were reported to have a big impact on the few vulnerable children they reach, but many children are excluded as a result of the criteria used to define beneficiaries. The Situation Analysis includes details of funding sources, the services provided, and the coverage of the core program areas. Most organizations were found to select the children they serve based on vulnerability. The qualifying criteria differed from one organization to another, ranging from gender, level of vulnerability, age, physical state of the child, among others. Few organizations focused on street children and children from very poor families.

Community efforts to address the circumstances of vulnerable children

According to the National Strategic Plan, the nuclear and extended family should be the first line of response to the needs of vulnerable children followed by members of the community. Respondents cited numerous ways in which communities are supporting vulnerable children, especially helping external aid agencies to identify children needing help and participating in the monitoring of external aid to families with vulnerable children. At the same time, many respondents shared stories of abuse or neglect of children by caregivers, including taking property or selling goods intended for income generation. A common theme was the overwhelming impact of poverty and low resources on the community and families.

Promising practices in organizational approaches to providing services

It was widely recognized that no single organization has the legislative authority, mandate, staff, or financial resources to meet all the needs of children and their families. For this reason partnership, networking, linkages and referrals comprise a strategy that was reported by many organizations. The Situation Analysis highlighted innovative examples of strategic partnerships. Although none of the organizations reviewed during this study could provide outcome data from their services, they did provide output data. The Situation Analysis includes promising practices in various areas such as collaboration, community involvement, capacity building and efforts at enhancing sustainability.

Challenges to the efforts to provide support to vulnerable children in Uganda

The underlying factor behind most challenges is the sheer inadequacy of resources. Throughout the interviews it was apparent that the household—the very entity that is supposed to protect vulnerable children—can become a serious source of abuse of children and misuse of donated resources or inherited properties of the children. These issues are supposed to be addressed by two core program areas, Child Protection and Legal Aid, yet these areas were receiving the least attention. Ensuring that high quality services are delivered in a coordinated manner that meets national standards remained a challenge. Another weakness was the lack of careful planning and good management skills for income generating activities.

Cost of delivering comprehensive care and support for vulnerable children

Based on the information gathered during the interviews with program staff as well as other documented information UWESO, TASO and World Vision Uganda were selected for a detailed cost analysis. This includes a breakdown of the services offered, total costs, costs per household, as well as the cost per child.#

Discussion

This Situation Analysis brings together multiple data sources to explore the complex circumstances of children in Uganda who have been orphaned and rendered vulnerable through a variety of different factors. According to the analysis of survey data presented in this Situation Analysis, vulnerability is widespread among children in Uganda. The vulnerability score contributes to the overall goal of this Situation Analysis by providing an easily accessible tool to prioritize the circumstances of the most vulnerable children in the Ugandan context and to facilitate planning a response by policy makers and program implementers.

The widespread levels of children's vulnerability remain a cause of great concern, raising questions about the ability of existing services to address such high levels of need, and the efficiency of setting targeting criteria to guide service delivery. Stakeholders concur that they

are overwhelmed by the task of providing services to such high levels of vulnerable children in increasingly dire circumstances. The assessment of external support received by children in the survey illustrated how few are actually being reached. The best case scenario was medical support reaching only 15 percent of the children in the households surveyed.

A major area that is deficient in the effort to help vulnerable children is coordination and networking. Some respondents reported a few examples of successful coordination at the district level and networking on a particular issue like child protection. However, most respondents were of the view that the organizations providing support to vulnerable children were largely uncoordinated and not networking.

Continuous monitoring of the situation of vulnerable children is another area of paramount importance that is not well done. To this end, process and output indicators need to be incorporated into regular household surveys. External support needs to be monitored at national, local and organizational levels to assess the coverage and effectiveness of support programs.

Recommendations

The following recommendations emerging from the data are suggested next steps for action by the different groups addressing the circumstances of vulnerable children in Uganda.

Strategy and policy makers

- Build district-level Government structures to ensure better coordination
- Increase funding and collaboration for child protection
- Review universal education systems to ensure that all children including vulnerable children realize their right to education
- Strengthen monitoring and evaluation
- Consider the role of institutional care and transition homes
- Address corruption at all levels

Program managers and implementers

- Review targeting criteria for interventions
- Conduct household assessments before delivering income generating activities
- Strengthen networking and coordination
- Increase community involvement in intervention design and delivery
- Address the concerns of older vulnerable children to ensure age appropriate interventions

Community-level organizations

- Empower existing village level structures
- Build capacity of family to care for and protect vulnerable children
- Expand support networks for community-run programs
- Address the emerging culture of dependency

Researchers

- Provide more detailed mapping of OVC
- Measure outcomes over time
- Develop vulnerability scores
- Investigate street children further

2. Background

2.1 Overview—the Situation of Vulnerable Children in Uganda

Uganda was one of the first countries in which the potential impact of the HIV and AIDS epidemic on children was documented and recognized (Hunter 1990, Müller and Abbas 1990, Dunn et al. 1992). According to *Children on the Brink 2000* (Hunter and Williamson 2000), in 1990, 17 percent of Uganda's children below 15 years old were orphaned. The Uganda National Household Survey conducted by UBOS in 2005/6 identified that 15 percent of Ugandan children (below the age of 18 years old) were orphaned, suggesting that at that time there were approximately two million orphaned children in Uganda.

In Uganda, a child who has been orphaned is defined as a child below the age of 18 years old whose mother or father has died[1] (MGLSD 2004b). According to this definition, orphaned children are just one category of vulnerable children in Uganda, since many more children live in situations that render them vulnerable. Rampant poverty and lack of access to basic services (such as appropriate housing, health care, education, water, and sanitation) have left many children vulnerable to high risks of exposure to harm. The criteria currently used in Uganda by the National OVC Policy (NOP) and National Strategic Program Plan of Interventions for Orphaned and Other Vulnerable Children (NSPPI) to identify vulnerable children (for purposes of enumeration and intervention allocation) are shown in Box 1.

Box 1 Criteria currently used for identifying vulnerable children in Uganda

1. Living on their own/institutionalized
2. Psychosocial status poor/potentially poor
3. Unstable environment (abusive, conflict, migratory)
4. In need, as determined by consensus but could include: inadequate food (one meal or less), inadequate clothing (fewer than three sets including uniform), poor shelter (grass thatch and mud walls), lack of/irregular education, regular cash income < US $1 equivalent per day
5. Orphaned
6. Single/widowed caregiver or head of household
7. Chronically ill adult in household
8. Female caregiver or head of household
9. Elderly caregiver or head of household
10. Abandoned (parents known to be alive or assumed alive but cannot be located)
11. Parents or guardians cannot be located or are absent (are assumed dead or known to be missing and cannot be located)
12. Chronically ill child
13. Illiterate/not going to school
14. Disability

Source: NSPPI (MGLSG 2004b)

[1] A child who has lost a mother is a maternal orphan, while a child who has lost a father is a paternal orphan. A child who has lost both parents is a double orphan.

2.2 Responses to Vulnerable Children in Uganda

Government response

The Government of Uganda (GOU) has focused attention on the problem of orphaned and other vulnerable children by enacting policies and regulations, attempting to register vulnerable children, and undertaking various efforts to promote community support and fostering and to re-unite children in orphanages with their extended families (MGLSD 2002).

In 1996 the GOU established the Children Statute (later renamed the Children Act), which provides a legal framework for the protection of children, stating that, “children have a right to education, immunisation, adequate diet, clothing, shelter, medical attention and not to be discriminated against, subjected to violence, abuse or neglect." The government also began encouraging communities to take orphaned children into their homes and to care for them. In 1997, the GOU introduced free Universal Primary Education (UPE).

In 2004, the Ministry of Gender Labor and Social Development (MGLSD) developed the NOP, aimed at improving the quality of life for poor and vulnerable children. In order to implement the NOP, the GOU and its partners developed a strategy document, the NSPPI (MGLSD 2004b) and the Quality Standards for the Protection, Care, and Support of Orphans and Other Vulnerable Children in Uganda (MGLSD 2007). These documents identified 10 core program areas (CPAs) essential to the wellbeing of vulnerable children under four main themes or building blocks (Table 1).

Table 1 Core program areas for services for vulnerable children

Building Blocks	Core Program Areas	Description
1. Sustaining Livelihoods	CPA I: Socioeconomic Security	The ability and capacity of orphaned and vulnerable children and/or households with orphaned and other vulnerable children to sustain their livelihood over the medium- and long-term with or without short-term emergency assistance.
	CPA II: Food Security and Nutrition	The process by which individuals and households ensure that they are able to access through either primary production or secondary acquisition, adequate and appropriate foods that guarantee their short- and long-term nutritional needs.
	CPA III: Care and Support	The provision of basic commodities, such as food, clothing, bedding, and/or shelter to an orphan, other vulnerable child, household, or institution taking care of orphaned and/or other vulnerable children.
	CPA IV: Mitigation of the Impact of Conflict	The process by which individuals, households, and communities—in collaboration with civil society, government, and private sector—work to secure an environment in which essential social services can reach vulnerable populations affected by conflict.
2. Linking Essential Social Sectors	CPA V: Education	The formal and informal systems of information acquisition, skill building, and technical experience that are made available during childhood, but may involve adults who are seeking to acquire new skills.
	CPA VI: Psychosocial Support	Assistance to positively and meaningfully affect the psychological and social situation that impacts on mental function and social behavior in relation to family and society.
	CPA VII: Health	The state of physical, mental, and emotional well being that provides an opportunity for individuals to be as productive as possible and achieve their greatest potential.
3. Strengthening Policy and Legal Frameworks	CPA VIII: Child Protection	The immediate response to circumstances and conditions that create gross violation of the rights of children, subjecting them to serious risks and hazards.
	CPA IX: Legal Support	OVC are protected from all forms of abuse and exploitation and from hazards and harm.
4. Enhancing the Capacity to Deliver Services	CPA X: Strengthening Capacity	The process by which individual, household, community, and national capacity are improved in order to deliver adequate care, support and services to orphaned and other vulnerable children.

Source: Quality Standards for the Protection, Care and Support of Orphans and Other Vulnerable Children in Uganda (MGLSD 2007)

The implementation of the NSPPI is managed by a NSPPI Implementation Unit (NIU), formerly the OVC Secretariat. The NIU is under the supervision of the Director of Social Protection and works closely with the Department of Youth and Children Affairs and with the Policy, Planning, and Accounting units of the MGLSD.

In addition to the responsibilities of the NIU, there are also key areas of national law and policy affecting children, which are implemented through other government agencies and across all sectors, including education, health, and legal protection. Under the overall leadership of MGLSD, government agencies, including the Uganda AIDS Commission and the National Council for Children, work with other key players addressing issues affecting vulnerable children. Responsibilities include providing technical assistance and building capacity for implementation of interventions for vulnerable children and coordinating, monitoring, and evaluating interventions in government institutions, civil society organizations (CSOs), and the private sector. Through these agencies, interventions for vulnerable children are integrated into the respective aspects of the National Development Plan.

At the district level, support for vulnerable children involves the efforts of probation officers, the police, judges, and child welfare officers and Community Development Officers at the sub-county level. According to the NSPPI, local government plays an important coordinating and implementing role starting with the Ministry of Local Government through all levels of local councils—from the lowest, village level Local Council-1(LC-1) to the highest, district level Local Council-5 (LC-5). The representatives of the MGLSD in the districts are the District Probation and Social Welfare Officers, who work closely with the Secretary for Children's Affairs at the respective LC-5 offices. District AIDS Committees are also involved in the coordination of HIV-specific interventions targeting vulnerable children. In addition, OVC committees have been formed at district and sub-county levels, and child protection committees have been formed in some districts in the north and northeast regions.

The preferred practice in Uganda is that protection, care, and support services for vulnerable children are organized at the household level. In 1996, the MGLSD enacted a policy that favored family- and community-based care, with institutional care a last resort (MGLSD 2002). In the absence of immediate family, vulnerable children should be cared for by the extended family and community members to keep the children in a familiar and stable environment.

Donor, non-governmental organization, and civil society response

The major development partners funding the provision of services for vulnerable children include the United States Government (USG), UNICEF, and the Civil Society Fund—a basket funding mechanism of the GOU (through Uganda AIDS Commission and MGLSD)—which currently received funds from the USG, the United Kingdom Department for International Development, Irish Aid, the Danish International Development Agency, the Italian Development Cooperation, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Funding from these partners sometimes flows through government entities, but a significant proportion is channeled through CSOs.

The GOU recognizes the crucial role of and works closely with non-governmental organizations (NGOs), community-based organizations (CBOs), CSOs, and faith-based organizations to provide care, support, and protection for vulnerable children. A National Steering Committee on Vulnerable Children comprising representatives of implementing

organizations was set up to promote partner coordination and to provide guidance and support for the implementation of the NSPPI. There are thousands of NGOs and CSOs involved in the response.

2.3 Situation Analysis Aim and Objectives

Despite the many efforts to improve the circumstances of vulnerable children in Uganda, policymakers, donors, and program managers still lack comprehensive and up-to-date information about their numbers, geographic distribution, characteristics, and needs. Furthermore, documentation of existing programs addressing the circumstances of vulnerable children is limited. To address these needs, the United States Agency for International Development (USAID)/Uganda contracted the Population Council and its partners, Uganda Bureau of Statistics (UBOS) and Mathematica Policy Research, to conduct a Situation Analysis of vulnerable children in Uganda. The Situation Analysis aims to increase the understanding of the scope of the problem of vulnerable children and the response to it, including the full spectrum of core services, in order to facilitate country-wide planning and to inform current and future programming efforts. Specific objectives are to:

1. Develop a Uganda-specific definition of vulnerable children;
2. Apply this definition to estimate the magnitude and characteristics of vulnerable children;
3. Identify approaches currently used to address the needs of vulnerable children;
4. Document successful strategies and challenges, focusing on the USG-funded partners; and
5. Determine the costs of delivering support services to vulnerable children.

3. Methods

The Situation Analysis was guided by the framework established in *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS* (Family Health International 2005) and includes the following methods:

1. Literature review of secondary data sources,
2. Stakeholder consultation,
3. Household survey,
4. Qualitative research,
5. Organizational assessments and case studies, and
6. Cost analysis.

3.1 Literature Review of Secondary Data Sources

The team began by conducting a desk review of resources addressing vulnerable children in Uganda. These include a variety of MGLSD documents covering policy, strategic plans, data, services, and quality standards for vulnerable children, as well as MGLSD guidelines and tools for service providers and caregivers, addressing training, best practices, needs/program assessment, quality standards, management information systems, and resource tracking. Other sources of information included assessments of socioeconomic interventions and psychosocial support programs by the Makerere Institute of Social Research and the Makerere Institute of Psychology, respectively, and the Monitoring and Evaluation of the Emergency Plan Progress (MEEPP) database, which is used to record information about organizations providing support for vulnerable children under the United States President's Emergency Plan for AIDS Relief (PEPFAR).

The literature review helped the team to characterize the current response to vulnerable children in Uganda and the response of the recent past. The MGLSD documents were vital in providing information about the evolution of the governmental response since the mid-1980s. The two studies conducted by Makerere University provided a systematic analysis of the response in the specific areas of psychosocial support and socioeconomic strengthening. Data from the MEEPP data base helped in quantifying the response using good quality service delivery data. (Please see References section for a complete list of documents consulted for this Situation Analysis.)

3.2 Stakeholder Consultation

The team also consulted with stakeholders to elicit their views on the key issues affecting vulnerable children in Uganda and to seek their support and guidance in the development of the Situation Analysis. A stakeholder meeting was held on December 17, 2008 at the CORE Initiative offices in order to review the proposed methodology of the Situation Analysis. Participants represented MGLSD, CORE Initiative, UNICEF, USAID, and measurement experts from UBOS. Topics included: identifying key criteria and quantitative indicators as

well as methodology for the identification of vulnerable children; identifying criteria and methodology for selection of organizations for the cost study and for the organizational assessments; and agreeing on the best ways to elicit views of children.

In March 2009 the MGLSD appointed a Steering Committee comprising key stakeholders who had been involved in the implementation of OVC interventions, including representatives from government, United Nations (UN) and bilateral agencies, CSOs, and faith based organizations. Their key assignments were to:

1. Review the proposed survey tools and recommend adoption and usage; and
2. Provide recommendations and guidance to MGLSD and development partners on findings of the formative assessment.

Finally, team members attended external meetings to consult with key experts on vulnerable children in Uganda. These included the MGLSD Brainstorming Workshop to prepare for NSPPI revision (Entebbe, 6 August 2009) and the MGLSD/CORE Initiative Workshop to share lessons learned in programming for support of vulnerable children in Uganda (Kampala, 26–28 August 2009).

3.3 Household Survey

Survey design and sampling

The household survey sample was designed to allow for estimates of vulnerable children at the national level, for urban and rural areas, and for the four statistical regions of Central, Eastern, Northern, and Western (Table 2).

Table 2 Summary of household survey coverage

Region	Number of districts surveyed
Central	15
Eastern	23
Northern	16
Western	19

The sample was selected using a two-stage sampling design. In the first stage, 263 clusters were selected from a list sampled in the 2008 National Service Delivery Survey.[2] In the second stage, 10 households were selected from each cluster (enumeration area) using simple random sampling, based on a complete listing of the households in the cluster. The sample size goal was 2,630 households. Denominators given in the tables refer to the appropriate

[2] The 2008 National Service Delivery Survey sample was based on the 2002 Population and Housing Census sampling frame.

household survey sample, and sampling weights[3] were used to derive weighted estimates of national equivalents based upon survey data.

Instrument development

Instruments were developed using existing tools from the Uganda Demographic and Health Survey (UBOS and Macro International 2007) and *Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS* (Family Health International 2005).

Two survey instruments (Appendix 2) were developed for use at each household:
1. A general household questionnaire
2. A questionnaire exploring the welfare of all child residents in the household.

Questions relating to children's vulnerability were asked for each child under 18 years old residing in the households surveyed, resulting in a total sample size of 7,946 children in 2,551 households. Questions addressed household and children's circumstances, contact with external support programs, and the extent to which programs met their needs. It should be noted that all questions, including those about children, were answered by an adult respondent.

Survey organization and field work

Training of data collectors took a total of eight days and included lectures and field work practice, as well as translation of the questionnaires into the six major local languages. The questionnaires were pretested during the field work practice exercise. Nine data collection teams, each comprising a supervisor, three interviewers, and a driver, were deployed to the field over a one-month period between May and June 2009. The teams were guided by a LC-1 official who helped identify the houses listed in the sample.

Data management and processing

Processing of the household data commenced immediately after the fieldwork was completed. To ensure high data quality, a system of double entry was used. Data processing personnel included a supervisor, data entry operators, and office editors to further assess the

[3] Weighting methodology: Sampling weights are adjustment factors applied to each case in tabulations to adjust for differences in probability of selection and interview between cases in a sample, either due to design or happenstance. Many times the sample is selected with unequal probability to expand the number of cases available (and hence reduce sample variability) for certain areas or subgroups for which statistics are needed. In this case, weights need to be applied when tabulations are made of statistics to produce the proper representation. When weights are calculated because of sample design, corrections for differential response rates are also made. There were two main sampling weights in the Situation Analysis: household weights and individual weights. The household weight for a particular household is the inverse of the selection of the cluster (enumeration area) multiplied by the inverse of its household selection probability from the cluster.

consistency of the data collected before being captured. The data was captured using CS Pro. A computer program for verification and validation was developed and operated during data processing. Range and consistency checks were included in the data entry program. More intensive and thorough batch edits were carried out using MS-Access by the processing team. After data cleaning, the data sets were converted to STATA/IC 10 to enable generation of analytical tables and graphs. Where cross-tabulations revealed differences in key indicators, tests of statistical significance were conducted using Epi Info STATCALC.

3.4 Qualitative Approaches

Qualitative data collection activities were conducted in English in May 2009 in 13 districts representing the four regions of Uganda (Table 3), using a convenience sample based upon interviewer travel routes and approved by the Steering Committee.

In-depth interviews

In-depth interviews (n = 36) were conducted with teachers and head teachers, local political leaders, NGO representatives, police officers, and probation officers. These participants were chosen for their roles in supporting vulnerable children in their community and because their opinions, information, and experience are crucial to understanding the situation of vulnerable children. Interviews addressed: participant roles with regard to vulnerable children, definitions of vulnerable children, the needs of vulnerable children, and the current response to these needs, the NSPPI, and participant experiences with situations where children are abused, neglected, or denied rights.

Key informant interviews

Interviews (n = 14) were conducted with national-level officials from MGLSD, UNICEF, USAID, Uganda AIDS Commission, The AIDS Support Organization (TASO), CORE, the Ministry of Health, and World Vision. Key informants were selected to include a cross-section of participants from the government, donors, and major national NGOs providing support to vulnerable children. Interviews addressed similar topic as the in-depth interviews, as well as participants' assessment of funding for the support, care, and protection of vulnerable children.

Focus group discussions

Focus group discussions (FGDs) (n = 18) were held with community-level participants including LC leaders and chiefs, field staff of support organizations for vulnerable children, relevant field government staff, and teachers. FGDs ranged from 8 to 12 participants and were not separated by sex, expertise, or seniority. At least one FGD was conducted in each district; in districts where no Child Forums (see below) were conducted, two FGDs were conducted.

Child Forums

This Situation Analysis sought to explore the views of children in a sensitive, age-appropriate way. In consultation with key stakeholders, the team determined that an appropriate vehicle for exploring the views of children would be to conduct discussions within the setting of their own schools. These discussions became known as "Child Forums."

In eight of the 13 districts, a Child Forum was conducted in a primary school (for children aged 6 to 12 years old) and a secondary school (for children aged 13 to 17 years old). Districts were conveniently selected based on the travel schedule of the interviewers.

Moderators were local school teachers who had been specially trained by the team on issues of children's vulnerability. The children were selected by the teacher and only those children whose parents agreed and brought them on the required day participated. Each Child Forum was attended by between 20 to 40 students, mixed in sex but separated by age.

Moderators were instructed not to ask or let children narrate personal stories, but rather to talk about their awareness of orphaned and other vulnerable children in their community, their needs, who helps them, and what they felt should be done to help them. Older children (aged 13 to 17 years old) were asked about their awareness of children taking risks such as having sex or using drugs and alcohol, children in conflict with the law, children's participation in decision-making about their own lives, and how the community responds to children infected and affected by HIV and AIDS.

Table 3 Summary of qualitative methods

Region	District	IDIs					FGDs	Child Forums	
		Teacher/ Head teacher	Political leader	NGO staff	Police	Probation officer		Ages 6–12	Ages 13–17
Central	Kampala	1	1	2	1		3	2	1
	Luwero			1			1		
	Mubende			1	1		1	1	1
	Masaka				1	1	1	1	1
Eastern	Jinja	1		1	1		1	1	1
	Mbale		1	1	1		2	1	1
	Soroti		1	1					
North	Lira		1	1			1	1	1
	Gulu		1		1	1	2		
	Arua	1		1	1		1	1	1
West	Masindi		1		1		1	1	1
	Fort Portal			2	1		1		
	Mbarara		2			1	2		
Total		4	8	11	10	3	18	9	8

Instrument development

All instruments used to guide qualitative interactions were developed in collaboration with the members of the Steering Committee during a two-day workshop in March 2009 (Appendix 3). The evaluation team used these tools to train the interviewers, pilot test them, and collect data. Members of the Steering Committee participated in the training of interviewers and in the review of outcomes of the pilot testing.

Data management and analysis

A moderator and a note-taker were present for every qualitative interaction. Data were collected using hand-written notes plus audio taping. Transcripts were typed in Microsoft Word from audio tapes and notes, and checked by supervisors to verify accuracy. The team developed a coding tree, verified it against a sample of 10 transcripts, and applied it to manually categorize the transcripts. Emerging themes were extracted from the categorized data and written up by theme, including verbatim quotes.

3.5 Organizational Assessment and Case Studies

The final data collection method used was an assessment of organizations providing support for vulnerable children throughout Uganda, to explore the degree of comprehensiveness of service provision in terms of approaches employed and geographical coverage, and to seek information on costing.

Organizations were identified for inclusion in the scanning process if they met the following inclusion criteria:

- intervention was implemented for at least two years;
- area of coverage was at least at the level of the sub-county; and
- intervention reached at least 300 direct beneficiaries.

Analysis focused mainly on USG-supported programs for vulnerable children in Uganda, but some non-USG-funded organizations were deliberately included in order to provide a broader perspective of programs for vulnerable children. The team ensured that there was fair geographical distribution across the four major regions of the country (Moroto and Arua in the North; Masindi, Fort Portal, and Mbarara in the West; Mubende, Masaka, Kampiringisa, and Kampala in Central; and Bugiri, Tororo, and Soroti in the East). Further, at least one organization serving children on the streets and one serving children in conflict with the law were included. Screening questionnaires included indicators regarding numbers of vulnerable children reached; geographic coverage; type, characteristics, comprehensiveness of support; and monitoring and evaluation of programs.

Ten organizations were selected for individual case studies. A self-administered questionnaire was developed for this purpose (Appendix 3) and covered the following topics:

level of intensity of services, comprehensiveness, integration, use of national standards, referrals and linkages, monitoring and evaluation, challenges, strengths, and weaknesses.

3.6 Cost Analysis

A separate screening process was conducted for organizations to be included in the cost analysis. A preliminary list of 20 organizations providing services for vulnerable children on a national scale was prepared in consultation with USAID/Uganda, and visits were made to those that were currently active (Plan International, Save the Children International, the Christian Children's Fund, TASO, Uganda Women's Effort to Save Orphaned Children [UWESO], Uganda Society for Disabled Children, and World Vision Uganda).

Based on information provided during meetings with management and programmatic staff, inclusion criteria for the cost analysis were:

- Served approximately 2,000 or more children
- CPAs covered (as defined in the NSPPI—see Table 1 above)
- Diversity of service delivery approach
- Wide geographic coverage
- Different types of organization (e.g., local vs. international NGO)
- Diverse donor funding
- Availability of financial and programmatic data.

The CPAs formed the foundation for the cost analysis. They were used to classify services provided by the selected organizations and to estimate costs of various activities/interventions (i.e., package of services) under each.

The analysis utilized the activity-based costing approach to calculate costs of services for vulnerable children. Under this approach, a defined set of services delivered to a specific group of beneficiaries was considered an activity, and costs were estimated for each activity. For example, under the food security and nutrition CPA, an organization may have provided training on agricultural production to farmers, nutrition education for mothers and nutrition supplements to children. For the cost analysis, each of these services was considered a separate activity, and costs were estimated for each.

The costs of services to vulnerable children were analyzed from the provider's perspective. As a result, the cost analysis includes costs that were directly incurred by the provider under consideration, and excludes costs covered by the children or households. The estimated costs do not include cost of resources that were not purchased by the provider (e.g., donated goods, in-kind services, materials and services provided by another organization). Further, the unit cost per agency was not estimated because not every beneficiary received every service delivered by an organization. Thus unit cost per agency would not be useful, and could possibly be misleading.

As data for the financial year 2008 were available at all three organizations, the cost analysis presents estimated costs for 2008 in constant 2008 Uganda shillings and US dollars, where 1 US$ = 1720.4 USh (Bank of Uganda 2009). The organizations delivering services to

vulnerable children incur costs in maintaining and expanding assets, including office space, service facilities, furniture, equipments, and machinery. Expenses on assets differ from current operating expenses as the market value of an asset lasts more than one year. Hence, the costs of assets cannot be directly applied to the annual costs of delivering services to vulnerable children. This cost analysis instead applied the cost of using an asset in each year of its life.

The primary source of data for the cost analysis was the organization's financial records. In addition, data on the number of beneficiaries for each intervention was used as provided by the organization. The data on number of beneficiaries enables estimates of the unit costs for each intervention to be made. Information regarding the organization's approach to service delivery, and the description of the interventions, was gathered from periodic reports (e.g., annual report, strategic plan) and through interviews with program staff.

3.7 Ethical Considerations

This Situation Analysis was exempt from full review under the ethical review process of the Population Council, on grounds that data collection did not expose participants to above-minimal risk. Nevertheless, every effort was made to anticipate and safeguard against ethical concerns, especially those associated with data collection among vulnerable children (Schenk and Williamson 2005).

Prior to the arrival of the data collectors in the district, the team worked with local probation officers who sought permission to collect data from LC members. LC members granted permission and provided guidance throughout the process of data collection activities.

All tools were locally reviewed and pre-tested in the field. Informed consent processes and data collection instruments were developed in close consultation with service providers currently delivering services to vulnerable children (Appendix 3).

Household survey

Data collectors were trained to administer an informed consent procedure for both adults and children explaining the purpose of the activity, that participation was voluntary, and that questions could be refused at any time. Survey respondents indicated their consent verbally, and the interviewer then signed the consent form as a witness.

Survey interviewers were instructed to seek informed consent only from an adult self-identifying as the household head. However, there were two exceptions. In a situation where a child was the head of the household, the child was given information about the survey and if they assented to the interview, the LC-1 official consented for the child head to be interviewed. The same thing was done for a situation where a head of the household was absent but the spouse was present and aged less than eighteen years old.

To provide anonymity, the name of the household head was not recorded. While in the field, completed paper and/or electronic questionnaires were kept securely by supervisors. Paper questionnaires were then transferred to a locked data room at UBOS. Electronic records were stored on a password-protected server on a secure network. Presentation of quantitative results groups households together in large subsets, preventing identification of households or individuals.

Qualitative research

Consent procedures were followed as above. All identifying details were removed from reported quotes. Participants of the qualitative research did not receive any payment. FGD participants were provided with refreshments during the research activities.

3.8 Limitations

Household survey

Conducting a population-based household survey focuses attention on the circumstances of children currently living in those households. Therefore by definition, children living on the streets and in institutions (i.e., orphanages) are excluded. The only way to explore the issues affecting street children is through a lengthy process of trust-building, which was not possible within the context of this Situation Analysis. However, the qualitative methods indirectly explored the situation of street children by seeking the views of those who might come into contact with them.

Furthermore, findings of low and variable levels of child-headed households reported from other enumeration exercises in the region (e.g., Urassa et al. 1997; Ministry of Sport Youth and Child Development [Zambia] 2004) suggest that household survey methods such as those employed in this Situation Analysis may consistently underestimate the magnitude of child-headed households, and that youth-focused participatory qualitative approaches are more appropriate for gathering information about such households.

The household survey was also limited in its capacity to evaluate issues of child abuse, especially in cases where the household head was the perpetrator. Also beyond the scope of this Situation Analysis was exploration of child soldier activity, children in conflict with the law, caregiver substance abuse, and sex work.

A known limitation of the household sampling approach employed for this exercise is that sampling every child in the household results in a dataset in which children from large households are over-represented. Such a household-level focus overlooks the heterogeneity of children within households, and is likely to result in underestimates of vulnerability if vulnerable children are clustered in households with many children.

Child participation

Despite all the efforts made to train and support moderators, data emerging from the Child Forums were often of limited depth. One possible explanation is that moderators were teachers. The relationship between a pupil and teacher could have resulted in a typical structured question and response format more like a group interview or classroom format than a FGD.

Organizational assessments and case studies

The team was unable to obtain a master list of organizations delivering services to vulnerable children to be used for the case studies. The list used was based upon a convenience sample identified through previous assessments conducted by the MGLSD and a listing of organizations receiving support from the Civil Society Fund. Although team members made every effort to ensure fair geographical coverage, the data cannot be assumed to be representative. Nevertheless, the data still shed light on programming issues for vulnerable children across the country.

The organizational assessment exercise relied upon the use of self-administered questionnaires, both in the initial screening of organizations and in the more detailed case studies. Although the overall response rate in this assessment was very high (124 out of 129 questionnaires were returned), not all organizations were equally responsive, and many organizations returned incomplete questionnaires. Thus, descriptive data frequently show a denominator that is lower than the total number of organizations assessed. Further, information on outcomes of interventions was scant, making it impossible for this Situation Analysis to examine the effectiveness of interventions.

Cost analysis

Since the cost analysis presents only the estimated costs and does not connect this information to outcomes, it is not possible to judge the relative cost-effectiveness of one intervention over another. An intervention might be more costly than another, but it may also be more effective in improving beneficiary wellbeing outcomes. Determining the impact and cost-effectiveness of the interventions is a complex process that would require collecting data on outcome measures from a group of beneficiaries and an appropriate comparison group of households and children before and after the beneficiaries received services. That is an important exercise that is beyond the scope of this Situation Analysis.

4. Results

In this section, integrated results from all data sources are presented addressing all the objectives of the Situation Analysis. The first section describes the nature of the problem: the circumstances of children who have been orphaned and rendered vulnerable. The second section describes approaches to addressing this problem.

4.1 Describing the Problem: Circumstances of Orphaned and Vulnerable Children

4.1.1 Process for developing vulnerability scores

Participants of the key informant interviews, in-depth interviews, and FGDs expressed a need for a nationally accepted, standardized system for assessing children's vulnerability. To date, there is no national estimate of the number of vulnerable children in the country, nor any accepted definition of what constitutes vulnerability. While a measurable definition of orphaned children is straightforward, defining and estimating the number of other vulnerable children remains difficult. Respondents indicated that while program implementers were using various criteria, there was no consensus.

> *I think there has been a big problem that we have looked at a vulnerable child as a child who has lost parents, a child who may be working, or a child who is out of school or a child who has been sick for the past month. That has been the definition. The others will look at a child who is disabled. But our understanding is that not every orphan is vulnerable. He could be an orphan but in school, family is well resourced, has a caregiver and is not necessarily vulnerable. So I think we need a definition, we have not seen a clear definition and I think there is no consensus yet on the definition of OVC.*
>
> Donor agency staff, Kampala

> *The challenge remains in defining vulnerable children differently. It is important that the Ministry harmonizes… My recommendation is that we should have a standardized criterion.*
>
> NGO staff, Eastern region

Recognizing a perceived need for a simple tool by which to rapidly assess children's vulnerability, the research team developed a vulnerability scoring system to apply to household survey data, in order to derive a single compound measure of vulnerability integrating a wide range of factors. This measure is intended to be useful for national strategic planning, targeting, and monitoring purposes.

Participants in the stakeholder consultation developed a consensus on key indicators of children's vulnerability, based on the 10 CPAs. A total of 42 indicators covering eight categories were selected (Table 4), including the 14 listed in the NSSPI. Members of the Steering Committee assessed these indicators and assigned a score between 0 and 3,

according to the severity of the vulnerability each was deemed to cause. Scores were assigned for each indicator for every child under the age of 18 years old covered in the household survey, and the sum was calculated to determine a vulnerability score for each child, ranging from 0 to 21 (Appendix 1). No further weighting by category was conducted. In order to prioritize the most vulnerable children, cut-off thresholds for categorizing vulnerability scores (critically, moderately, generally, or not vulnerable) were determined.

Table 4 Categories and indicators of children's vulnerability

Category	Indicator	Score
1. Household relationships and situation	• Child head of household	2
	• Elderly head of household	1
	• Child < 17 yrs but married	2
	• Child 17 to 18 yrs but married	1
	• Illness of at least 3 months in last 1 year of anyone aged 15 to 59 years in the household	1
	• Number of people in household is > 6	1
	• Child rarely or never saw guardian before	1
	• Negative changes in child's life since joining HH (e.g., food, school grades etc)	1
	• Not living with siblings	1
	• Does not visit with absent siblings	1
	• Child has no one to talk to in case of problems	1
2. Parental status	• Death of mother	3
	• Death of father	2
	• Serious 'impairment' of mother	1
	• Serious 'impairment' of father	1
	• Mother illness of at least 3 months in last 1 year	1
	• Father illness of at least 3 months in last 1 year	1
	• Child never visits mother	2
	• Child never visits father	2
3. Household characteristics	• Main source of drinking water (surface water)	1
	• No sustainable source of food	2
	• Households total current monthly income (< US $30)	1
	• If no one in HH aged 18 yrs or more reported main activity in last 7 days as paid work	2
4. Child's school attendance	• If child aged 12 to 17 yrs and has never attended school	2
	• If child aged < 12 yrs and has never attended school	1
	• If child aged 12 to 17 yrs and did not attend school during 2009	1
	• If child aged < 12 yrs and did not attend school during 2009	2
	• If reason for absence from school is paid work	3
	• If reason for absence from school is unpaid work for family or any other work	2
	• If reason for absence from school is: not want to go, periods, ceremonies, illness, lack of uniform or stationary, mistreated at school	1
5. Child's health and nutrition	• If when sick place of medical consultation is not health facility	1
	• If usual number of meals per day	1
	• If child did not eat anything yesterday	3
	• If family had more meals than child yesterday	1
6. Child's disabilities	• If child has complete difficulty in seeing	3
	• If child has complete difficulty in hearing	3
	• If child has complete difficulty in walking or climbing steps	3
	• If child has complete difficulty in communicating	3
7. Child's basic material needs	• If child does not possess a blanket	1
	• If child does not possess a pair of shoes	1
	• If child does not possess 2 sets of clothes	1
8. Child's risk taking	• If child aged < 17 yrs is sexually active	2
	• If child aged 17 to 18 yrs is sexually active	1
	• If child is < 17yrs and has ever been pregnant	2
	• If child is 17 to 18 yrs and has ever been pregnant	1
	• If child has own child and there is someone else > 18 yrs in HH	1
	• If child has own child and there is no one else > 18 yrs in HH	2
	• If child often takes alcohol everyday or every week	2
	• If child uses drugs (marijuana, petrol etc)	3

The team then applied these indicators to the household survey data, described below, to measure and characterize the population of vulnerable children in Uganda, providing a tool for establishing priorities among this large group of children.

4.1.2 Estimates of orphaned and vulnerable children

Description of the household survey sample

The household survey reached a total of 2,551 households located in all four major regions of Uganda (Table 5). Data from the child-specific questions of the household questionnaire covered 7,946 children resident in these households.

Table 5 Distribution of household survey responses

Region	Household survey		Child survey	
	N	%	N	%
Central	764	30.0	1,959	24.7
Eastern	656	25.7	2,370	29.8
Northern	477	18.7	1,548	19.5
Western	654	25.6	2,069	26.0
Total	2,551	100.0	7,946	100.0

The household survey was designed to be nationally representative (Appendix 5), and descriptive indicators of the households show that this was in fact the case, with indicators comparable to those reported in the 2006 Uganda Demographic and Health Survey (UDHS) (UBOS and Macro International 2007).

The survey also included data on the prevalence of households headed by young and elderly people, who are identified in the NSPPI as sources of child vulnerability (Box 1). As expected from a household survey, very few child-headed households were identified. Only 0.4 percent of the 2,551 sampled households were headed by a child under the age of 19 years old, and 5 percent by a youth aged 19 to 24 years old. A total of 23 percent of households were headed by a woman.

Very few disabled children were identified during the household survey, ranging from 1 percent reported by the household head as having some degree of communication difficulty to 3 percent with hearing difficulties. Since disabilities are stigmatized in many communities, it is possible that these characteristics were under-reported.

National estimates

The data from the household survey was weighted as explained in the methodology section to ensure that it was statistically representative. The percentages derived from the household data were based on the weighted data and not on the number of respondents from the household survey and hence are labeled as weighted percentages. In order to show the national implications of the data, estimates of actual numbers of children affected can be calculated as weighted population estimates.

Household survey data indicate that 14 percent of children in Uganda have been orphaned, which is equivalent to a national total of 2.43 million out of 17.1 million children under age 18 (Table 6). This level is close to data reported in the UDHS, where it was reported that 15 percent of children younger than 18 years old were orphaned (UBOS and Macro International 2007).

The vulnerability score methodology provides a tool for establishing priorities among this large group of vulnerable children. Following the vulnerability categorization scheme described above, survey data indicate that more than 96 percent of children in Uganda can be considered vulnerable, with 8 percent (1.4 million) critically vulnerable, 43 percent (7.4 million) moderately vulnerable, and 45 percent generally vulnerable (7.7 million) (Table 6).

Table 6 National estimates of orphans and vulnerable children

	Number of children in survey	Weighted percentage	Weighted population estimate
Orphaned	1,175	14.2	2,430,147
Not orphaned	6,573	83.3	14,289,531
Not stated	198	2.5	431,403
Total	7,946	100.0	17,140,366
Critically vulnerable	746	8.1	1,388,521
Moderately vulnerable	3,535	43.0	7,360,421
Generally vulnerable	3,401	45.0	7,721,294
Not vulnerable	264	3.9	670,128
Total	7,946	100.0	17,140,366

Table 6 shows that for 2.5 percent of the children, parental status was not stated. For purposes of comparison between orphaned and non-orphaned children, these children were excluded from the analysis. Thus the denominator for orphaned children in subsequent tables and figures excludes the children for whom the parental status is missing in the data. When calculated without the children whose parental status data is missing the data shows that 15 percent of the children in Uganda are orphaned and 85 percent are not orphaned.

During FGDs and interviews, many participants expressed being overwhelmed by the numbers of vulnerable children in need of support in their communities.

> *Vulnerable children are cropping up every day, they are increasing each and every day and the funds received by the NGO are not sufficient to solve all the needs the children might have.*
>
> NGO staff, Central region

4.1.3 Regional estimates of orphaned and vulnerable children

Data from the household survey illustrate regional differences in the distribution of vulnerable children. Children's vulnerability is widespread in all regions of Uganda: between 94 percent (Central region) and 99 percent (Northern region) of children could be defined as vulnerable. Regional data (Figure 1 and Table 7) illustrate greater variability in the degrees of vulnerability represented by the vulnerability score, but the percentage of those who are critically vulnerable remains fairly constant, between 8 percent (Eastern region) and 9 percent (Northern region).

Overall levels of vulnerability appear to be highest in the Northern region, perhaps reflecting the long period of conflict, combined with the violent cattle-rustling culture of Karamoja. There is some suggestion that regional variation in vulnerability may correlate with wealth distribution (based on data from UDHS) and reflecting higher levels of poverty in the conflict-affected North, and relatively more affluence in the Central region.

Figure 1 Regional distribution of vulnerable children

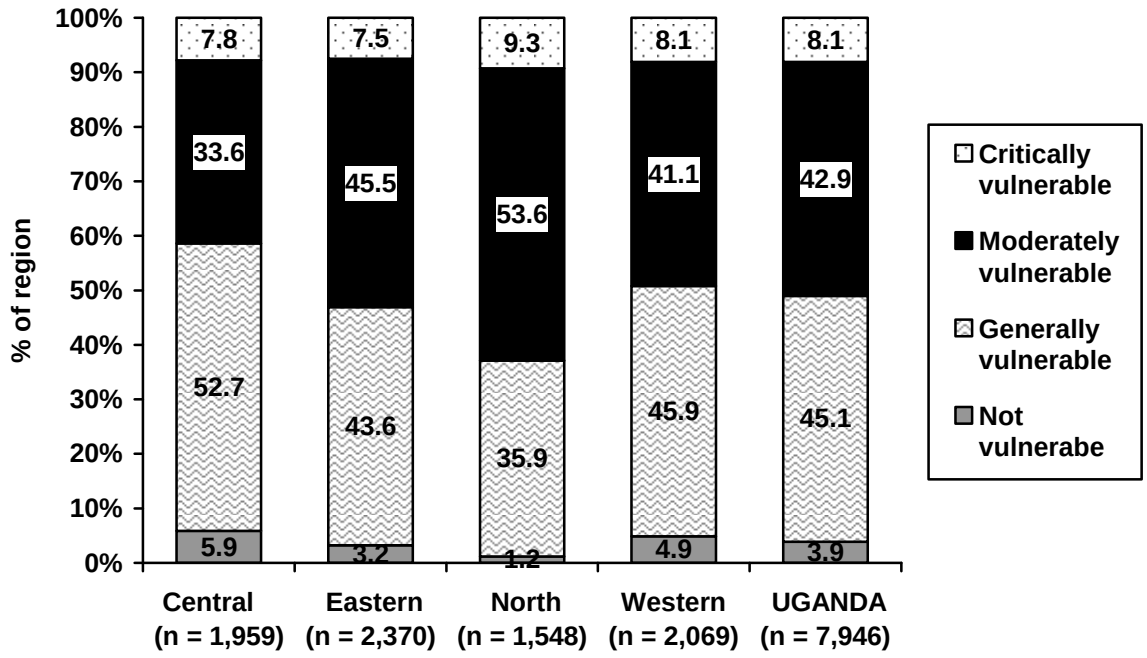


Table 7 illustrates regional variation in rates of orphanhood and vulnerability. It shows that rates of orphanhood range between 11 percent of children in the Eastern region and 17 percent of children in the Central region—possibly mirroring the national patterns of HIV prevalence, which are higher in the Central (9 percent) than the Eastern (5 percent) region (Uganda HIV/AIDS Sero-behavioral Survey of 2004/2005). Meanwhile, the percentage of children categorized as "moderately" vulnerable ranges between 34 percent in the Central region and 54 percent in the North.

Table 7 Regional distribution of orphaned children and vulnerable children, percent

	Orphaned	Not orphaned	Total
Central (n = 1,959)	16.6	83.4	100
Eastern (n = 2,370)	11.4	88.6	100
North (n = 1,548)	15.0	84.9	100
Western (n = 2,069)	15.5	84.5	100
Total (n = 7,946)	14.5	85.5	100

	Critically vulnerable	Moderately vulnerable	Generally vulnerable	Not vulnerable	Total
Central (n = 1,959)	7.8	33.6	52.7	5.9	100
Eastern (n = 2,370)	7.5	45.5	43.8	3.2	100
North (n = 1,548)	9.3	53.6	35.9	1.2	100
Western (n = 2,069)	8.1	41.1	45.9	4.9	100
Total (n = 7,946)	8.1	42.9	45.1	3.9	100

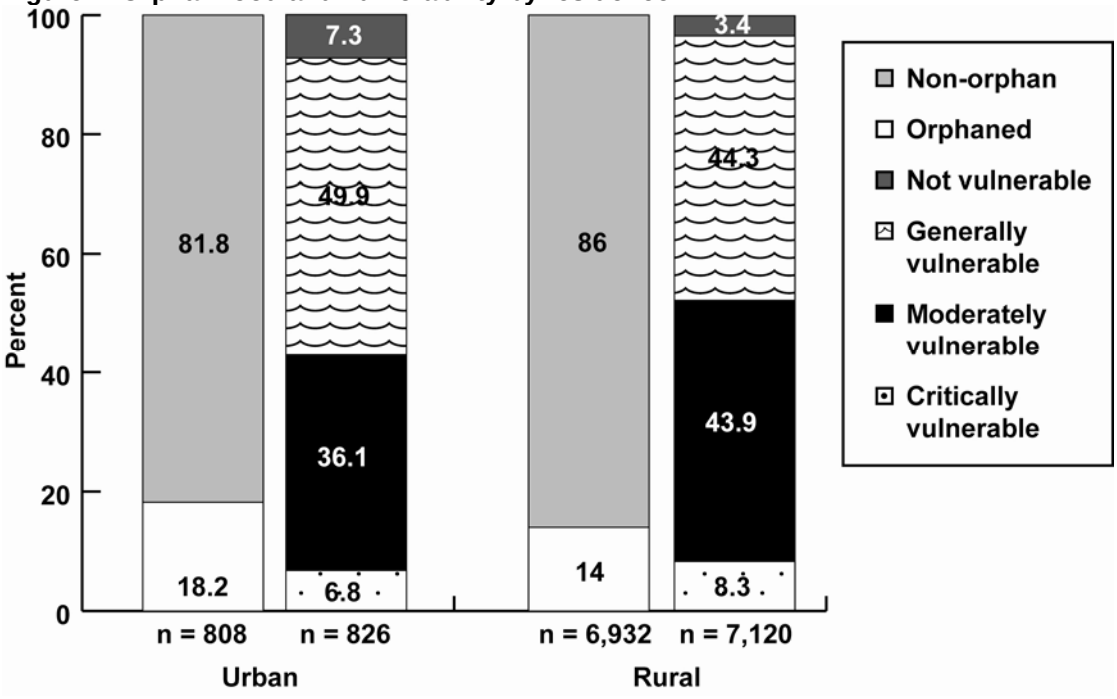
Residential status of orphaned and vulnerable children

Survey data shown in Table 8 and Figure 2 illustrate some differences in the distribution of orphanhood and vulnerability between children in urban and rural areas. Data suggest that orphanhood in urban areas is significantly higher than in rural areas (18 percent vs. 14 percent; $p = 0.002$), but that degrees of vulnerability tend to be higher in the rural areas (43 percent moderately vs. 52 percent critically vulnerable, $p = 0.000$). It is likely that these patterns reflect the differential patterns of HIV prevalence, which tends to be higher in urban areas than rural areas (10 percent vs. 6 percent) (Uganda HIV/AIDS Sero-behavioral survey of 2004/2005). Data could reflect the patterns of migration and fostering associated with parental illness and household dissolution. However, these data record the child's current living status and not their original home prior to any migration. This data implies a need to shift the focus of support from targeting orphans towards targeting children with high vulnerability regardless of whether or not they are orphaned.

Table 8 Orphanhood and vulnerability status by residency

	Weighted percentage	
	Urban n = 808	Rural n = 6,932
Orphaned	18.2	14.0
Not orphaned	81.8	86.0
Total	100.0	100.0
	n = 826	**n = 7,120**
Critically vulnerable	6.8	8.3
Moderately vulnerable	36.1	43.9
Generally vulnerable	49.9	44.3
Not vulnerable	7.3	3.4
Total	100.0	100.0

Figure 2 Orphanhood and vulnerability by residence



4.1.4 Descriptive characteristics of children covered in the household survey

In this section, descriptive features of the children covered in the household survey are presented. Preliminary analysis indicated no statistically significant differences between male and female children in the distribution of orphanhood or vulnerability, so results are combined for boys and girls.

Age distribution

Analysis of children's vulnerability must take their age into account, since this variable is correlated with many factors assessed in the vulnerability score (e.g., school attendance, sexual activity).

Table 9 shows that children who have been orphaned have an older age distribution than children who have not. These trends are consistent with those published in the UDHS, and are not surprising since the older a child, the older the parent, and the greater chance the parent will have died. This age distribution of orphaned children may also reflect the reduction in HIV incidence seen in the country in the past 15 years and a reduced death rate of parents given the use of antiretroviral therapy. Table 9 also shows the distribution of moderate vulnerability (selected because of the size of this category) by age group with a peak in younger age group of 5–9 years old compared to orphanhood. Thus if it is true that the orphans have a tendency to be older because of reduced AIDS death then vulnerability is not being equally affected by this factor.

Table 9 Age distribution of orphaned children and moderately vulnerable children, percent

	Weighted percentages		
	Moderately vulnerable (n = 3,545)	Orphaned (n = 1,175)	Not orphaned (n = 6,573)
0–4 yrs	14.4	9.5	34.5
5–9 yrs	37.4	22.8	30.1
10–14 yrs	33.8	43.4	25.0
15–17 yrs	14.5	24.3	10.4
Total	100.0	100.0	100.0

Parental death

When discussing children in the household who had lost a parent, respondents were asked to report on the cause of death. In interpreting this data, it is important to bear in mind that data reflect respondents' knowledge and perceptions, moderated through a lens of stigma and other community beliefs. Findings therefore may not be the actual cause of death.

Table 10 shows that the leading cause of parental death reported was AIDS, responsible for 43 percent of all maternal deaths and 33 percent of all paternal deaths. Another common cause of death of mother and father was "long illness" (a common euphemism for AIDS-related illness) (10 percent and 14 percent, respectively). Accidents were responsible for less than 1 percent of mothers' deaths compared to 12 percent of fathers' deaths, reflecting the greater mobility of men and higher prevalence of accidents. Children participating in the Child Forums provided their perceptions of causes of death of parents in their community, mentioning more indirect causes such as poverty, land conflicts, wars, and poor nutrition, as well as specific illnesses such as sickle cell anemia and malaria.

Table 10 Cause of parental death among orphaned children resident in the household

	Father n = 841	Mother n = 463
AIDS	32.6	42.7
Long illness	14.4	10.5
Accident	12.0	0.7
Bewitched	6.0	5.1
Malaria	9.6	10.0
Other	18.3	22.9
Not known	7.0	8.0
No response	0.2	0.0
Total	100.0	100.0

School attendance

Survey data revealed no significant differences in school attendance between male and female children. The following analysis therefore presents school attendance for all children by age and orphanhood status. (Since school attendance is included as one of the factors contributing to the vulnerability score, analysis by vulnerability status is inappropriate.)

When orphaned children are compared to non-orphaned children by age (Table 11) it is notable that orphaned children aged 6 to12 years old were significantly more likely (93 percent) to be currently going to school compared to their non-orphaned counterparts (90 percent, p = 0.000). However, in the age group 13 to 17 years old, orphaned children were less likely to be attending school (78 percent) compared to non-orphaned children (87 percent, p = 0.000).

Table 11 also shows that, in general, younger children were more likely to be currently attending school than the older ones. This difference is more pronounced for orphaned children—93 percent of those aged 6 to 12 years old were currently in school compared to 78 percent of the orphaned children aged 13 to 17 years old (p = 0.000). Similarly, older children were more likely to have previously attended school and left than the younger ones, with a more pronounced difference among orphaned children—18 percent of those aged 13 to 17 years old had left school compared to 2 percent of those aged 6 to 12 years old (p = 0.000).

These patterns may reflect a combination of several different trends in the community. The policy of UPE supports the school attendance of younger children, whereas support for secondary education (including the additional costs of school materials such as books or other fees) is less readily available. Furthermore, support for younger children to remain in school in the immediate aftermath of parental death may be followed by subsequent difficulties as the child grows up and the family faces up to household financial realities, or the fostering family shows preference to keeping their own biological children in school while fostered children are kept out of school to perform chores or earn an income.

Figure 3 School attendance by age and orphanhood status

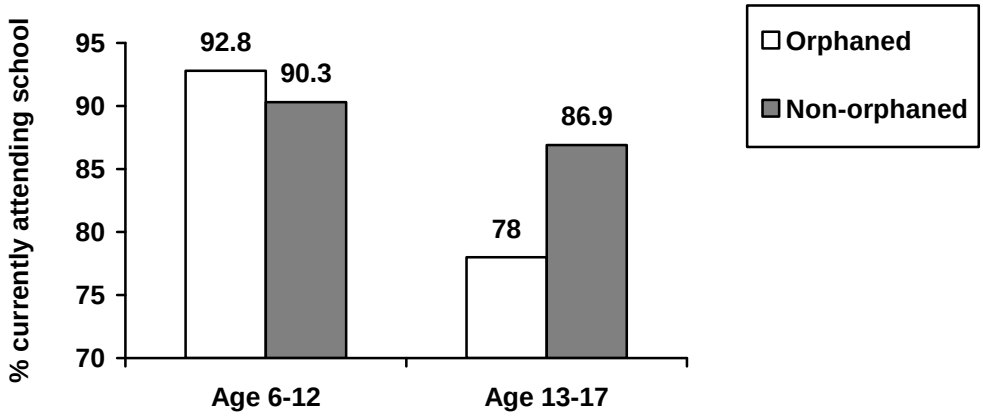


Table 11 Schooling status of orphaned and vulnerable children by age

	Age group in years	Currently attending school	Previously attended but did not attend in 2009	Never attended	Total
Orphaned (n = 1,040)	6–12	92.8	1.5	5.6	100
	13–17	78.0	17.6	4.4	100
Not orphaned (n = 4,322)	6–12	90.3	0.9	8.8	100
	13–17	86.9	7.3	5.8	100

For those children who were reported being absent from school in the last week (n = 608), reasons for not attending school included illness (21 percent), not having any school stationery (14 percent), not having paid their school fees (10 percent), and because they were doing domestic work (6 percent) or working for their families (5 percent).

Basic material needs

In the qualitative approaches respondents were asked their opinions on the most important needs of vulnerable children. Responses included basic material needs (e.g., food and clean water), shelter, education (e.g., access to scholastic materials and uniforms), and health care services and supplies (e.g., access to facilities that are not too far away, medicines for themselves and their parents, and for those with HIV, CD4 counts), and sanitation supplies (e.g., toiletries and sanitary towels for girls). Other needs included psychosocial support (counseling), love, parental guidance, security, and income generating activities (IGAs) or job opportunities for parents. Children in a forum in the Western region mentioned equipment for disabled children such as wheelchairs, better access to classrooms and toilets for the physically disabled and special schools for the deaf and blind. One child in the Western region mentioned the need for protection for girls from their own guardians.

> *The government should construct more medical centers so that the OVCs can access medical care.*
>
> Child Forum participant, male aged 13 to 17 years old, Central region

The UDHS considers possession of the basic material goods of a blanket or bed cover, shoes of any type, and two sets of clothing as indicators of children's vulnerability. This household survey (Table 12) revealed that children who had been orphaned were statistically less likely than children who were not orphaned to have these goods in their possession, including shoes (29 percent vs. 34 percent, $p = 0.001$) and two sets of clothes (53 percent vs. 59 percent, $p = 0.001$). A similar trend was observed for possession of a blanket but the difference was not found to be statistically significant.

Table 12 Possession of basic items of clothing by orphaned and vulnerable children

	Weighted percentages					
	Orphaned (n = 1,026)	**Not orphaned (n = 4,354)**	**Critically vulnerable (n = 647)**	**Moderately vulnerable (n = 2,748)**	**Generally vulnerable (n = 1,561)**	**Not vulnerable (n = 46)**
Has a blanket	30.4	32.5	10.4	16.1	62.3	100.0
Has a pair of shoes	29.1	34.4	15.5	16.9	63.2	100.0
Has two sets of clothes	53.3	58.7	42.6	47.1	77.3	97.3

Other characteristics of vulnerable children

In the Child Forums, children were asked if they were aware of vulnerable children in their community and further asked to describe which children they considered to be vulnerable. The child participants described vulnerable children as those who are orphaned, disabled, babies, sick, mistreated, poor, living with or affected by HIV/AIDS, and "mad." Children participating in the Child Forums indicated that they thought that sexual activity, drugs and alcohol use were common, and that such risk-taking was most prevalent among street children, disabled children and "mad children." Use of the word "mad" occurred in three of the 16 Child Forums. While no further explanation is available from the transcripts of the Child Forums it can be speculated that by "mad child" the Child Forum participants were referring to children living outside of family care who are unkempt and not living an orderly life.

> *The street children are stressed, so they take alcohol or cigarettes to kill stress.*
> Child Forum participant, female aged 13 to 17 years old, Central region

In the Child Forums for the older age group of 13 to 17 a question was added about awareness of children in conflict with the law. Participants indicated that the main ways in which children came into conflict with the law were through theft, gambling, "fornication," rape, defilement, drug abuse, sex work, use of vulgar language, fighting, and homosexuality (which is a crime in Uganda). Poverty, peer pressure, poor home atmosphere, and lack of guidance were also cited as situations that cause children to come into conflict with the law.

Throughout the country children reported not being involved in decision-making about their lives, for example regarding the choice of schools. Children reported that parents were too busy to talk to them, that children cannot sit and discuss with parents, that parents dictate what children must do, and that parents think children are too young to be consulted.

> *They don't consult me about the subjects I should take at school.*
> Child Forum participant aged 13 to 17 years old, Central region

While lack of consultation about their education choices was a prominent example, some children cited instances where they felt they were consulted. Indeed one cited school choice as the only time he was consulted.

They only consult you when they want to change you from that school.
Child Forum participant aged 13 to 17 years old, Central region

In the Child Forums children were asked how supportive their community was towards children affected by HIV/AIDS. Within each Child Forum there was a mixture of responses regarding stigmatization of children who have parents infected with HIV, parents who have died from AIDS, and children who are infected themselves. Some children stated they were still largely stigmatized, isolated, feared and neglected, while others stated that they are loved, cared for and given counseling by the community.

They [children living with HIV] are neglected because they will die soon.
Child Forum participant, female aged 13 to 17 years old, Central region

Others [community members] contribute to the child or family and others backbite and rumormonger.
Child Forum participant, female aged 13 to 17 years old, Western region

In a country like Uganda where there has been much awareness and sensitization about HIV, it is not surprising that the children reported positive attitudes toward people living with HIV. However, stigma and discrimination remain persistent issues that may not easily be eliminated from a society.

4.1.5 Street children

While it was beyond the scope of this study to quantify the numbers of street children, information regarding this important group of vulnerable children emerged from FGDs, interviews and Child Forums. Respondents reported that they perceived an ever-increasing number of children living on the street, not exclusively because they have lost their parents, but also because households are too poor to feed and care properly for children, and because children are escaping abuse at home from parents or guardians. During FGDs, some participants working for NGOs and the government mentioned the difficulties of taking the children off the streets and rehabilitating them. During the Child Forums, children reported that street children were frequently involved in risk-taking activities such as taking drugs and alcohol, gambling, sex work and theft.

Most of the children on streets, their homes are well but because there is no love, and they are abused in their own homes, so they end up running away.
NGO staff, Eastern region

It is very hard to remove children from the street, they run away from you, they don't want to listen.
Police officer, Northern region

A special group of street children that was reported by FGD and IDI participants especially from Eastern Uganda are children from Karamoja (Box 2) who have moved into towns of Eastern Uganda and in Kampala.

And now here in Mbale, you know it is a major transit route for the Karamojongs moving from Moroto to Mbale, Iganga, Jinja, Kampala and then Kiryandongo. So we can also look at children in transit, they are also vulnerable children.

FGD participant, social worker, female, Eastern region

Box 2 Causes of child migration from Karamoja to streets of Kampala

The north-east of Uganda is inhabited by the Karamajong who are a nomadic, pastoralist tribe among whom frequent insecurity is common as they raid cattle from each other and their neighbors in part due to a traditional rite of passage for young men. Since the widespread acquisition of automatic weapons this tradition of cattle rustling has made the entire area dangerous. Children from Karamoja who are on the streets of Kampala, Jinja, Iganga, Mbale and other towns, move on foot from town to town doing odd jobs and proceeding to the next town until they reach Kampala. Kangore Church of Uganda, in Karamoja, operates a centre which receives some of these children when they return from Kampala and elsewhere. According to one of the staff from this centre there are three main reasons for children moving from Karamoja to these cities. One is to escape famine and hunger. The second reason is that some children live in the cattle rustling corridor and their parents advise them to leave the danger zone and go to the cities for safety. The third reason is peer influence by children who return from the cities to visit relatives. They come with "goodies" and convince other children to return to the city with them.

Information provided by Social Worker, St Mark Church of Uganda, Kangore

4.2 The Response: Approaches to Addressing Circumstances of Orphaned and Vulnerable Children

In this section, results are presented describing responses to the circumstances described above, including responses to children from various sources of support.

4.2.1 Coverage of external support services

During the household survey, caregivers were asked whether they had received any free external organized support for children living in the household during the last 12 months (including government, private, religious, charity or community-based programs). Separate questions were asked for each CPA, taking into account whether services were targeted at each child or household. Results for services targeted by child are shown in Figure 4, and results for services targeted by household are shown in Figure 5.

The most common form of external support reported by household respondents was medical support (medical care, supplies or medicine), reported received by 15 percent of all children. Other common forms of support reported received by more than 6 percent of children living in surveyed households were training in modern farming techniques, agricultural inputs and schooling (Figure 4).

Figure 4 Coverage of external support services, among all children living in surveyed households (n = 7,946)

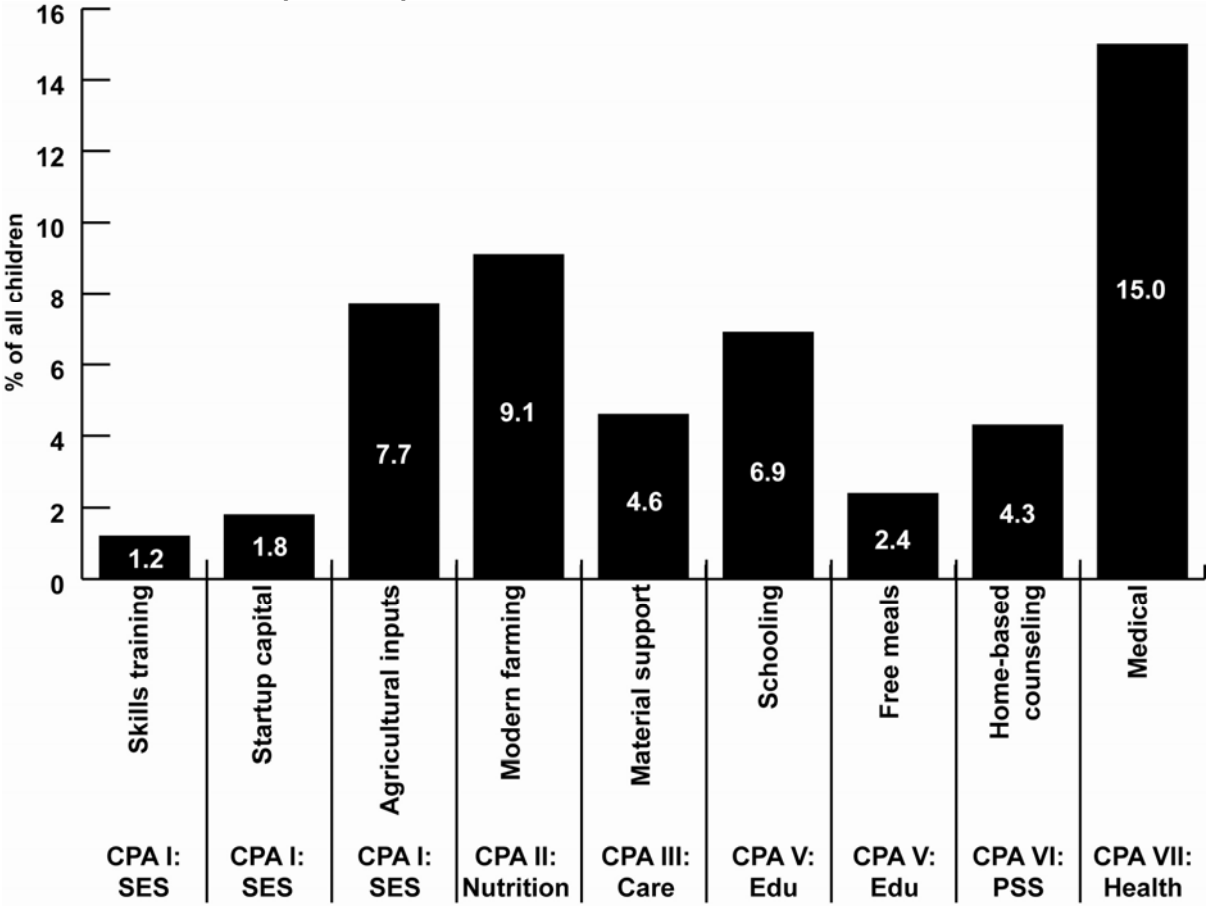
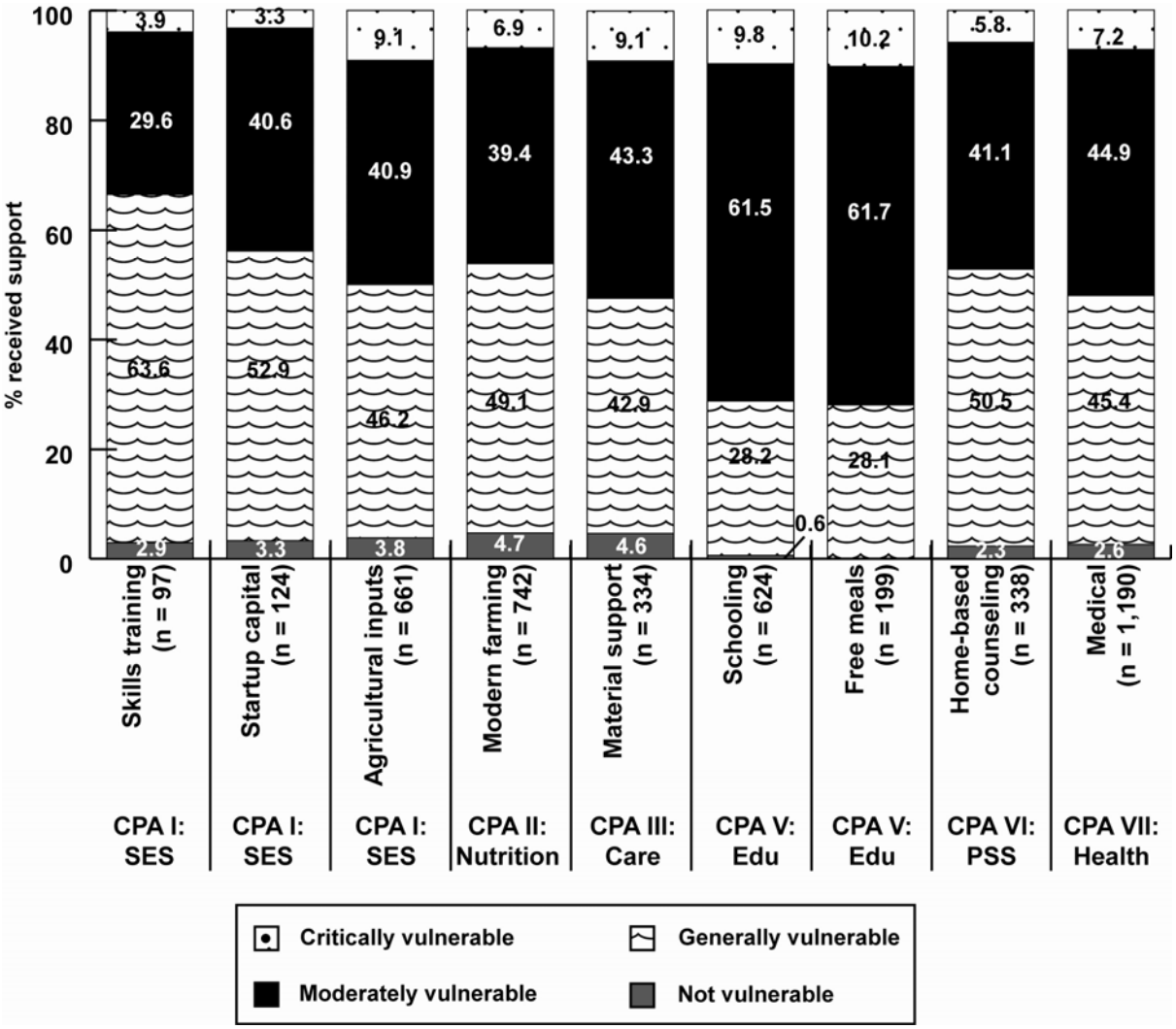


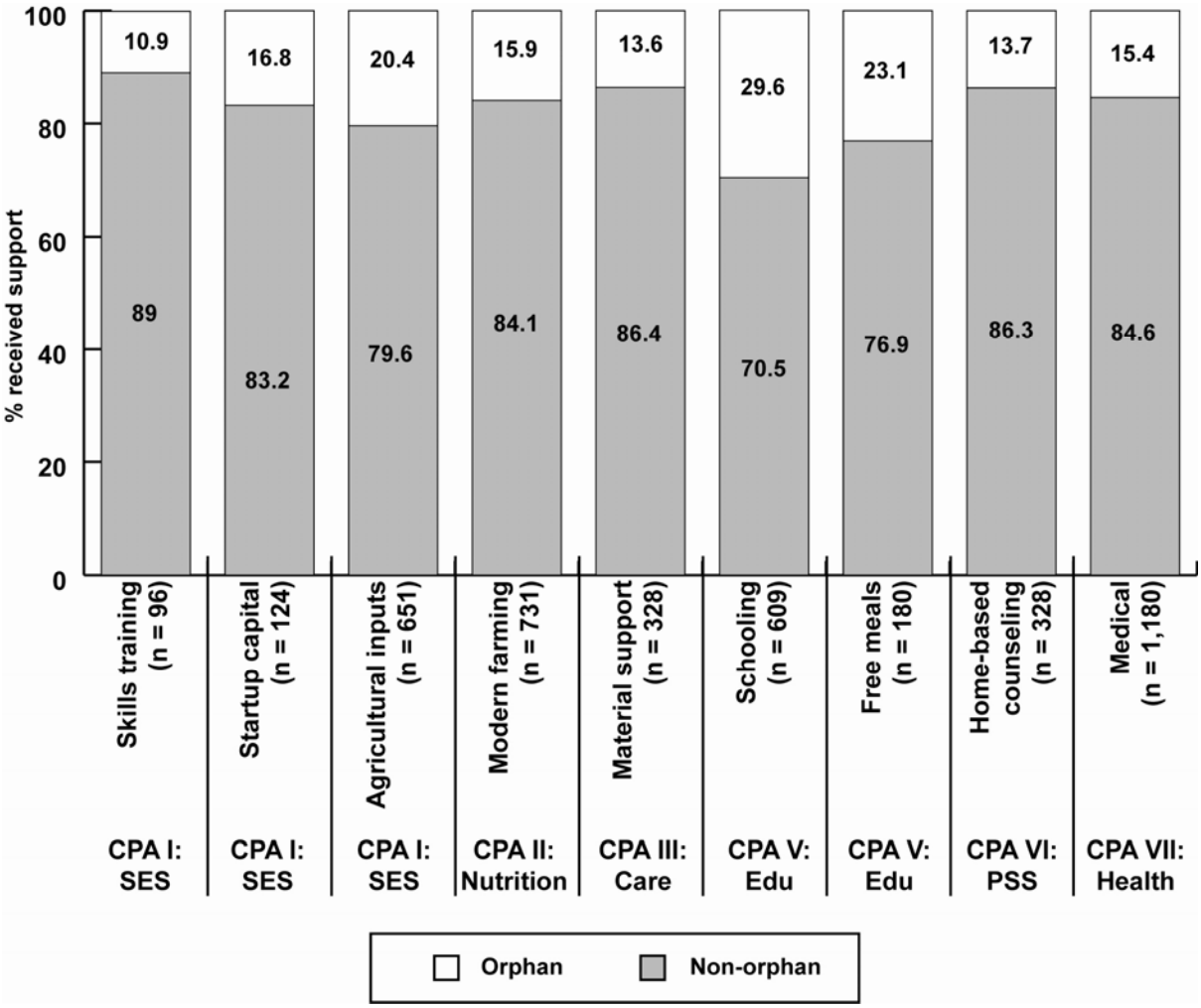
Figure 5 shows that for most CPAs (such as CPA-I:Socio-Economic Support, CPA-II: Nutrition and CPA-III: Care and Support), the majority of children reporting receiving these services were in the generally vulnerable group as opposed to moderately and critically vulnerable. Only CPA V (Education and in-school free meals) were received by a higher proportion of the more vulnerable children (71 percent of moderately and critically vulnerable children combined). CPA-I: Socio-Economic Support: skills training was actually received by more children of low levels of vulnerability, 67 percent were generally or not vulnerable. In some instances this is probably due to the fact that in many parts of the country, entire communities are extremely poor and the CSOs choose to deliver services at a community level rather than at a household level.

Figure 5 Distribution of vulnerability among children in households who received particular types of support



In order to assess whether external support was successfully being targeted at orphaned children the data on external support received by households was analyzed by orphanhood. Since 15 percent of children in Uganda are orphaned one can use this as a crude measure to gauge whether external support is targeting orphaned children. Figure 6 illustrates that for the following forms of external support, orphaned children or their households represented less than 15 percent of the recipients: skills training, material support and psychosocial support. On the other hand, for the rest of the CPAs shown it appears the proportion of recipients that are orphaned children exceeds 15 percent. This is especially the case for school support, free meals and agricultural inputs. This data compared to data in Figure 5 suggests that while the provision of external support targets orphaned children to a reasonable extent, it is not adequately targeting other vulnerable children.

Figure 6 Orphanhood status among children in households receiving external support



Adequacy of external support

Adult and child respondents felt that few organizations are actually offering comprehensive care to vulnerable children. Most organizations tend to provide educational support and support for one or two other CPAs.

> *The needs of the OVC are very wide and there is no particular organization that can meet comprehensively all the needs.*
>
> NGO staff, Northern region

The children in the Forums reported that vulnerable children in their communities are assisted by the government, NGOs, churches, the United Nations, relatives, schools, commercial businesses like "Coca Cola," and rich individuals who sponsor children. However, this support was not considered sufficient or comprehensive by most respondents.

> *If they were getting enough help, they would not be called vulnerable.*
>
> Child Forum participant, female aged 13 to 17 years old Eastern region

4.2.2 Government efforts to address the needs of vulnerable children

At the national level, MGLSD with technical assistance from partners (especially the CORE Initiative and UNICEF) has developed structures, tools and guidelines to enable implementers to effectively provide services to vulnerable children in the country. The structures consist of the following committees, listed in ranking order:

- National OVC Steering Committee;
- National Implementation Unit;
- Technical Resource Committee;
- Technical Working Group;
- District OVC Coordination Committee; and
- Sub-county OVC Coordination Committee.

In addition, the MGLSD has designated eight key organizations as Zonal Technical Service Organizations to provide technical support at the service delivery level. Each Technical Service Organization covers 10 districts.

Guidelines include the National OVC Policy and the NSPPI, both of which were launched in 2004. Other technical materials include guidelines, tool kits and training manuals for service providers, quality standards tools, mapping guides, and the Management Information System (MIS) tool and a resource tracking tool (listed in Section 3/Lit Review Methods).

To support these activities, the government provides personnel in form of Probation and Welfare Officers in all districts, although there are still a number of key positions that remain unfilled. Government has provided offices for these personnel, but there are still gaps in the level of budgetary support for the running costs of these offices and for supervisory and monitoring visits in the field.

The National Strategic Plan

The general view of both government and NGO respondents to qualitative interviews was that the implementation of the NSPPI has been varied with some geographic areas lagging behind others, particularly in the war zones of the North. Only national and district-level officials, including district level political leaders, larger NGOs, probation officers, Community Development Officers, and police are aware of the NSPPI and its content and were involved in its development. The majority of local leaders and local service providers reported not to have been trained in the content and use of the NSPPI.

> *I think this National Strategic Plan—we have here a technical organization called Africare. These people, they have conducted trainings. I happen to be among the participants. We were trained on the National Quality Standards. Among the ten CPAs, we as the police relate to the program area of legal support—that one is based with police, because when children's rights are violated and children [are] in conflict with the law, that issue goes directly to the area of legal protection.*
>
> Police officer, Western region

The process of implementing it [the NSPPI] is very slow. At the district level we may know much about it, but down there, it is not yet fully articulated down in the communities. So many organizations don't know about its contents, [but] they might have heard about it [in general].

NGO official, Northern region

According to both the NGO and government respondents, the government structures described in the NSPPI, such as the District OVC Coordination Committee and Sub-county OVC Coordination Committee, are now in place, and personnel have received training in topics such as child protection. However, many offices lack the resources, training, funds and staffing levels to travel and conduct activities such as case investigation and family tracing.

The systems are inefficient and the capacity of it to do work is not sufficient. The funding of the district community department is low, it is not talked about. Sometimes you find the person is alone, the probation officer is alone, the linkage between him/her and the sub-county is very minimal.

NGO staff, Eastern region

The current response is not good because as the police we are under-staffed with no transport—in case of an emergency and no phone—so this is a big problem.

Police officer, Eastern region

Coordination and collaboration

Coordination of support activities for vulnerable children and ensuring collaboration among implementers is a key role of government. According to respondents the national and district-level coordination of service provision for vulnerable children is functioning in some districts. In other districts there still are gaps in coordination due to lack of transport for probation officers and a lack of communication. For example, in some situations staff of organizations did not know where to refer vulnerable children for particular services.

There is also limited coordination between the central government and local elected leaders. However, there are some exceptions. In the North, coordination seems to be stronger as a result of structures built by the UN in response to the war. In a few districts it is clear some organizations are collaborating with each other and coordinating their response to ensure vulnerable children receive comprehensive services.

First of all, coordination of the various players in caring or providing services for these vulnerable children is lacking. Who is there to police these various service providers?

NGO staff, Central region

[In] the north, that is mainly Lango and Acholi area, the UN brought together different agencies so you had the coordination mechanisms…. They have for example joint planning, joint strategies, joint community structures.

Donor agency staff, Central region

> *This district here is working jointly to protect the vulnerable children. Working jointly as a team—that is the probation officer, police, the community development officer, up to the sub-county level. And the volunteers, the NGOs all are working as a team, so which means that when an NGO has mobilized a group or community, they give the topics there, the probation officer gives topics. Then the communities, they see it from there.*
>
> Police officer, Western region

Government's role in direct implementation of activities for vulnerable children

In addition to providing overall strategic, policy and technical guidance, the government through its various ministries is responsible for directly delivering services to vulnerable children in at least three areas: education, health care and child protection.

Education. The government of Uganda provides free primary school education through UPE, which is available in all parts of the country. Under the same ministry the government has initiated the Universal Secondary Education (USE) to provide free secondary school education; however USE is still in its infancy and has not reached all parts of the country. Although the UPE system was put in place to ensure education for all it still seems to be excluding vulnerable children due to resources needed for uniforms, stationary and exam fees. At the same time, the quality of education that is received is thought to be poor. According to teachers during the FGDs and interviews, many schools in the UPE system are not given sufficient budgets from the government to cover all of their costs and payments are often received very late. This leads them to turn to parents to pay for some materials which many cannot afford. None of these schools seem to have a routine free lunch program but sporadic programs that are dependent on outside donors.

> *Despite the fact that UPE and USE [are] free of charge, some head teachers ask items from these children which they cannot afford—like ream papers, registration fee—which makes it hard for those who can't afford, and they end up not going to school…. Education is not well addressed. Most schools don't have the required equipment, text books and enough qualified teachers and permanent structures.*
>
> Head teacher, Central region

Healthcare. The government also provides free health care through its Ministry of Health facilities which exist in all parts of the country. As is common in sub-Saharan Africa, respondents reported that government medical facilities are often under-staffed and rural facilities often experience delayed deliveries of drugs. This is likely to impact vulnerable children disproportionately, since they are unable to afford to pay any medical fees or for medications at the health facility or from private clinics and pharmacies where they are often referred.

> *The government dispensary nearby, when you visit there, you may find that the medical personnel are not there, so people end up going to (private) clinics. And if at all they are there, they say they don't have drugs, and they always refer you to Nakaseke or Kiwoko hospital, which are very far from [here]. If they tell you that we*

don't have drugs around or medical kits, they refer you to a nearby drug store to buy, and the people don't have the money, so they resort to local herbs.

Head teacher, Central region

Child protection. It was the prevailing view of respondents that the infrastructure for child protection has been established, that staff have been trained, and that they are committed to supporting vulnerable children. However, it was felt that most offices are struggling to do their job properly due to a lack of funds, under-staffing and the large geographic area each office is responsible for.

The systems that are supposed to help are not functioning well from district to the lower structure. This is because [of] lack of facilitation.

NGO staff, Western region

[Child] Protection units are doing a good job when they are approached but only you find that some areas the police stations are far from the people.

Teacher, Central region

In some cases, respondents reported that officials were reported to be corrupt and that the procedures to file a report and obtain justice were said to be lengthy and costly. In cases of incest, if child abusers are charged, often family members request a withdrawal or will bribe police to release the offender.

I would say that one of the factors hindering the services rendered to these OVCs is the corruption and bribery where you would like to assist, for example a defiled child—you get the suspect and take that person to [the] police, but because of bribery that person is imprisoned and all of a sudden you find that [he] is released without even knowing how he was released, and the case ends.

FGD participant, Central region

Another challenge to protecting children was the widespread lack of awareness amongst children, caregivers and communities of what constitutes abuse and a criminal offense, so that much abuse goes unreported.

Other OVCs are not even aware of their rights—that is why there is violation of rights.

NGO staff, Western region

4.2.3 Civil society organization efforts to address the circumstances of orphaned and vulnerable children

Capacity of civil society organizations

Local NGOs were generally thought by respondents to have limited capacity while international NGOs have a higher capacity to address the needs of vulnerable children.

> *There are different levels, most national NGOs don't have adequate capacity, many international NGOs have this capacity.*
>
> Donor agency staff, Central region

> *The CSOs are very disorganized. They do not have the capacity to handle this issue. We [CSOs] are not even working at 5 percent, we just are giving the government a hand in tackling the issue of vulnerable children in Uganda.*
>
> NGO staff, Central region

> *Most of those engaged in OVCs don't have the capacity. They have not undergone training on OVCs handling. ...They are not even aware of the national strategic policy.*
>
> NGO staff, Western region

NGOs were reported to have a big impact on the few vulnerable children they reach, but many needy children are excluded as a result of the criteria used to define beneficiaries. The use of age as a criterion is penalizing teenagers who started school late, excluding them from continued school support once they turn 18 years old. Stakeholders felt some NGOs set their agendas and targets without involving the community and end up giving inappropriate support.

> *[A certain organization] donates wheelchairs, but now we know how to make our own that are friendly to our terrain.*
>
> NGO staff, Central region

> *The service providers are still very few on the ground. The service providers don't give the real support to facilitate these OVCs to cope up with the situation.*
>
> Government official, Western region

> *The fund providers need children below 18 years, so when someone reaches 18 years when is in Senior 3 or 4, you can't push or educate them further. They end up dropping out of school….*
>
> NGO staff, Central region

Respondents reported that many international NGOs who were previously supporting vulnerable children in their areas have left and moved to conflict zones, leaving other areas unsupported.

There were two NGOs I knew. Those people used to help, they used to build houses for the needy and orphans. They used to pay fees and meeting their medical bills but now these NGOs we only see their offices, see the cars labeled. When you ask them they are telling us that their program in Luwero ended some time back that now they are committed in other areas like northern Uganda.

Head teacher, Central region

Funding sources

Organizations serving vulnerable children receive funds from different sources, both local and international, as well as from the income they generate from their activities. Others still, like SOS, World Vision and Plan International receive funding from their parent organizations. While some organizations like Joint Clinical Research Centre, Tigers Club, Trans-cultural Psychosocial Organization and TASO, have more than one source of funding, others like Kampiringisa, Good Care and Family Support, have single sources of funding.

Since 2005, 125 implementing partners (mainly CSOs) received funding from PEPFAR through the MGLSD and Civil Society Fund to implement projects for HIV and vulnerable children in 64 districts of Uganda. The CSOs that benefited from this fund include national and international NGOs, CBOs, faith based organizations, and private sector organizations. Under the CORE Initiative project, a total of 48 CSOs received funding through the MGLSD to implement activities for vulnerable children and HIV prevention. Since 2007, the granting process has been harmonized under the Civil Society Fund.

According to the MGLSD, currently the USG, UK Department for International Development (DFID), Irish AID, Danish International Development Agency, and Italian Corporation are putting funds in the Civil Society Fund which is being used to support activities for vulnerable children and HIV/AIDS in the country. Through the Civil Society Fund, 28 CSOs were awarded grants to deliver services to vulnerable children in a number of CPAs. Additionally, 94 CSOs and 3 CSOs were awarded grants to deliver HIV/AIDS and Pediatric AIDS services, respectively. Furthermore, the Civil Society Fund was also in the final stages of issuing conditional grants to 80 local governments and another round of grants to CSOs to deliver services to vulnerable children in 17 targeted districts of Uganda.

Nature of service provision

Data in this section is derived from the organizational assessment questionnaires. Of the 138 screening questionnaires dispatched, completed tools were returned by 124 organizations (Appendix 4). These 124 organizations categorized themselves as non-governmental, faith-based or community-based and a few considered themselves to be all three. While some specifically focus on orphaned children (UWESO and Uganda Orphans and Rural Development Program) or all vulnerable children (Tooro Babies, Children and Wives of Disabled Soldiers Association (CAWADISA), others integrate services for vulnerable children along with their other main areas of activities such as HIV (TASO) or general community development (Caritas).

While the majority of organizations have a defined geographical area of coverage, TASO, Uganda Red Cross and Kampiringisa do not confine their coverage to specific regions of the country and as such consider themselves to have a nationwide constituency. Other

organizations are very restricted in the coverage. Eleven out of eighteen organizations included in the in-depth analysis work in peri-urban and rural areas.

Of the 78 organizations who reported their geographic area of coverage, 48 (62 percent) provide services in more than three sub-counties (Table 13). The number of sub-counties in a district can range from as few as three to as many as fifteen. Hence, this coverage data shows that even when organizations are providing services for vulnerable children in a district they cover only a small proportion of the district.

Table 13 Number of sub-counties served

Name of town base	No. of organizations serving 3 or LESS sub-counties (n = 30)	No. of organizations serving MORE than 3 sub-counties (n = 48)
Kampala	5	13
Moroto	6	2
Tororo	4	5
Soroti	0	1
Kabarole (Fort Portal)	1	5
Wakiso	1	3
Masindi	4	1
Arua	4	6
Mubende	2	5
Gulu	0	4
Masaka	2	1
Mbarara	1	2
PERCENT of total	38.5%	61.5%

The average number of beneficiaries reached by the organizations in 2008 was 6,217 ranging from 12 vulnerable children by the Rural Initiative for Community Empowerment to 54,650 by CAWADISA. An equal number of male and female children were provided with services.

However, a further look at the numbers served (Table 14) shows that just over half (51 percent) of the 95 organizations that answered this questions served 300 or less vulnerable children in 2008. And 41 percent served 500 or more vulnerable children, with only a few (8 percent) falling between 300 and 500 vulnerable children. The organizations clustered in the lower range of clients are most likely the community level organizations while the organizations clustered in the upper range (500 or more) are the bigger national or international organizations.

Table 14 Number of vulnerable children served in 2008

Number of vulnerable children served in 2008	Number of organizations	Percentage of total n = 95
Between 0 and 100	22	23.2
Between 101 and 300	26	27.4
Between 301 and 500	8	8.4
Above 500	39	41.1

Due to limited resources most of the organizations tend to use the approach of giving a little to many children to attain a certain level of satisfaction. All but one organization (Tigers Club) target the children together with the household that supports them, and some target the surrounding community. All organizations have the same definition of vulnerable children that was developed previously by MGLSD in collaboration with stakeholders: "children whose parents are either dead or whose parents cannot meet their basic needs."

Most of the organizations select the children they serve on the basis of vulnerability. In most cases, there are specific criteria that must be met for one to benefit from services offered. These criteria differ from one organization to another, ranging from gender, level of vulnerability based on the NSPPI criteria, age, and physical state of the child, among others. However, the organizations, regardless of their selection criteria, are mostly focusing on children who are either orphaned, have parents living with HIV, have HIV themselves, are disabled, or are displaced by conflicts. Few organizations focus on street children and children from very poor families. Almost all of the organizations rely on the community and local councils to select the beneficiaries and will have a management committee to review these. Kampiringisa, Rugaba Youth and SOS use only the government and courts to select their beneficiaries. Some organizations also involve the community in the implementation and monitoring of the vulnerable children program such as Uganda Orphans and Rural Development Program and Good Care and Family Support.

When the children outgrow the age of focus some organizations discontinue support. However, for some organizations these children are exited from the program and integrated into the community. Some organizations such as UWESO provide vocational training and start-up support to assist them to get employment or initiate a small business. The exited children are also given moral/social support to assist them in the communities:

> *We keep follow up on them because some of them head families. We provide start up kits (e.g. start up hair creams for a hairdressing business). Some of them are still on training or studying. We keep on surrounding them (give them support and keep in touch with them) until they finish.*
>
> NGO staff, Central region

Coverage of the CPAs

This section discusses coverage of CPAs based on data obtained from the organizational assessment. As mentioned before, these organizations included USG and non-USG funded support for services for vulnerable children. In section 4.2.5 coverage is again discussed but with a specific focus on USG-funded implementers and the data used there was obtained from the MEEPP data base.

Between all of the 124 organizations reviewed, all of the Core Program Areas are covered. Education is the most commonly supported, by 70 percent of the organizations (Table 15), followed by health (57 percent) while "mitigation of the impact of conflict" is addressed by the least number of organizations (19 percent). The approaches used to deliver each of the CPAs, together with case studies to illustrate some "promising practices," are provided in Appendix 4.

Table 15 Frequency of CPAs covered

CPA	Number of organizations providing CPA (n = 124)	Percent of respondent organizations
CPA-V: Education	87	70.2
CPA-VII: Health care	71	57.2
CPA-II: Food and nutrition	68	54.8
CPA-VIII: Child protection	65	52.4
CPA-VI: Psychosocial support	62	50.0
CPA-I: Socio-economic security	57	46.0
CPA-III: Care and support	56	45.2
Part of CPA-III: Clothing	50	40.3
Part of CPA-III: Shelter	42	33.9
CPA-IX: Legal support	36	28.2
CPA-X: Capacity building of others in support of vulnerable children	35	28.2
CPA-IV: Mitigation of impact of conflict	23	18.5

4.2.4 Community efforts to address the circumstances of orphaned and vulnerable children

Family level

According to the NSPPI, the nuclear and extended family should be the first line of response to the needs of vulnerable children, followed by members of the community. Respondents to interviews and FGDs had a number of expectations for the family.

> *There are also parents and guardians; they also have a role to play. They support in providing children's education, the scholastic materials and also they have to provide love, care and protection which is okay in ensuring that the child is stable in a home.*
>
> NGO staff, Eastern region

Many respondents were of the view that some households are abusive or negligent of vulnerable children. The NSPPI states that, "government officials and other actors with child protection responsibilities recognize that immediate threats to children's safety and well-being may also come from their families and communities." For example, it was reported that the support provided to vulnerable children at the household level is not always given to them by the caregiver or is only partially given. Further, the support provided to households in terms of IGAs is often sold off by caregivers. It was also reported that many of the cases of physical and sexual abuse to the children are perpetrated by family members and rarely reported unless by the child itself. Some caregivers neglect to seek health care for vulnerable children or to access UPE.

One of the reasons cited for neglect in child forums and qualitative interviews is the fatalistic attitude that vulnerable children orphaned by AIDS must be infected with HIV and are going to die, so there is no reason to waste resources on them. Another reason is that some caregivers are elderly grandparents who neither have the energy nor the know-how to effectively access services. The third reason offered was that many caregivers and

community members have developed a dependency syndrome which views vulnerable children as "belonging" to the NGO providing support.

The extended family is expected to send a helping hand to the household where the vulnerable child is hosted. Respondents reported that some relatives living and working in the cities and abroad do send remittances to the caregivers. For some households, respondents felt the remittances made a difference in that they improved the care provided to the vulnerable children as well as in the success of the IGAs given to the family. This point corroborates the view expressed by the socioeconomic study (Makerere Institute of Social Research 2008) that households that have successful IGAs are those with some level of other income that supports them while the IGA matures. The money sent is, however, often not adequate as it is sometimes intended to cover only education and not the other needs of the vulnerable children. Another reason the money is insufficient is that many times the people handling it take some for themselves. This includes people outside the recipient household who are sent as messengers to deliver the money as well as caregivers.

The extended family has been reported to also grab the property of deceased relatives thus leaving the orphaned children destitute. This is an abuse of a long running cultural practice in Africa where the siblings of the deceased are supposed to take over the property as well as care for the children of the deceased.

> *We hear from these women's groups that so-and-so has left a coffee plantation, but the relatives are the ones benefiting from it when children are suffering.*
>
> Head teacher, Central region

Community level

Regarding members of the community, according to respondents in the FGDs and interviews, many communities are involved in providing services to vulnerable children in different ways. In some instances the community is consulted in the design of programs for vulnerable children. Often they are involved in the initial identification of vulnerable children in need or in confirming their vulnerable status through committees for NGOs. In other places, the community assists the police with transport for community education about child protection and rights. It is still the community which is the first and main source of support for vulnerable children as the children remain with relatives or foster families.

> *Usually, it's the community which tells us of the children who should be helped; then after that we make our baseline survey….*
>
> NGO staff, Central region

> *[First, we] identify the problems and identify the children who need that kind of support. Then we also involve them [community members] in meeting on a monthly basis to give them reports of what has happened. We also have the local community persons who help us in monthly monitoring of activities and give us reports. And then we recognize those people in groups those who are caring for the children so all of them come in and have a say.*
>
> NGO staff, Northern region

Community members are also actively involved in monitoring households receiving external support for vulnerable children to ensure that the support is used properly. Indeed, some communities are organized in groups that are linked to the programs of organizations providing external support and this enables these organizations to provide capacity building to the community to provide support to vulnerable children.

> *But for them [community] in their groups they meet weekly so some body in that group will stand up and try to talk on behalf of all of them. So as I talk now we have those groups, the care givers they care for the children so you find that they are actively involved, when they come together they understand as a group.*
>
> NGO staff Northern region

A number of respondents to IDIs and FGD referred to efforts by NGOs to ensure child participation in identification of beneficiaries, designing of interventions and monitoring service delivery.

> *Then there is also the child participation, the children participate themselves, they are involved in identification of needs, they also participate in planning and recruiting and also, monitoring so it's also one way we have innovated.*
>
> NGO staff, Eastern region

The interviews did not yield stories or experiences of community leaders providing their own direct support to particular households with vulnerable children. Further, respondents were in general disappointed that community members and community leaders are not usually able to identify and help vulnerable children in the community who may either not have a home or are in a home where they are being neglected or abused. Where such cases have been identified it has always been when the situation was desperate and the vulnerable children were taken to an NGO rather than helped by the community.

The role of poverty

A theme running across these deficiencies in the family and community support system for vulnerable children is poverty. Due to poverty caregivers, community members and community leaders fail to provide care to vulnerable children unless they receive external support and where external support is provided some of it is used by the caregivers to meet their own needs.

> *The community at times sells off what has been given to them. They don't also maintain the projects given to them. The challenge is poverty, when services are being offered to these OVCs, the LC-1 look at it as an opportunity for them to gain.*
>
> NGO staff, Western region

Throughout the country, poverty was reported to be a major challenge. Communities and extended families are often too poor to be able to help; everyone expects government and NGOs to look after vulnerable children and misappropriation of orphan property and misuse of external support is common.

Communities have neglected these children so to make matters worse that is why you see most children on the streets. The households have limited capacity due to low levels of income because the majority is unemployed.

NGO staff, Central region

The stakeholders felt a culture of dependency has been created. They reported that many children are being "dumped" by struggling families and the traditional social network has been broken by HIV/AIDS which has killed many of the "bread-winners."

A culture of dependency has been created, so relatives stop visiting, taking responsibility or providing anything for OVC.

NGO staff, Eastern region

The community at times sells off what has been given to them. They also don't maintain the projects given to them.

NGO staff, Western region

In summary, the community in Uganda is reported to be playing a facilitator's role to ensure external support to households with vulnerable children but is neither playing a leadership role nor using its own resources to support its vulnerable children. And the main cause of this inability is widespread poverty.

4.2.5 Successes and challenges (focusing on the USG funded partners)

Program outputs of USG funded partners supporting vulnerable children

The purpose of this section is to show the contribution of USG funding toward care and support of vulnerable children in Uganda. The data shown in Table 16 was generated from PEPFAR output data for the six months in the semi-annual report of 2008. (Full details of the matrix are shown in Appendix 4). Table 16 shows 22 Prime Partners that received grants from PEPFAR to implement support activities for vulnerable children. Most of these Prime Partners in turn gave sub-awards to Implementing Partners that operated the service outlets. For example, Christian Aid has sub-granted three local NGOs to deliver its PEPFAR-supported vulnerable children program: AIDS Care, Education, and Training, Concerned Parents Association, and Youth With A Mission.

Table 16 shows that there were a total of 862 service outlets or implementing partners which delivered services to a total of 150,500 vulnerable children in the six month reporting period of this semi-annual report of 2008. It is clear that USG supported organizations are having a high output through many service outlets. However, it is notable that the current USG effort is reaching 150,500 vulnerable children which represent 11 percent of the estimated 1.4 million critically vulnerable children. Regarding comprehensiveness of services about 16 out of 22 Prime Partners (73 percent) support service delivery at their outlets for at least 5 CPAs. However, it should be noted that none of the Prime Partners is supporting services in all CPAs. Regarding geographical coverage the table shows that none of the organizations covers the entire 80 districts of Uganda, the largest number of districts covered by an

organization is 33 by Joint Clinical Research Center. Also half of the prime partners support services for vulnerable children in at least four regions of the country (data not shown).

Table 16 Summary of PEPFAR funded organizations providing support to vulnerable children

Name of PEPFAR Prime Partner	Number of districts served	Number of service outlets	Number of vulnerable children in first 6 months of 2008	Number of CPAs provided
AFRICARE	1	93	10,534	7
AIDS Relief	11	20	3,815	3
AVSI	14	41	7,664	6
CHRISTIAN AID	4	15	8,456	7
CORE	4	91	6,783	9
Deloitte and Touche	14	22	12,974	7
DoD-UPDF	10	10	890	4
Inter-Religious Council of Uganda	20	41	11,752	8
Joint Clinical Research Center	33	51	7,616	3
Mildmay	6	9	3,222	5
MJAP	2	2	1,531	5
Opportunity International Uganda Agency for Economic Development	10	10	1,121	4
PEACE CORPS	7	18	1,527	5
PIDC	4	12	16,298	5
Plan International	7	294	22,526	4
REACHOUT	1	3	962	4
Salvation Army	11	94	19,531	7
STATE-IMC	1	15	798	2
STATE-IRC	2	2	339	4
STATE-Small grants	3	5	29	7
TASO	11	11	11,794	9
Walter Reed Kayunga	1	3	338	8
Total		862	150,500	

Source: MEEPP Database

Promising practices

Selection of beneficiaries. Reaching the largest number of vulnerable children requires setting up a selection mechanism that is both objective and subjective. Caritas, Tigers Club, Uganda Youth Development Link, Uganda Red Cross, TASO and UWESO all said they were using the definition contained in the National OVC policy (MGLSD 2004a). However, a major challenge observed was that while it was simple to identify an orphan, it was difficult to identify who was vulnerable enough to deserve assistance with the limited available resources. Thus it is important to include a subjective element based on the realities of the given community as defined by the local stakeholders.

During the CORE Initiative workshop of August 2009, stakeholders stressed that for determining vulnerability, the best approaches are those that involve the community. A good example is Community Resilience and Dialogue (CRD), working through International Rescue Committee (IRC) in Karamoja which has established committees at the sub-county level and at schools to help identify children needing services. Plan International also uses school teachers and community leaders who, through observation and community visits, are able to identify children who are in real need of scholastic materials.

Community involvement and participation. The community was involved in the identification of beneficiaries especially through selection committees. The community was sometimes involved in the follow up of vulnerable children as well as monitoring the resources provided to households for the support of these children. Community involvement at these levels is thus an emerging promising practice. For example CRD/IRC not only established selection committees to identify and refer vulnerable children for services provided by IRC but also engaged the communities to follow-up with the children during the holiday periods. A further promising practice of involving the community is at the implementation of services. Organizations are training family and community members to participate in service delivery. Mildmay reported training and involving family members especially on child adherence to antiretroviral treatment. However, as mentioned elsewhere in this report the degree to which communities are using their own resources to support vulnerable children is very low and in many cases non-existent. Thus the thinking around community involvement should aim further than its current success and work towards helping the community to identify its own resources and build capacity to provide support to vulnerable children.

Capacity building. Training community level actors such as CSO staff, community leaders, family and community members and other cadres such as teachers is important in building the capacity of communities to effectively respond to the needs of vulnerable children. It is a promising practice that contributes to sustainability by ensuring that something remains behind after PEPFAR funding ceases. The vast majority of PEPFAR funded organizations reported providing some kind of training to implementers of support services for vulnerable children. The topics covered varied. Africare/COPE reported training CSO staffs in care and support, programming, managerial and reporting skills as well as monitoring and evaluation. Association of Volunteers in International Service (AVSI) provided training on business management to community members and provided them with capital funding to start businesses. Other organizations reported training household members in psychosocial care and child rights while others reported training community leaders and staffs of CSOs on psychosocial support, child protection, supporting IGAs, facilitation of savings and loans projects and life skills facilitation.

CORE initiative reported providing capacity building through CBO networks and TSOs and in order to evaluate the impact of these capacity building efforts the CORE Initiative carries out baseline and post-intervention assessments of capacity of CSO receiving this capacity building. Indeed some organizations were able to report some outcomes from their capacity building interventions. Plan International trained teachers and religious leaders in care and support of OVC and reported that, as a result, these trained personnel were visiting homes that have vulnerable children and providing this support and are also helping to fight HIV-related stigma in the community. TASO carried out child/guardian workshops and reported

that they were useful in enabling the guardian and the vulnerable child to sort out issues between them and live in harmony. TASO has also trained teachers in child counseling and this has resulted in improved communication between teachers and vulnerable children. Further, TASO carried out workshops on will-writing and memory book writing which enabled parents living with HIV to discuss with their children plans for after the parent dies. TASO and the State Department through the International Medical Corps both reported that the training they provided to family members of vulnerable children on farming techniques and livelihoods combined with agricultural inputs resulted in increased food and income for the households. This evidence suggests that capacity building is effective and it can contribute to sustainability at least by empowering the community with skills to respond to the needs of vulnerable children.

Sustainability efforts. Sustainability refers to the extent to which organizations are making attempts to ensure care for vulnerable children beyond the life of the current projects. Since these organizations are funded by PEPFAR, for a limited time, it is prudent that efforts are being undertaken at sustainability. As mentioned above, capacity building of local CSOs and community members is one way to contribute to sustainability. Another way is to widen the donor base. Some organizations such as Africare, Plan International, AIDS Relief, Pediatrics Infectious Disease Clinic, Mildmay and Christian Aid were diversifying their donor sources by seeking non-USG funding. Uganda Program for Human and Holistic Development reported that the CSOs it was supporting carried out local fundraising drives to support their work on vulnerable children. TASO was receiving bursaries from schools to support the education of some of the vulnerable children it was supporting and also carrying out local fundraisings, at some TASO Centers, which have supported the education of 309 vulnerable children.

Some efforts were beginning to show outcomes. For example Plan International began indentifying dominant religious groups in the community it works in and has handed over to them some of the leadership in activities to support vulnerable children. Plan International was beginning to notice increased commitment of time and effort by these groups into these activities.

Comprehensiveness of services. The different needs of a vulnerable child are interlinked. For this reason the MGLSD has defined the 10 CPAs that encompass the comprehensive approach to programming for vulnerable children. For a given vulnerable child addressing one CPA, such as nutrition, can affect the effectiveness of another CPA, such as education. For this reason a comprehensive package in service delivery to vulnerable children should include as many of the 10 CPAs as possible. Many of the PEPFAR supported organizations have tried to provide as many of the CPAs as possible but, as Table 16 shows, none is able to do so.

However, a promising practice observed among the organizations was that where one supports vulnerable children in a particular program area they tended to provide the service comprehensively. For example those providing health care (Joint Clinical Research Centre, TASO, Mildmay, Makerere and Mbarara Universities Joint AIDS Program, PIDC and Reachout) did provide a whole range including HIV testing and counseling, HIV palliative care, antiretroviral treatment and child immunizations. In addition they added other related

clinic-based services such as psychotherapy and nutritional support, especially the ready-to-use foods, as well as hosting of child-clubs or youth clubs. They also distributed safe water vessels and mosquito nets. Further, they also tended to provide care for the mother of the child at the same clinic visit.

This holistic approach has a tremendous advantage in that it makes it easier for the parent or guardian of the vulnerable child to make one journey to obtain a variety of services and hence improves the health care seeking for the vulnerable child as well as adherence to follow-up. Often these organizations add a component of community follow-up, home visits, as well as school visits, which further enhance outcomes for the vulnerable child. The health care organizations also try to provide additional services such as education support or food supply and where these are not provided by the health care organization firm referral links exist with the relevant organizations that provide these services such as the World Food Programme (WFP) for food.

Similarly, holistic approach models are emerging for organizations providing education support which also tend to be comprehensive in ensuring that the vulnerable child receives all she needs to stay in school. These include the provision of the usual educational support such as school fees, scholastic materials, school uniforms and goes beyond to include mattresses and feeding as well as helping households to grow food. It is however, widely recognized that no single organization can provide comprehensive services for vulnerable children. For this reason partnership, networking, linkages and referrals comprise a strategy that is reported by many organizations.

Collaboration, networking linkages and partnerships. Almost all PEPFAR-supported prime partners providing services for vulnerable children reported sharing of information with similar organizations and having a two-way referral of vulnerable children for services available at other organizations but not available at the organization that is providing the main support to the vulnerable child. Almost all organizations reviewed acknowledged the fact that none of them could provide all the services needed by a vulnerable child. The following words in the AFRICARE report serve to illustrate this point: “Given the current budget levels, the project will find it difficult to provide more than three services to OVC already identified.”

The reports show that networking involves not only referrals but regular meetings and often involves a coordination element when it is linked to meetings with government or LC officials. Some prime partner organizations, such as Africare and AVSI reported that the partnerships also involve a sub-grantee relationship where the prime partners ensure that the CSOs they are supporting network with each other. In some districts, such as Gulu and Bushenyi, the networking has evolved into a formal NGO coordination committee in which local government participates. Indeed, according to the Christian Aid report, networking was considered a vital element of their support for vulnerable children in conflict-affected areas where it was crucial to ensure that the services were well targeted and not duplicated.

Data from interviews in the Situation Analysis revealed innovative examples of strategic partnerships. For example in Lira, Child Protection Networks were developed that included: police, CSOs, probation officers and army personnel since this involved protecting children

from abduction as child soldiers. AVSI reported a strategic partnership which involved not only working out local referral linkages but seeking out international partners to fill gaps that were lacking among the partners present on the ground.

During the CORE Initiative workshop in August 09 in Kampala, partnership was a major topic of discussion. It was reported that in Gulu the partnerships are said to be working because the elected District leadership takes keen interest in the issues of vulnerable children. It was also reported that due to the successful partnership in Mubende the number of known service providers in the district increased from 20 in 2007 to over 120 to date, and there was an increase from 4 percent to over 20 percent of vulnerable children accessing services through the county and sub-county coalition of service providers.

Ideally such networking and partnerships should allow partners to detect gaps in geographical or program area coverage and do appropriate reallocation of resources to ensure a more comprehensive coverage. In the reports reviewed such an outcome was not reported. It is probable that the sheer lack of resources does not allow increased coverage. Another possible reason is the lack of concrete knowledge of the number of vulnerable children in a given district and what proportion was being reached.

These experiences suggest that partnerships and linkages work if they are strategic and have brought in all interested and resourceful people or agencies. Also, the presentation of good up-to-date monitoring and evaluation data in partnership meetings can help motivate partners, avoid duplication, identify gaps and encourage more data collection. It is also important that these partnerships are led by an agency or person interested in ensuring coordination and one who has a mandate such as a prominent NGO, an elected leader, or a governmental officer responsible for vulnerable children.

Coordination. Coordination refers to the practice of monitoring activities and sharing information among implementers and government to ensure that services for vulnerable child in a given geographical setting, such as a district, are delivered in ways that limit overlaps and gaps. PEPPAR funded organizations have demonstrated a promising practice especially through the CORE Initiative and the Technical Services Organizations (TSO) collaborating with the MGLSD and local government to coordinate the providers of support to vulnerable children. A number of PEPFAR supported organizations have reported they have participated in this coordination by attending monthly meetings at the districts and that they are ensuring that their activities are coordinated through the probation and social welfare officers. These organizations, which include UPHOLD, Reachout, State-IRC and State-IMC, have also reported holding regular coordination meetings with LC officials at lower levels. This is an emerging model of government and civil society partnering which can have advantages in terms of targeting resources and monitoring their use and should be encouraged. This model would work even better if the probation and welfare officers, who are the MGLSD staff in the field, are facilitated with transport and a budget to take lead in this effort. As reported in the earlier sections of this report, the inadequate personnel and resources of the MGLSD at the district are a major hindrance to effective coordination. But also as noted previously the whole area of coordination, collaboration and networking is greatly enhanced by the availability and sharing of high quality timely service delivery data.

Monitoring and evaluation. Monitoring and reporting of number of vulnerable children served by PEPFAR-funded organizations has been very well achieved through the MEEPP project. Table 16 shows the number of vulnerable children served in the reporting period by each of the 22 prime partners supporting services to vulnerable children. Each of the organizations has a good data collection component and they use this data to monitor the achievement of their set targets for the reporting period. The data collected is disaggregated to the sub-county level and by gender. This success in monitoring would have had a bigger impact on program planning if estimates were available of the total populations of vulnerable children in each district and sub-county. A good example is in Ntungamo where the MGLSD estimated the number of vulnerable children for Ntungamo district as at end of 2007 to be 102,679 COPE-AFRICARE had served 20,123 from April 2005 to March 31, 2008 which is 20 percent of the target population. And for a few other organizations such as Christian Aid and CRD/IRC the reports showed that they have data on the overall population of vulnerable children in the sub-counties they work in and as such are able to monitor what proportion they are reaching. However, for the majority of organizations their reports did not have any data on the general population of vulnerable children in the communities they are working in.

Service delivery organizations should also be able to demonstrate their effectiveness in terms of tangible measurable impacts on the targeted children. For example nutrition support should result in improved nutritional status as measured by mid-upper arm circumference of the targeted children. Education support should result in completion of school and obtaining of a degree or diploma. And socioeconomic support should result in the household moving to a higher wealth quintile. To be accurate, these measurements should be made in well designed household surveys such as the DHS. None of the organizations reviewed during this study could provide such outcome data from their services.

The discussion of effectiveness is incomplete without an element of quality of services being examined. Unfortunately, the scope of this study did not allow a systematic assessment of quality of services. However, a quality assessment was carried out by TSOs in 2007 as part of the mapping exercise and it was reported that the quality of services was generally poor with more than half of the organizations not meeting the quality of service as set by the MGLSD. Thus, the promising practices highlighted in this report do not necessarily imply high quality services.

What are the challenges to the efforts to provide support to vulnerable children in Uganda by USG and other partners?

This section discusses challenges to the provision of support to vulnerable children by all partners including GOU, USG, CSOs and other partners. The underlying factor behind these challenges is the sad reality of the sheer inadequacy of resources. As mentioned before, there is limited coverage of vulnerable children, including the critically vulnerable. Further, even for the vulnerable children who are reached not all the CPAs are provided. And because of the desire to reach as many vulnerable children with a given service, resources tend to be spread thin and quality may be compromised.

Throughout the interviews it was apparent that the very entity that is supposed to protect the vulnerable children, the household, can become a serious source of abuse of children and misuse donated resources or inherited properties of the children. These issues are supposed to

be addressed by two CPAs, Child Protection and Legal Aid, yet these are the CPAs currently receiving the least attention.

Another major threat to addressing child abuse cases is the lack of accommodation for victims of abuse after they have reported the case to police but before the matter has been resolved. They cannot return to the homes where they have been abused, yet the police have no accommodations except for juvenile offenders, which is where these victims are being sent at the moment.

Ensuring that high quality services are delivered in a coordinated manner that meets national standards remains a challenge. An assessment of capacity carried out by COPE in Ntungamo identified three major weaknesses at the community level: poor coordination, lack of monitoring and evaluation, and poor knowledge of national guidelines and standards. Similar issues were raised throughout interviews conducted during this situation analysis.

Another weakness is the lack of careful planning and good management skills for IGAs. It appears logical that empowering households though IGAs is the long term sustainable solution to poverty which is a major cause of child vulnerability. However, the report on SES by CORE and MGLSD (Makerere Institute of Social Research 2008) clearly shows that there are some households which are too poor to be helped by IGAs but rather would need initial cash transfers as an emergency measure. Indeed, those households in need of urgent cash transfers have ended up either selling the investment (e.g., seeds or piglets) to meet their immediate needs rather than supporting the investment to grow.

It is also reported that some of the agricultural and animal husbandry projects failed because of lack of technical knowledge, among household members. It is therefore important to include more intensive technical support in agriculture and animal husbandry through regular supervision by technical experts. Several organizations are reporting training in business skills prior to issuance of IGAs but it is not clear whether the training is based on a needs assessment. However, World Vision did report conducting assessments of community resources and challenges to socioeconomic progress as a first step to selecting communities for their services. After completing an assessment, World Vision staff plan and design programs to address community needs.

4.2.6 Cost of delivering comprehensive care and support for vulnerable children

The three NGOs selected for the cost analysis, UWESO, TASO and World Vision Uganda (WVU), cover 9 out of 10 of the CPAs identified in the NSPPI. Legal support is one CPA that none of the three NGOs covered and thus the analysis was unable to estimate the costs of providing such services to vulnerable children. When beneficiaries required legal support, these NGOs referred them to the public legal and social assistance systems (e.g., district probation and social welfare officers, child and family protection units) and the law enforcement agencies. Table 17 provides a brief overview of these organizations, including their coverage, service delivery approach, organizational background, and major sources of funds.

Presentation of estimated costs

The analysis shows the estimated costs by key interventions and by resource type (i.e., personnel, materials and services, equipment and furniture, building and land, transportation, utilities, and other administrative costs). For the key interventions implemented by each organization under the various CPAs, the total costs as well as the unit (i.e., per beneficiary) costs were estimated. However, for certain interventions, such as advocacy activities, these services are not directly delivered to vulnerable children or to households and do not support a specific group of beneficiaries and thus were excluded from the per unit cost estimates.

Table 17 Summary of the three selected vulnerable children programs

	UWESO	TASO	World Vision Uganda
Number of beneficiaries	Served 2,900 vulnerable children directly and more than 13,000 households in 2008	Served 30,000 vulnerable children directly and 9,300 households in 2008	More than 124,000 child beneficiaries in 2008(1)
Number of core program areas served	5	7	8
Service delivery approach	Family-targeted approach	Clinic-based approach	Community-based approach
Geographic coverage	Served 25 of the country's 80 districts in 2008	Present in all four administrative regions(2)	Operated in 40 of the country's 80 districts in 2008
Type of organization	Local NGO, some USG funding	Local NGO, some USG funding	International NGO, mostly non-USG funding
Major sources of funds(3)	USAID, IFAD, DANIDA, FAO, UNDP, individual donors	USAID, Civil Society Fund, and SIDA, DANIDA, DFID, and Irish Aid	World Vision sister organizations in developed countries

Note:
1. Number of beneficiaries reported in WVU's 2008 Annual Report.
2. The majority of TASO services are clinic-based. Since the catchment area for a TASO clinic can spread over multiple districts, we do not specify the number of districts TASO served here.
3. USG = United States Government, NGO = Nongovernment organization, IFAD = International Fund for Agricultural Development, DANIDA = Danish International Development Agency, FAO = Food and Agricultural Organization, UNDP = United Nations Development Program, SIDA = Swedish International Development Agency, and DFID = UK Department for International Development.

Uganda women's effort to save orphaned children

UWESO was founded in 1986 to provide relief aid to needy children left parentless by AIDS and violence in the country's northern region. Over the years UWESO shifted its focus from relief services to delivering services to improve the wellbeing of vulnerable children. The organization partners with the government, donor agencies, civil society organizations, and the communities where they operate.

UWESO provides services to beneficiaries by targeting households with vulnerable children. While interventions in the education area and some health related services target vulnerable children directly, all other services are provided at the household-level. UWESO also supported the implementation of the UPE policy nationwide. In 2008, UWESO directly

served more than 13,000 households and 2,900 vulnerable children directly. The age of children supported by the organization range from 1 year to 18 years old.

Community-based trainers (CBTs) work with local authorities, community leaders, and civil society organizations to identify the households and vulnerable children that need support. The CBTs then divide the selected households into *clusters*, each of which consists of approximately 30 households. One CBT typically coordinates services for one cluster. Services are delivered either to a group of beneficiaries or at the beneficiaries' home.

In 2008, UWESO served 25 of the country's 80 districts. Staff at the national and six regional offices managed operations in the districts. Each regional office is staffed with a regional manager, project officers, a project accountant, community based trainers, and other support staff. CBTs, who are volunteers receiving allowances and transportation support from UWESO, deliver most direct services. Based on the feedback from the executive committees and program staff, the regional offices manage resources for effective delivery of services.

UWESO provided six CPAs to vulnerable children in 2008, but not all of the six to each beneficiary or household. The details of the services provided are included in Table A5 in the Appendix 4. Socioeconomic security is provided as financial services through Village Savings and Loan Associations. Food security is addressed through farmer field schools and seed distribution, kitchen gardens, food processing and preservation, use of energy-saving stoves, and distribution of goats and 'payback'[4]. Educational support is provided as school fee sponsorship, monitoring of UPE, vocational training and through the Masulita Children's Village. Health activities include water and sanitation including pit latrine construction, and growth monitoring of children under age five. UWESO also conducts psychosocial training and support and advocacy against child abuse.

In 2008 UWESO's total expenditure on these activities was $1.1 million with the highest proportion (47 percent) being spent on education, followed by 27 percent on food and security (Table 18). The estimated costs of strengthening capacity do not include UWESO's role of providing technical assistance to local NGOs on planning and implementing programs for vulnerable children. Since capacity strengthening services do not directly target a specific group of beneficiaries, a unit cost for these services was not calculated.

Table 18 Total costs of vulnerable children services at UWESO by core program areas

Core program area	Total cost (Ush)	Total cost (US $)	Share of total cost (%)
Socioeconomic security	399,202,451	$232,040	21
Food security and nutrition	541,687,060	$314,861	29
Education	882,611,907	$513,027	47
Health	67,672,155	$39,335	4
Strengthening capacity & resource mobilization	5,682,406	$3,303	0.3
Grand total	1,896,855,979	$1,102,567	100

Note: 1 US$ = 1720.4 USh (Bank of Uganda 2009)

[4] When one person is given a goat, once it delivers a baby the person "pays back" to the system by giving the baby goat to the next person in the queue waiting to benefit.

The largest number of beneficiaries was reached by the socioeconomic security program with 5,959 households, followed by the farmer school fields and seed distribution reaching 4,500 households (Table 19). The Children's Village only supports 27 children.

The following tables break these costs down per household (Table 19) or per vulnerable child supported (Table 20) and illustrate that the highest per capita costs were for the Children's Village ($1,418 per child) and artisan training ($1,311 per child) compared to growth monitoring at $2 per child and goat distribution at $4 per household. The activities reaching the most beneficiaries cost $39 and $37 per household, respectively. At an average household size of 5.3 (in this survey) this computes to a cost of only $7.8 and $7.4 per person, respectively.

Table 19 Cost per household for certain CPAs

Core program area	Total cost (US $)	Number of beneficiary households	Cost per household (US $)
Socio-economic security			
Financial services through VSLA	$232,040	5,959	$39
Food security and nutrition			
Farmer field schools and seed distribution	$167,231	4,500	$37
Kitchen garden, food processing and preservation, and use of energy saving stoves	$125,914	1,606	$78
Goat distribution and payback	$21,716	574	$38
Health			
Water & sanitation	$18,895	20	$945
Pit latrine construction	$12,503	640	$20
Psychosocial training and support	$2,903	300	$10

Table 20 Cost per vulnerable child for certain CPAs

Core program area	Total cost (US $)	Number of beneficiary children	Cost per child (US$)
Education			
Primary education sponsorship	$7,840	14	$560
Secondary education & vocational training	$158,338	323	$490
Masulita Children's Village	$37,997	27	$1,407
Artisan training	$155,039	400	$388
Health			
Growth monitoring for children under 5	$5,035	2,134	$2

Supporting Universal Primary Education requires substantial amount of resources

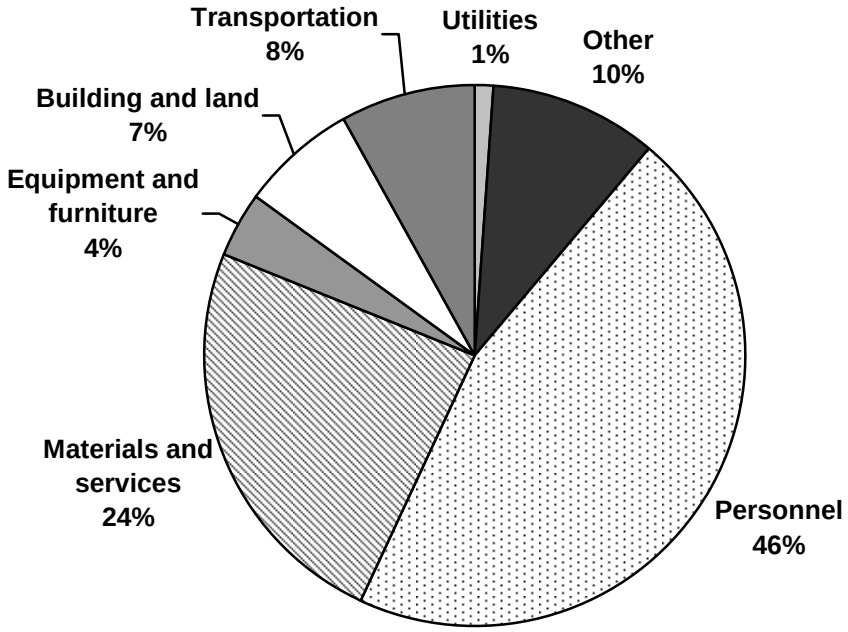
UWESO coordinated efforts by students, parents, teachers, and other community members to support the implementation of the UPE policy. The total cost of the intervention was $153,813 in 2008. UWESO suggested that it would be most appropriate to estimate the unit cost of this intervention per school, instead of per child. The intervention supported 48

schools at an average cost of $3,204 per school. About 2,500 students enrolled in these schools benefited from the services. Since this was a school level intervention, it was not targeted only for vulnerable children, and instead helped all students who were enrolled in these schools.

Costs of services for vulnerable children by resource type

When looking at how these amounts were spent overall, the largest share of expenses was personnel at 46 percent followed by materials and services at 23 percent (Figure 7). Data available in Table A2 in Appendix 4 shows that materials and services provided to the beneficiaries take the largest share of costs: advocacy (63 percent), training and demonstration on pit latrine construction (62 percent), psychosocial support (62 percent), goat distribution and payback (59 percent), and secondary education and vocational training (57 percent).

Figure 7 UWESO share of expenditure 2008



The AIDS Support Organization (TASO)

TASO was established in 1987 to provide counseling, treatment and social support to people living with and affected by HIV/AIDS in Uganda. The organization serves children of its adult beneficiaries as well as HIV-positive children who registered for services. The organization partners with the government, local and international donors, civil society organizations, and the communities it serves.

TASO's service delivery model is organized around a clinic-based facility. TASO staff deliver services at a clinic, called a "TASO Center," as well as in the community. Individuals who needed services registered voluntarily at a TASO Center. In addition, center level staff

identified beneficiaries through outreach efforts. All adults and children registered at a TASO Center received health-related services consisting of medical care, antiretroviral therapy (ART), and HIV counseling on an as needed basis. In addition, children of adult beneficiaries received other services, including socioeconomic, nutritional, educational and psychosocial support. TASO staff delivered the health-related services at the center, and some of the other services at the household or the community level.

In 2008, TASO served about 30,000 vulnerable children directly and an additional 9,300 households. TASO staff delivered services through 11 Centers or operational branches. The Centers are located in public health facilities, and each Center had a catchment radius of 75 kilometers. Out of a total of 1,030 Center-level staff at TASO in 2008, 685 were involved in services for vulnerable children. Center-level staff involved in vulnerable children related services included project officers, medical officers, counseling coordinators, counselors, clinicians, pharmacists, nurses, laboratory technicians, field officers, and other support staff.

TASO provided six CPAs to vulnerable children in 2008. As detailed in Appendix 4, these included socioeconomic support through vocational training and apprenticeship, food security through agricultural production and nutrition, education through fee sponsorship and life skills training. TASO also provides psychosocial support through youth clubs and a child care center, health including medical care, antiretroviral therapy and HIV counseling and strengthens capacity through advocacy.

The estimated costs of services for vulnerable children at TASO should be interpreted in the context that these services were delivered as a package of comprehensive services delivered to adults and children, possibly leading to some efficiency gains in the delivery-cost for these services. Therefore, the estimated costs are likely to be lower than the costs of delivering each type of service by itself.

In 2008 TASO's total expenditure for these activities was $3.4 million with the largest amount being spent on the health program which took 39 percent of the budget (Table 21). This was followed by education which accounted for 23 percent of the total costs.

Table 21 Total costs of vulnerable children services at TASO by core program areas

Core program area	Total cost (USh)	Total cost (US $)	Share of total cost (%)
Socio-economic security	533,202,803	$309,930	9
Food security and nutrition	119,563,782	$69,498	2
Mitigation of impact of conflict	64,616,108	$37,559	1
Education	1,315,201,603	$764,474	23
Psychosocial support	843,487,132	$490,285	14
Health	2,291,230,344	$1,331,801	39
Strengthening capacity & resource mobilization	657,822,922	$382,366	11
Grand total	5,825,124,693	$3,385,913	100

Note: 1 US$ = 1720.4 USh (Bank of Uganda 2009)

In 2008 TASO reached the most beneficiaries through its nutritional support program which reached 8,334 households possible with an average of 5 members each computing to 41,670 beneficiaries. The following tables break the total costs down per household or per child with the highest cost being the vocational training at $1,351 per child and the lowest cost being the nutritional support at $4 per household. The latter were purely distribution costs for food from the World Food Program and other organizations.

Table 22 TASO costs per household in 2008

Core program area	Total cost (US $)	Number of beneficiary households	Cost per household (US $)
Food security and nutrition			
Sustainable livelihood (agricultural production)	$34,749	1,000	$35
Nutritional support	$34,749	8,334	$4

Table 23 TASO costs per vulnerable child in 2008

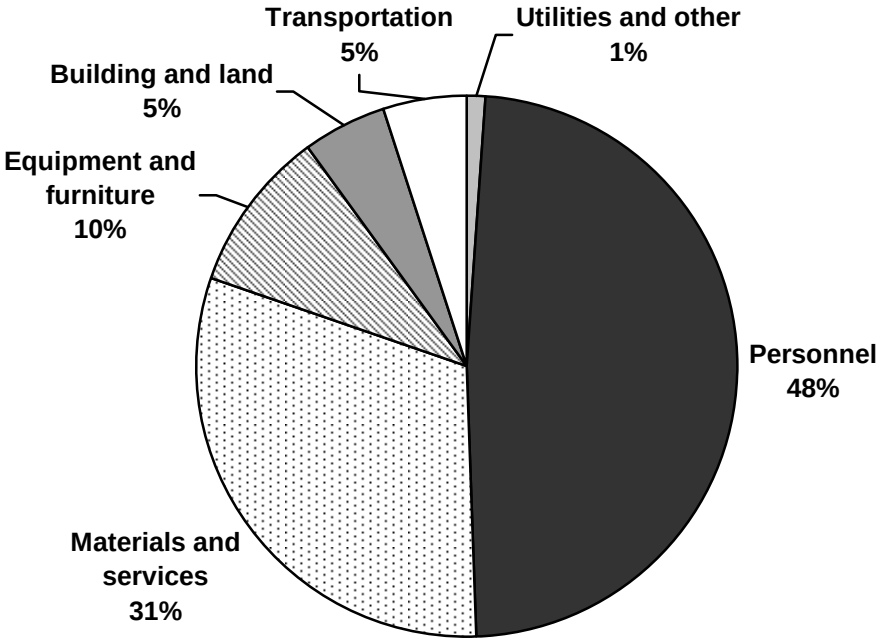
Core program area	Total cost (US $)	Number of beneficiary children	Cost per child (US$)
Socio-economic security			
Vocational training and apprenticeship	$309,930	221	$1,402
Mitigation of impact of conflict			
Vocational training in Northern Uganda	$37,559	n/a	n/a
Education			
Basic education	$535,132	3,015	$177
Life skills training	$229,342	3,015	$76
Psychosocial support			
Youth clubs	$208,493	4,488	$46
Child care center	$97,174	5,648	$17
HIV/AIDS counseling	$184,618	5,259	$35
Health			
Medical care	$460,708	11,228	$41
ART	$871,093	1,242	$701
Strengthening capacity and resource mobilization			
Advocacy	$382,366	-	-

Note: n/a = not available; "-" = not applicable

Costs of services for vulnerable children by resource type

When looking at the total expenditure for 2008, TASO spent the largest proportion on personnel (57 percent) followed by materials and services (36 percent, Figure 8). As shown in Table A4 in Appendix 4, the relative share of personnel cost is particularly high for HIV counseling (72 percent) and medical care (54 percent). This may be driven by the need for high skilled staff to deliver services at a clinic-based facility.

Figure 8 TASO share of expenditure 2008



World Vision Uganda

WVU is the Uganda chapter of World Vision International, a Christian relief, development, and advocacy organization. WVU started its operations in 1986 to provide humanitarian assistance in central Uganda. Since then WVU expanded its programs to support people affected by the HIV pandemic. WVU also assists persons affected by the conflict in northern Uganda and impoverished people in western Uganda.

WVU delivers services to its beneficiaries using a community development approach. The organization focuses on selecting needy communities and then works to mobilize communities to advocate for child rights and HIV prevention, to improve agricultural practices, and to build peace and foster tolerance. WVU worked with communities to build educational infrastructure, increase capacity of local NGOs, and mobilize resources. The organization delivers services such as microfinance services, food and nutrition support, health care, and water and sanitation services, to families in the selected communities. WVU also provides services directly to vulnerable children, including provision of school fees and supplies, but most of its remaining interventions are centered on communities and families. In 2008, WVU served more than 124,000 children in communities across Uganda (WVU 2008).

In 2008, WVU worked in 40 of the country's 80 districts. Its operations were managed by a national office and five regional offices. Each region is divided into several clusters, and each cluster into multiple area development program (ADP) offices. There were a total of 17 clusters and 53 ADPs operating in 2008. A program manager at the cluster office oversaw operations at the ADP offices. Each ADP office covered one or two sub-counties, and approximately 50,000 people.

Staff at the cluster level identified communities that would receive support from WVU. Once a target community was identified, community development facilitators worked with the leaders and members of the community to select the vulnerable and needy families to receive WVU services. WVU also collaborates with local CSOs to deliver services. In 2008, it partnered with about 300 local CSOs to deliver services to the community in which they were based.

Unlike most of the NGOs operating in Uganda, WVU receives most of its funding from World Vision sister organizations in developed countries, such as World Vision USA, Canada, Australia, as well as from individuals, families, churches, and other groups from developed countries. The majority of WVU's programs are funded through sponsorship from these donors who are linked to specific children or community projects. WVU also receives substantial amount of gifts in-kind from its donors. These included textbooks, reading materials, school supplies, clothing, medicine, hygiene kits, and medical supplies. The organization also receives some funding from international aid agencies, such as USAID and World Food Programme.

In 2008 WVU addressed eight CPAS as detailed in Table A5 in Appendix 4. These included:

1. Socio-economic security
2. Food security and nutrition
3. Care and support
4. Mitigation of impact of conflict
5. Education
6. Health
7. Child protection, and
8. Strengthening capacity and resource mobilization.

Financial cost of services for vulnerable children at WVU

The cost of providing the services described above were estimated using data from WVU's financial records for the financial year 2008 (October 2007 to September 2008). It is important to note that the estimated total cost from the analysis is different from the total expenditures shown in WVU's annual financial report.

First, for the cost analysis, the financial expenses from reports compiled at the ADP level were aggregated. After aggregating all reported costs and capital costs, the estimated total cost of services in 2008 is about $38 million. However, the total expenditure shown in the WVU's annual financial report is about $60 million, which includes project expenditure of about $36.4 million, gifts in-kind expenditure of $21.3 million, and strategic management costs of $2.3 million.

The difference between the estimated total cost from the cost analysis and the total expenditure in WVU's annual financial report is about $22 million. Most of this discrepancy is caused by the exclusion from the analysis of gifts in-kind worth $21.3 million that WVU received and distributed in 2008. Gifts in-kind were not included in the current analyses because the organization did not incur any financial costs for these items. The remaining difference is due to the fact that the cost analysis includes only the portion of 2008-expenditures on assets that can be assigned as usage cost for 2008. As mentioned earlier (see

methodology section), the usage cost consists of the annual depreciation cost and the foregone interest earnings. For example, if WVU purchased a vehicle for $10,000 in 2008, only the annual depreciation cost for the vehicle was included and the foregone interest earnings for 2008 in purchasing the vehicle.

Second, because WVU has a community development approach to service delivery and does not target individual beneficiaries, the organization does not distinguish between direct and indirect beneficiaries.[5] As a result, the data on number of beneficiaries provided by WVU staff often included both direct and indirect beneficiaries. Estimating unit costs based on beneficiary numbers that include indirect beneficiaries would not be meaningful. Hence, for several interventions a unit cost estimate is not calculated.

Third, even when data on number of beneficiaries included only direct beneficiaries, it included both children and adults. In addition, WVU is unable to distinguish between vulnerable children and other children among their beneficiaries. As a result, a unit cost per person, not per vulnerable child is presented.

WVU spent approximately $38 million in providing services for vulnerable children in 2008, with education taking the largest share of the total costs at almost $20 million (52 percent), followed by health taking $11 million (29 percent, Table 24). While "mitigation of the impact of conflict" only accounted for 5 percent of the total costs, given the size of the overall costs, this still amounted to over $2 million in one year.

Table 24 Total costs of services for vulnerable children at World Vision Uganda

Core program area	Total cost (USh)	Total cost (US $)	Share of total cost (%)
Socio-economic security	1,309,542,545	761,185	2
Food security and nutrition	2,433,535,482	1,414,517	4
Care and support	1,609,092,552	935,301	2
Mitigation of impact of conflict	3,464,872,505	2,013,992	5
Education	34,139,995,309	19,844,220	52
Health	18,987,544,909	11,036,704	29
Child protection	316,756,578	184,118	0.5
Strengthening capacity and resource mobilization	3,040,438,086	1,767,286	5
Grand total	65,301,777,965	37,957,323	100

Note: 1 US$ = 1,720.4 USh (Bank of Uganda 2009)

WVU uses several approaches to providing educational support including providing school fees, uniforms, and school supplies through a sponsorship program; working with communities to construct classrooms, laboratories, offices, latrines and housing facilities for teachers; and an in-school feeding program.

[5] For example, a child receiving a uniform and other school supplies from an NGO is a direct beneficiary while a child living with a parent receiving agricultural training would be an indirect beneficiary.

The health program operates through coalitions with community groups and health care providers to provide care for vulnerable children and families affected by HIV/AIDS. WVU trained faith leaders to respond to the HIV/AIDS pandemic and partnered with faith-based organizations to provide life-skills training to children to prevent HIV/AIDS. The organization provided care, support, and treatment services to individuals living with HIV/AIDS and extended immunization service, and support for reducing malaria prevalence among pregnant mothers and children under five. This cost also included water and sanitation services in which WVU protected water sources, built shallow wells and pit latrines. The NGO also trained teachers, students, and community members in basic hygiene and sanitation.

Table 25 Costs of services for vulnerable children at World Vision Uganda

Core program area	Total cost (US $)	Number of individual beneficiaries	Cost per person (US $)
Socio-economic security			
Economic development (microfinance services)	$761,185	n/a	n/a
Food security and nutrition			
Agricultural services	$870,539	n/a	n/a
Emergency food support	$534,418	419,868	1
Nutrition support	$9,560	2,200	4
Care and support			
Support for individuals with disabilities	$70,045	1,110	63
Relief in mine affected areas	$865,256	9,103	95
Mitigation of impact of conflict			
Psychosocial support and support to children of war	$928,427	n/a	n/a
Peace building and conflict management	$1,085,565	4,500	241
Education			
Education support and sponsorship management	$13,939,409	n/a	n/a
Relief in education	$5,904,810	n/a	n/a
Health			
HIV/AIDS prevention and health services	$8,991,692	114,207	79
Water and sanitation services	$2,045,012	n/a	n/a
Child protection			
Advocacy	$169,830	1,200	142
Protection from child labor	$14,288	6,000	2
Strengthening capacity and resource mobilization			
Assessment and program design	$1,213,765	-	-
Collaboration with local CSOs	$85,814	-	-
Leadership development	$467,707	-	-

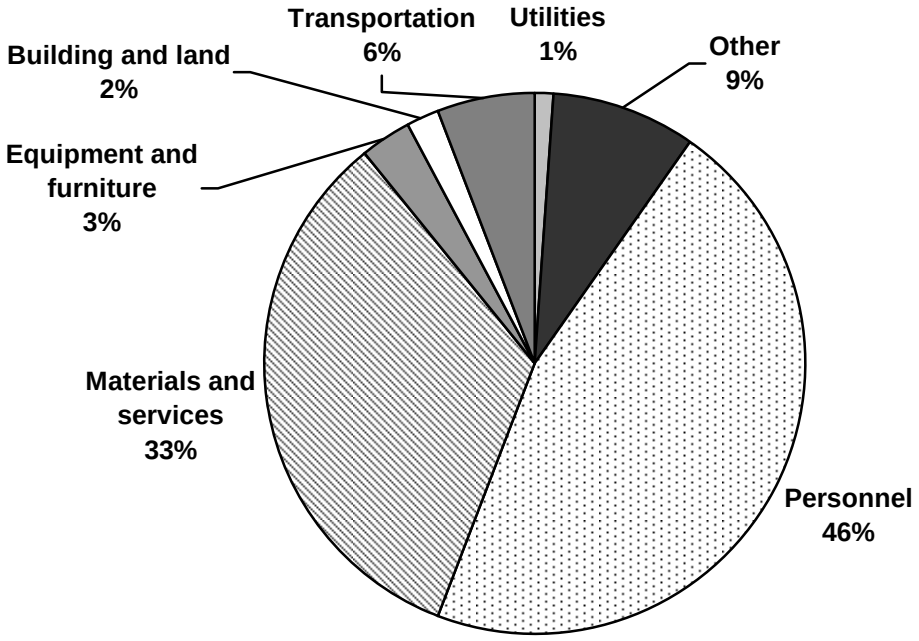
Note: n/a = not available; "-" = not applicable.

Costs of vulnerable children services by resource type

The largest share of expenses went to cover personnel costs which accounted for 47 percent of the total costs, followed by materials and services as illustrated in Figure 9 which shows the total costs by resource type for all services delivered by WVU in 2008. Detailed

distribution of costs by resource type for each set of services is presented in Table A6 in Appendix 4.

Figure 9 Share of total costs at World Vision Uganda by resource type



5. Discussion

This Situation Analysis brings together multiple data sources to explore the complex circumstances of children in Uganda who have been orphaned and rendered vulnerable through a variety of different factors.

When interpreting the results of this analysis, it is important to bear in mind some of the key limitations of the methodology as follows. By virtue of the fact that a household survey was employed, numerical data about children living on the streets and children living in institutions were not captured. Therefore, the situation analysis relied on qualitative interviews to get some insight into these two groups of vulnerable children. The vulnerability score used to estimate the number of vulnerable children is a tool still in its infancy and will require further statistical work and stakeholder validation before wider application. Further, since the vulnerability score included factors such as school attendance and orphanhood, it was not possible to analyze vulnerability by these factors. Child participation was through Child Forums which were conducted by school teachers, and the teacher-child relationship resulted in short responses by children without in-depth exploration of issues. In examining promising practices of service provision and cost of services to vulnerable children, data on outcomes of interventions was not available and as such the effectiveness of interventions was beyond the scope of this exercise.

However, despite acknowledging these methodological limitations, it remains important to recognize that this exercise—the first of its kind in Uganda—has broken pioneering new ground in furthering the in-depth understanding of the circumstances of vulnerable children. In this section, key findings are highlighted to clarify how the original aims and objectives of the exercise have been met. Specific recommendations for action based upon these findings are derived in the following section.

Objective 1: Definition of Vulnerable Children

Initial exploration revealed a need for an operational definition of vulnerable children specific to the Ugandan context, with which to analyze data from the household survey. The vulnerability score developed in this report, based upon the input of Ugandan experts, represents an initial effort to conduct a rapid analysis that combines multiple factors of children's vulnerability into a single vulnerability score. This score can be used to assess and identify degrees of children's vulnerability from household survey data; differentiating between children who are critically, moderately or generally vulnerable, and those not to be considered vulnerable at all. The vulnerability score contributes to the overall goal of this Situation Analysis by providing an easily accessible tool to prioritize the circumstances of the most vulnerable children and to facilitate planning a response by policy makers and program implementers. Factors included in the definition include orphanhood, child marriage, being affected by HIV or other diseases, living in an area under conflict, living in a child-headed household, and lacking in access to basic services such as schooling. A notable limitation of the vulnerability score is that some of the criteria used such as school attendance, engagement in sexual activity, and alcohol and drug use were age-dependant and as such could not be

applied to young children. For this reason the scores cannot be compared across all age groups.

The team acknowledges that there are a variety of technical statistical approaches to scoring and index development (e.g., WHO's Quality of Life tool [WHO 2004], Depression Index [Beck et al. 1979]). There are also several existing efforts to categorize vulnerability, including a Vulnerability Index (Forsyth 1996) and PEPFAR's Child Status Index (Nyangara et al. 2008). The current effort to develop vulnerability scores is based on a motivation to derive a Uganda-specific approach suitable for rapid analysis of household survey data. Further development and exploration of this scoring methodology are beyond the scope of the current Situation Analysis, but next steps for action necessary before further use of the vulnerability score include refining indicators, assigning weights and rankings to score components, research linking vulnerability factors to outcomes, participatory review by stakeholders (including children themselves), and statistical analysis (such as principal components analysis, scale development and validation techniques).

Objective 2: Estimate of the Magnitude and Characteristics of Vulnerable Children

According to the analysis of survey data presented in this Situation Analysis, vulnerability is widespread among children in Uganda. According to the Uganda-specific definition and indicators developed by this exercise, nationally, up to 96 percent of children have some level of vulnerability. Within this broad grouping of vulnerable children, degrees of vulnerability can be distinguished for the prioritization of support services: nationally, 51 percent of children in Uganda are considered moderately or critically vulnerable, equivalent to a national total of approximately 8 million vulnerable children in Uganda.

The use of the Uganda-specific vulnerability score permits patterns of regional vulnerability to be described: vulnerability tends to be highest in the conflict-affected Northern region, and lower in the more affluent Central region. Vulnerability tends to be higher in rural areas. The percentage of children defined as critically vulnerable remains fairly constant throughout the regions, at approximately 8–9 percent.

The distribution of vulnerable children in Uganda is different from the distribution of children who have been orphaned. While children in the Central region have the lowest vulnerability scores, more of them are orphaned compared to the Northern and Eastern regions. These trends reflect regional differences and could be explained in terms of higher HIV prevalence in the Central region compared to the Eastern region, resulting in more orphaned children. Further, the Northern region, which has the highest vulnerability scores, is in the lower wealth quintiles and has had a long period of conflict, which has increased poverty and lack of basic services. These issues should be considered when determining whether to target children with higher vulnerability with services as opposed to children who are orphaned. The data on targeting of external support to vulnerable children or their households suggests that while the provision of external support targets orphaned children to a reasonable extent, it is not adequately targeting other vulnerable children. Orphaned children constitute about 14 percent of the general population of children but in six services

(start-up capital, agricultural inputs, modern farming, school support, school meals and medical care) they comprised more than 14 percent of recipients of the service (Figure 5). In contrast, moderately and critically vulnerable who constitute about 51 percent of the general population of children comprised more than 51 percent of recipients in only two services (school support and school meals) (Figure 6).

Nevertheless, the widespread levels of children's vulnerability remain a cause of great concern, raising questions about the ability of existing services to address such high levels of need, and the efficiency of setting targeting criteria to guide service delivery. Stakeholders concur that they are overwhelmed by the task of providing services to such high levels of vulnerable children in increasingly dire circumstances.

While most vulnerable children do remain in the extended family, communities are extremely poor and are struggling with the impacts of HIV and AIDS. More and more families are turning to CSOs to support their children. In addition, caregivers in families, community members and leaders are also reported to be misusing and diverting to personal use the resources provided for vulnerable children by these CSOs. Thus a sad reality is that a culture of dependency and exploitation is emerging from the extended family and community which are meant to be the safety net for vulnerable children. The dependency is sometimes reflected in expressions that vulnerable children are children of a particular CSO that is supporting them and that the family and community do not do anything to support those children. Throughout interviews the community involvement that was cited was in terms of community members facilitating CSO work with very little or no comment on community members using their own resources to provide support to vulnerable children. If this trend continues, it implies that when donor aid comes to an end the children will have no support.

Objective 3: Approaches Currently Used to Address the Needs of Vulnerable Children

Government response

It is the police family units and probation officers who are the frontline actors to assist street children. These structures were created as part of the government response to vulnerable children (NSPPI) and are some of the few components that are functioning well. In many parts of the country these family units are respected by the communities they serve. They are involved with both prevention of the problem through community sensitization regarding the rights of children, and with trying to resolve instances of the abuse of child rights. However, in much of the country these units are hampered by their lack of resources, both financial and human, to be able to conduct their activities properly.

Individual police are digging into their own pockets to support vulnerable children and in some cases, street children are being taken off the street but are sleeping in the police stations due to the lack of any transitional homes. There is an urgent need to build more transitional homes in which children can receive shelter, security, counseling, love, care and basic needs as their families are traced or alternative foster homes are found.

Civil society response

Although the MGLSD reports that about 4,000 organizations are said to be providing support to vulnerable children, respondents from the 124 organizations assessed felt that their organizations were leaving out many who are in need of their assistance. This is in spite of the fact that most organizations are trying to reach as many children as possible with a few services rather than providing full comprehensive care. The only organizations who approach comprehensive care provision are the children's residential "Homes" which reach very few children each, usually at a high cost per child. The assessment of free external support received by children in the survey illustrated how few are actually being reached. The best case scenario was medical support reaching only 15 percent of the children in the households surveyed.

Education best addressed CPA

Education is only one of the ten core program areas which the government of Uganda stipulates as services that vulnerable children should be provided with in the NSPPI. In fact, according to most respondents in the FGDs, interviews and organizational assessments, education was the best addressed of the CPAs with 70 percent of organizations reporting they deal with it in some way. Most organizations addressed education through school fees but others also support supplies and uniforms. Some respondents mentioned inadequate funding and delays in receiving school and UPE budgets from the government which drove teachers to find resources from families, many of whom could not afford them (and consequently the children dropped out of school). Indeed, the household survey showed that orphaned children had a higher rate of school drop-out than non-orphaned children. This issue should be explored further to identify the cause and efforts made to improve the situation.

One approach to assisting vulnerable children which has been implemented by World Vision and UWESO is to use the schools to provide free meals. UWESO has assisted schools to develop gardens to grow vegetables to be able to do this. This not only ensures one good meal each day for the children but also encourages them to attend and the parents/guardians to send children to school. A more extensive model is the 'Schools as Centers of Care and Support' program funded by the Swiss Agency for Cooperation and Development, the Embassy of the Kingdom of the Netherlands, the Rockefeller Brothers Foundation, UNESCO and UNICEF and coordinated by the Media in Education Trust, Africa (MiETA). This program is proving to be successful across several countries in southern Africa. In this model, School Support Teams comprising teachers, volunteer community members and students follow up on suspected vulnerable children to investigate the home situation, identify needs, provide support directly or refer the family for appropriate support. The schools have gardens which are worked on by community members, teachers and students, the produce of which is used to enrich the school meals and those for vulnerable households. The program does not only provide nutritional support but also will provide psychosocial support in school, link children to the police for suspected abuse cases, invite the local police to give talks on Child Rights and abuse and refer children for medical care. Vulnerable households are also linked to organizations providing socioeconomic support. The program is an integrated, multisectoral approach involving several government ministries, donors, CSOs and

communities with the aim of "improving children's lives". Applying this model in Uganda may well be a good way forward.

Least addressed CPAs

The least-addressed CPAs were legal support, mitigation of the impact of conflict, and shelter, based on the low numbers of organizations addressing these needs and comments from respondents. One organization, FIDA-Uganda, has a very comprehensive legal support program which needs to be replicated or expanded to reach more of the vulnerable children. The program comprises legal representation in court, training paralegals to assist with settling conflicts in communities precluding the need for travel to court and costly legal fees, community and stakeholder education on civil law and production of educational materials to assist with this work.

Socioeconomic support was also one of the least addressed CPAs but is critical to reducing household poverty and the vulnerability of children. A recent study funded by the CORE Initiative (2008) on the status of interventions for socioeconomic strengthening showed that there are four main categories: skills training and vocational training; Agricultural income generating projects; Animal Husbandry Projects; and Village Savings and Loans Associations (VSLA). The study showed that these projects were usually more helpful for less poor families but that for the very poor families the projects would fail. The study recommended that for the very poor there is no viable alternative but direct cash transfer as an emergency rescue measure until the family is able to help itself. Nonetheless, during the current situation analysis stakeholders suggested that households with vulnerable children be empowered through income generating projects.

Coordination and networking

One of the major areas that is deficient in the effort to help vulnerable children is coordination and networking. Although the government has included a mechanism in the NSPPI and established a committee at national level to coordinate the response (the National Implementation Unit) it was the opinion of respondents that this has been fairly ineffective on the ground. According to respondents, the coordination structures have been put in place and staff has been trained in much of the country, but salaries and resources to conduct their activities are not being received. In the North, good coordination of services for vulnerable children was credited to UNICEF and other UN organizations in response to the war. Elsewhere in the country, any coordination at district, county and sub-county level was reported to be due to the efforts of groups of organizations networking with each other as opposed to being coordinated by the government.

Surveillance, monitoring, and evaluation

Continuous monitoring of the situation of vulnerable children is of paramount importance. To this end, process and output indicators need to be incorporated into regular household

surveys. External support needs to be monitored at a national, local and organizational level to assess the coverage and effectiveness of support programs. Efforts have been undertaken by the MGLSD to develop a number of tools including the quality standards and the Management Information System (MIS) tool which has been field tested and is about to be implemented. A key issue which needs to be addressed is the lack of resources and sufficient staffing for the offices of the probation and social welfare officers to implement the surveillance, monitoring and evaluation of service delivery to vulnerable children.

Objective 4: Successful Strategies and Challenges, Focusing on the USG funded partners

USG partners have applied a number of successful strategies in providing support for vulnerable children. For example to address the fact that no single partner is able to meet all the needs of a vulnerable child a number of partners managed to achieve comprehensiveness of service delivery through partnerships and linkages. To avoid stigmatization of vulnerable children and because there is wide spread poverty some partners adopted the strategy of targeting entire communities to receive services as opposed to singling out a few vulnerable children or their households. Further, in an attempt to curb on misuse of resources some partners work with community members to monitor the use of resources donated for vulnerable children by the extended family. Sharing of accurate M&E data at a local level enabled collaboration and coordination to increase coverage and avoid overlaps.

However, there are a number of challenges, and these are not restricted to the USG partners. Regarding M&E this situation analysis has shown that the best that can be achieved at the moment is output data as opposed to outcome data. A major challenge hindering all organizations and government structures is the inadequacy of funding reaching them and the children themselves. This was compounded by a very common complaint that funds are going missing before reaching the children they were originally designated for. This was reported to permeate from the top levels of the government officials through international NGO officials, local officials and down to the immediate caregiver of the vulnerable children. Many are reported to be diverting funds away for their own use or directing support to their own family and friends who are not vulnerable.

Objective 5: Determine the Costs of Delivering Support Services to Vulnerable Children

Based on the costs per child for school support (UWESO $65/child), the number of primary school age children in Uganda (7.3 million, UBOS), the proportion who are critically vulnerable (9.4 percent) and the proportion of these who are currently out of school (30 percent) the amount needed to support all of the critically vulnerable, primary school children to return to school for one year would be approximately $13million. For 12 to 14 year-old children this is likely to be $42.7 million given that UWESO report spending $485 per child for secondary school support. Providing vocational training was even more expensive at $1,300 per child, which would cost a total of $127 million to support all of the 15 to 17 year-old, critically vulnerable children who are currently out of school.

The most expensive intervention per child was found to be institutionalized care and the least expensive was food security and nutritional support. This corresponds to findings of the World Bank (Subbarao 2004) and Desmond and Gow (2001) who were able to conduct a cost-effectiveness analysis of programs, albeit with limitations.

6. Recommendations

This section highlights evidence-based recommendations for action, based upon the findings of this Situation Analysis. Recommendations are presented according to their intended audience, starting off with recommendations for actions to be taken in the strategy and policy arena, and moving through the domain of program managers and implementers.

Strategy and Policy Makers

- *Build district-level Government structures*—The government of Uganda should strengthen its structures at the district level by filling vacancies at the field level as well as providing transport to its staffs in order to provide leadership to the existing partnerships to enable monitoring and coordination of VC services.
- *Increase funding and collaboration for child protection*—To enhance legal support and child protection services, the USG and other donors should consider funding the Police Family Support Unit, especially to assist with transport and salaries and the expansion of FIDA programs. The GOU should increase child protection efforts especially through child protection committees comprising the police, NGOs, probation officers and legal protection agencies.
- *Review universal education systems*—The UPE and USE systems need reviewing and funding mechanisms must be improved to ensure that moderately and critically vulnerable children do not continue to drop out and/or be excluded.
- *Strengthen monitoring and evaluation*—Process and output indicators need to be incorporated into regular household surveys to enable the continuous monitoring of the situation of vulnerable children and the effectiveness of support programs. The current study can be used to initiate the discussion of these indicators.
- *Consider the role of institutional care and transition homes*—Although institutional care is considered resource-intensive and controversial for many reasons, perhaps the time has come to reconsider its role in Uganda. There may still be a role for establishing some form of transition homes to shelter and protect children who are taken off the streets or who have escaped from abusive homes, following the model of Tigers Club/RETRACK.
- *Address corruption at all levels*—Strategies to address the misuse of funds and widespread corruption include the implementation of MoGLSD resource tracking tools to determine what resources allocated for vulnerable children actually reach the intended beneficiaries. It is recommended that this tool be operationalized together with the MIS system.

Program Managers and Implementers

- *Review targeting criteria for interventions*—The selection criteria of all service providers in the country urgently need reviewing since the majority of services are not reaching the most critically vulnerable children.
- *Conduct household assessments before delivering IGAs*—It is recommended that before offering IGAs to families, implementing partners should conduct household assessments regarding the financial and technical abilities of the households. This is important to

determine if an emergency cash transfer is a better option and if not, to determine the type of technical support needed.

- *Strengthen networking and coordination*—Since no single organization is able to provide all of the CPAs to each beneficiary, the best way to provide services is through strongly networked and coordinated organizations, each providing a few of the CPAs so that each individual vulnerable child receives a comprehensive package. Referral directories that are regularly updated by all the stakeholders are critical. Referral reporting slips should also be established to help monitor the referrals to ensure the vulnerable children receive the services they need.
- *Increase community involvement in intervention design and delivery*—Implementing partners should increase community involvement in the identification of beneficiaries, service planning, delivery and monitoring. Taking into account community perceptions of vulnerability is vital for identifying the actual needs of vulnerable children/populations and their households and suggesting possible interventions to address identified gaps. Greater involvement of communities and vulnerable children will also increase the level of transparency and reduce the opportunities for abuse of resources directed towards vulnerable children.
- *Where vulnerability and poverty are widespread, consider the role of block grants and community coverage of interventions rather than targeted interventions*—Where there is abject poverty it is difficult to ensure that the identified vulnerable children benefit from the support provided without the resources being shared out by the rest of the children in the extended family. Also if the infrastructure such as schools and health facilities is poor it is difficult to reach the identified vulnerable children with services unless these structures are improved for the entire community.
- *Address older vulnerable children*—With the current age cut-off used by donors and implementing organizations many children are being dropped from programs once they reach the age of 18 years old. It is likely that large numbers of children and youth missed out on education entirely due to the war and insecurity in the north and this leaves them more vulnerable. It is recommended that new programs are initiated that target the 15 to 24 year olds who have never attended school to give them some basic education as well as vocational skills.

Community-level Organizations

- *Empower existing village level structures*—GOU should empower existing village level structures such as village health teams to participate in the monitoring of resources provided to households for the care of vulnerable children and in identifying gaps to be addressed. GOU should strengthen and entrench the local structures and volunteerism in service delivery to vulnerable children by developing policy guides.
- *Build capacity of family members to care for and protect vulnerable children*—Implementing partners should enhance training of household members in care and support. While it is obvious that the best caregivers for vulnerable children are in the household there is no evidence that substantial investment has been made in training of household heads or designated caregivers in psychosocial care of vulnerable children. In the organizational assessments a number of organizations reported providing training in

IGAs (World Vision) and on child rights and avoidance of abuse (Caritas). However, little or no training was reported on the topic of parenting skills. This is a worthwhile investment as it will help to address not only the immediate psychosocial needs of vulnerable children, but will also help to improve the attitudes of household heads and caregivers toward child rights, avoidance of abuse and enabling vulnerable children to benefit from the support the household receives for vulnerable children.

- *Expand support networks for community-run programs*—The most sustainable and cost effective programs are often those run by community groups and targeted at economic empowerment of households with vulnerable children. This calls for the expansion of umbrella networks of well-coordinated, community-based organizations implementing interventions to support the whole household as well as vulnerable children. The focus will need to be placed on building the capacity of a large number of CBOs throughout the country.
- *Address the emerging culture of dependency*—There is need to shift from large NGOs and donors providing direct handout services and move towards facilitating smaller community based organizations (CBO) to support their own vulnerable children using appropriate means. While direct service delivery is easier to manage and account for it may have high staff costs and it ceases once the funding for the NGO stops. Facilitation of local CBOs may not show tangible results in a short time but it will help the communities to identify and use their own resources to support their children.

Researchers

- *Provide more detailed mapping of OVC*—The current study grouped the data by the four major geographical zones of the country but further analysis of future datasets by district would allow for more detailed mapping of vulnerable children. Further analyses are also recommended to explore correlations such as geographic location and school attendance.
- *Measure outcomes over time*—Further studies are needed to evaluate the impacts associated with OVC programs over time and to assess program effectiveness.
- *Develop vulnerability scores*—The current study is only the start of the development of this vulnerability score, which will require more investment to assess it statistically and validate it for local adaptation.
- *Investigate street children further*—More effort is needed to understand the factors causing children to go to the streets as well as the different types of street kids and how best they can be reached. While exploring the circumstances of and quantifying the number of street children was beyond the scope of this exercise, they remain among the most vulnerable of children.

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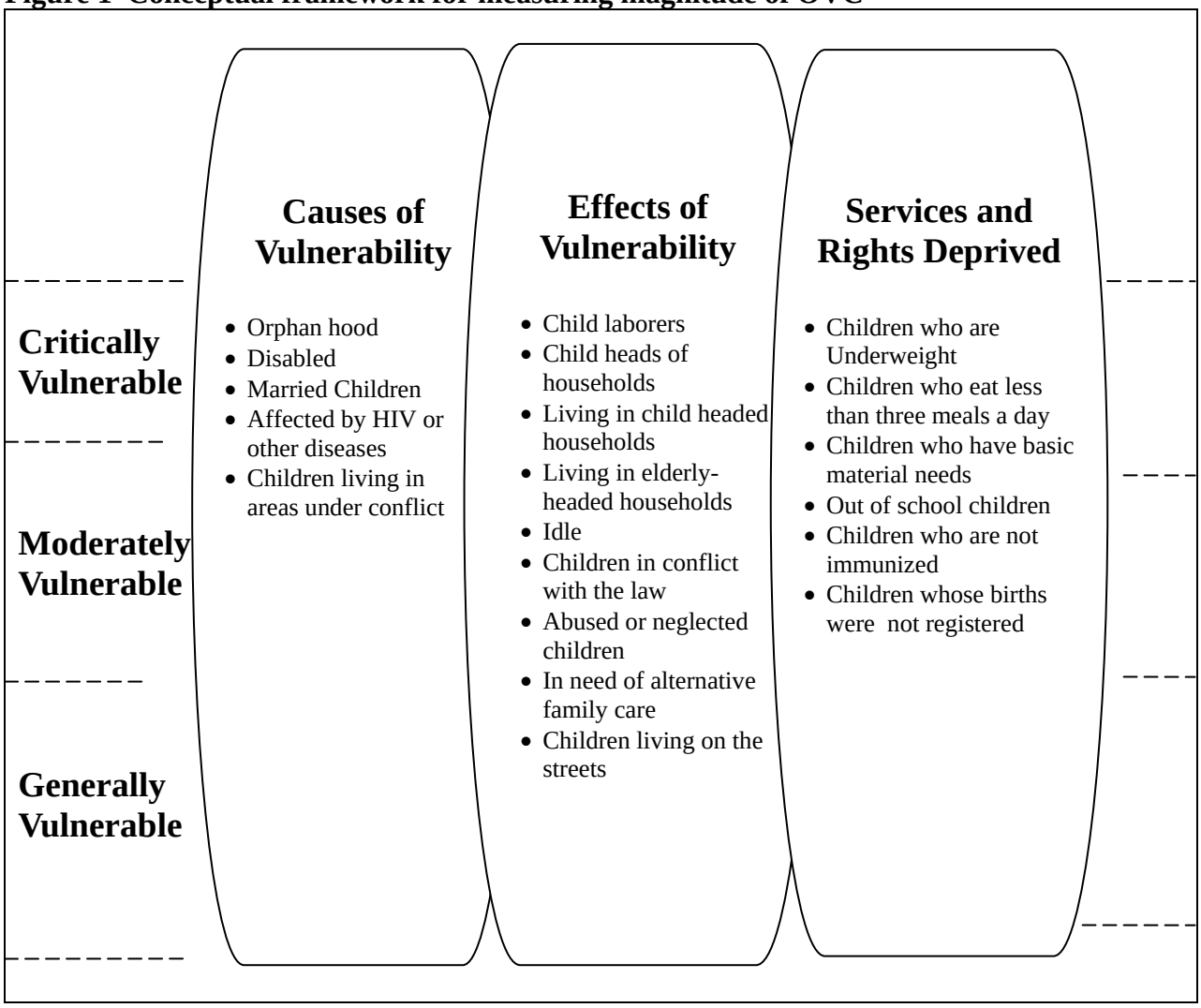
Appendix 1: Vulnerability Score Details

1. Background to the Vulnerability Score

Child vulnerability is difficult to measure because there is such a long list of factors that increase child vulnerability. The conceptual framework in Figure 1 shows that there could be at least three groups of factors of vulnerability.

Figure 1 Conceptual framework for measuring magnitude of OVC



One group can be referred to as primary causes of vulnerability for the child. This group includes: orphan hood; being disabled; being married as a child; being affected by HIV/AIDS or other diseases; and living in areas under conflict.

The second group can be referred to as effects of the first groups of causes of vulnerability which become secondary causes of vulnerability in themselves. For example orphan hood could cause a child-headed household and being in a child headed household is a cause of vulnerability. This group include: a child having to become a laborer; a child ending up heading a household; children living in a household headed by another child or an elderly person; being idle and finding oneself in conflict with the law; a child being abused and neglected and ending up on the street.

The third group of causes of vulnerability comprises of situations where a child lacks access to adequate basic services such as food; shelter; health care; clothing; education and psychosocial support; or the child being denied their rights such as birth registration.

In addition to these, there is a wide variety of interventions necessary for vulnerable children. Hence there is need to have a measure of vulnerability which reflects the wide range of areas of interventions. For example, if vulnerable children were to be narrowly defined as orphans, such a definition would exclude the children who need help because their parents cannot pay their school fees, even though the parents are alive. And hence interventions for enhancing access to school education would not be included in the national strategic plans for addressing needs of vulnerable children.

2. Indicators incorporated in the Vulnerability Score and their frequency in the study population

Indicator no.	Indicator	Variable	Details	Vulnerability score	Frequency (% of 7,946 children)
Household Questionnaire					
3 & 7	Relationship to head of household & age		If head HH is < 18yrs	2	0.3
			If head HH is 18–65	0	89.7
			If head HH is > 65yrs	1	10.1
2	Compute number of people in HH		If > 6	1	67.9
			If < 6	0	32.0
8 & 7	Current marital status of child & age	1	Married & age < 17yrs	2	0.3
		1	Married & age 17–18 yrs	1	0.7
		2	Divorced/separated	1	
		3	Widowed	1	
		4	Never married	0	99.0
12	Any person in the HH age 18–59 has been sick for at least 3 months	1	Yes	1	
Biological parents of < 18 yr olds					
13	Is natural mother alive	2	No	3	6.4
15	Does natural mother have a serious impairment	1	Yes	1	0.9
16	Has mother been sick for at least 3 months in past 12 months, too sick to work or do usual activities	1	Yes	1	1.1
17	Is natural father alive	2	No	2	11.7

19	Does natural father have a serious impairment	1	Yes	1	1.2
20	Has father been sick for at least 3 months in past 12 months, too sick to work or do usual activities	1	Yes	1	0.7
School Attendance					
25 & 7	Has (NAME) ever attended school	2	No & age 12–17	2	1.7
		2	No & age <12	1	6.3
		1	Yes	0	92.1
27 & 7	Did (NAME) attend school at any time during 2009	2	No & age 12–17	1	0.5
		2	No & age <12	2	2.5
		1	Yes	0	97.0
	IF ABSENT FROM SCHOOL IN 2009 (#27=2) AND <12 YEARS:				
29C	What was the main reason for absence frm school in last week.	10=	Domestic work	2	0.4
		11=	Work for family farm/business	2	
		12=	Work for employers	3	
		13=	Any other work	2	
		14=	Did not want to go	1	0.7
		15=	Mistreated at school	1	
		16=	Monthly periods	1	
		17=	Funeral/ wedding/ ceremony/	0	98.8
		18=	Illness	0	
		19=	School uniform	1	
		20=	No stationery	1	
		96=	Other		
Basic Material Needs					
32	Does (NAME) have a blanket/ bed cover	2	No	1	49.5
33	Does (NAME) have a pair of shoes	2	No	1	48.0

34	Does (NAME) have at least two sets of clothes	2	No	1	49.5
Disabilities					
35	Does (NAME) have difficulty seeing	3	Self	1	0.3
		4	Self	3	0.0
		3	Anyone else in HH	0	99.6
		4	Anyone else in HH	1	
36	Does (NAME) have difficulty hearing	3	Self	1	0.5
		4	Self	3	0.1
		3	Anyone else in HH	0	99.4
		4	Anyone else in HH	1	
37	Does (NAME) have difficulty walking or climbing steps?	3	Self	1	0.6
		4	Self	3	0.5
		3	Anyone else in HH	0	98.9
		4	Anyone else in HH	1	
40	Does (NAME) have difficulty communicating	3	Self	1	0.5
		4	Self	3	0.5
		3	Anyone else in HH	0	98.9
		4	Anyone else in HH	1	
Health					
	FOR A CHILD (<18) FOR WHOM RECORDED 41 = 1:				
43	Where did (NAME) go for the first consultation during the past 30 days?	1	At home	1	2.5
		2	Friend/neighbour	1	
		12	Trad healer	1	
		13	Other: nothing	1	

Activity					
44 & 7	During the last 7 days, what was (NAME'S) main activity status?	1,2,3,4,5,9	If no one in HH > 18 gave any of these responses	2	8.2
		4, 9	& age 12-17 yrs	1	2.1
		4, 9	& <12 yrs	2	
		6,7,8	& age >18 living in HH or head of HH	1	
Household Characteristics					
301	What is the main source of drinking water for members of your household?	51, 52, 53	surface water	1	12.4
308	Does your household have a sustainable source of food: garden, employment income, livestock/poultry	2	no	2	
Children Questionnaire					
Demographics					
208	What is your household's total current monthly income in shs.	if < $30		1	
Health and Nutrition					
401	How many meals does this child usually have per day?	If <3		1	
402	Did this child eat anything yesterday?	2	No	3	2.4
404	How many meals did the family eat yesterday?		If 402 = 2 & is > 0	1	2.9
Biological Parents					
510	Why does the child not live with him?	B	Father does not like or chased child	1	
511	Does this child ever visit his/her father?	2	No	2	9.4
524	Does this child ever visit his/her mother?	2	No	2	6.5

Relationships in Household					
702	Before this guardian/parent began to take care of this child, how often did the child see him/her?	5, 6	Rarely, never	1	
708	What is different about the child's life since s/he moved into this household?	A,B,C,D,E,F		1	
711	How many of these brothers, sisters is the child living with in the same household?	if 0 and 710 > 0		1	1.8
712	Does child visit his/her brothers /sisters who live away from this home?	2	No	1	
718	Who is the first person the child talks to when the child has a problem or worry?	12	No one	1	3.8
Risk-taking					
901 & 7	Do you think (NAME) is sexually active?	1	Yes & age <17	2	2.4
		1	Yes & age 17 & 18	1	1.0
		2	No	0	96.7
902 & 7	Has this child ever been pregnant before? (Female respondents) OR has this child ever made anyone pregnant before? (Male respondents)	1	Yes & <17	2	0.3
		1	Yes & 17 or 18	1	0.2
		2	No	0	99.5
903	Does the child have children of his/her own?	1	Yes & is someone else >18 in HH	1	
		1	Yes & is no one >18 in HH	2	
		2	No	0	
906	How often do you think the child takes alcoholic drinks?	1, 2		2	0.1
		3,4,5,8		0	99.9

907	Do you think that this child ever taken any drugs to make him/her high? (e.g. marijuana, sniff petrol)	1	Yes	3	0.03
	MAXIMUM VULNERABILITY SCORE			**105**	

Appendix 2: Data Collection Tool for Household Survey

Tool 1: Main Household Questionnaire

QUESTIONNAIRE NUMBER: 7 APRIL 2009

UGANDA BUREAU OF STATISTICS

2009 UGANDA ORPHANS AND VULNERABLE CHILDREN SURVEY

HOUSEHOLD QUESTIONNAIRE

SECTION 1A: IDENTIFICATION

1. REGION _____
2. DISTRICT _____
3. COUNTY _____
4. SUBCOUNTY/TOWN _____
5. PARISH/LC2 NAME _____
6. EA NAME _____
7. URBAN=1,RURAL=2 .....
8. NAME OF HEAD OF HOUSEHOLD _____
9. HOUSEHOLD NUMBER .....

SECTION 1B: INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY / MONTH / YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE CHILDREN

LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

Introduction and Consent

Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a national survey about children. We would very much appreciate your participation in this survey. The survey usually takes 30 to 45 minutes to complete.

The information you shall provide to us is going to be very usefull to the Ministry of Gender, Labor and Social Development for planning and delivery of services to vulnerable children.

By vulnerability and needy children, we mean children who are at a risk of suffering significant harm for one reason or another.

As part of the survey we would first like to ask some questions about your household. All the answers you give will be confidential. If we should come to any question you don't want to answer, just let me know and I will go on to the next question.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date:_____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2→ END

SECTION 2: HOUSEHOLD SCHEDULE

							IF AGE 13 OR OLDER			IF AGE 18-59 YEARS
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENTIAL STATUS		AGE	MARITAL STATUS	ELIGIBILITY		SICK PERSON
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-39 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-12	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 13-17	Has (NAME) been very sick for at least 3 months during the past 12 months, that is (NAME) was too sick to work or do normal activities?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(10)	(11)	(12)
01			M F 1 2	Y N 1 2	Y N 1 2	YEARS		01	01	Y N DK 1 2 8
02			1 2	1 2	1 2			02	02	1 2 8
03			1 2	1 2	1 2			03	03	1 2 8
04			1 2	1 2	1 2			04	04	1 2 8
05			1 2	1 2	1 2			05	05	1 2 8
06			1 2	1 2	1 2			06	06	1 2 8
07			1 2	1 2	1 2			07	07	1 2 8
08			1 2	1 2	1 2			08	08	1 2 8
09			1 2	1 2	1 2			09	09	1 2 8
10			1 2	1 2	1 2			10	10	1 2 8
11			1 2	1 2	1 2			11	11	1 2 8
12			1 2	1 2	1 2			12	12	1 2 8
13			1 2	1 2	1 2			13	13	1 2 8
14			1 2	1 2	1 2			14	14	1 2 8
15			1 2	1 2	1 2			15	15	1 2 8

(2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES → ADD TO TABLE / NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES → ADD TO TABLE / NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES → ADD TO TABLE / NO

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD	08 = BROTHER OR SISTER
02 = WIFE OR HUSBAND	09 = NIECE/NEPHEW BY BLOOD
03 = SON OR DAUGHTER	10 = NIECE/NEPHEW BY MARRIAG
04 = SON-IN-LAW OR DAUGHTER-IN-LAW	11 = CO-WIFE
05 = GRANDCHILD	12 = OTHER RELATIVE
06 = PARENT	13= ADOPTED
07 = PARENT-IN-LAW	14= FOSTER
	15 = NOT RELATED
	98 = DON'T KNOW

	IF AGE 0-17 YEARS												IF AGE 5 YEARS OR OLDER		
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS										BROTHERS AND SISTERS		EVER ATTENDED SCHOOL		
	Is (NAME)'s natural mother alive?	**IF ALIVE**		**IF MOTHER NOT LISTED IN HOUSEHOLD**	Is (NAME)'s natural father alive?	**IF ALIVE**		**IF FATHER NOT LISTED IN HOUSEHOLD**	**MOTHER AND/OR FATHER DEAD/ SICK**	**BOTH PARENTS ALIVE**	Does (NAME) have any brothers or sisters under age 18 who have the same mother and the same father?	Do any of these brothers and sisters under age 18 not live in this household?	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.
		Does (NAME)'s natural mother live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD 00	Does (NAME)'s natural mother have a serious impairm-ent?	Has (NAME)'s mother been very sick for at least 3 months during the past 12 months, that is she was too sick to work or do normal activities?		Does (NAME)'s natural father live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD 00	Does (NAME)'s natural father have a serious impairm-ent?	Has (NAME)'s father been very sick for at least 3 months during the past 12 months, that is he was too sick to work or do normal activities?	CIRCLE LINE NUMBER IF CHILD'S MOTHER AND/OR FATHER HAS DIED (Q.13 OR 16=NO) OR BEEN SICK (Q.15 OR 18=YES).	IF YES TO Q.13 AND Q.16 (BOTH ALIVE), CIRCLE '1'. FOR ALL OTHER CASES, CIRCLE '2'.				26A 26B
(1)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)
01	Y N DK 1 2 8 GO TO 16		Y N 1 2	Y N DK 1 2 8	Y N DK 1 2 8 GO TO 19		Y N 1 2	Y N DK 1 2 8	01	1 2 GO TO 23	Y N DK 1 2 8 GO TO 23	Y N 1 2	Y N 1 2 GO TO 29	LEVEL GRADE
02	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	02	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
03	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	03	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
04	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	04	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
05	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	05	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
06	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	06	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
07	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	07	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
08	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	08	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
09	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	09	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
10	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	10	1 2 GO TO 23	1 2 8	1 2	1 2 GO TO 29	
11	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	11	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
12	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	12	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
13	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	13	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
14	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	14	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	
15	1 2 8 GO TO 16		Y N 1 2	1 2 8	1 2 8 GO TO 19		Y N 1 2	1 2 8	15	1 2 GO TO 23	1 2 8 GO TO 23	1 2	1 2 GO TO 29	

CODES FOR Q. 24

LEVEL	GRADE
0=PRESCHOOL	00 = LESS THAN 1 YEAR COMPLETED AT THAT LEVEL
1 = PRIMARY	
2 = 'O' LEVEL	
3 = 'A' LEVEL	98 = DON'T KNOW
4= TERTIARY	
5= UNIVERSITY	
8 = DON'T KNOW	

E

	IF AGE 5-24 YEARS							IF AGE 5-17 YEARS		
LINE NO.	CURRENT SCHOOL ATTENDANCE		ABSENTISM			RECENT SCHOOL ATTENDANCE		BASIC MATERIAL NEEDS		
	Did (NAME) attend school at any time during the 2008 school year?	During this school year, what level and grade is/was (NAME) attending? SEE CODES BELOW. 28A 28B	How many days was (NAME'S) school open last week? DON'T KNOW =8 29AA	How many days did (NAME) attend school last week? DON'T KNOW =8 29AB	What was the main reason for (NAME) being absent at school? SEE CODES BELOW. 29AC	Did (NAME) attend school at any time during the previous school year, that is, 2008?	During that school year, what level and grade did (NAME) attend? SEE CODES BELOW. 31A 31B	Does (NAME) have a blanket?	Does (NAME) have a pair of shoes?	Does (NAME) have at least two sets of clothes?
(1)	"(27)	(28)	(29A)	(29B)	(29C)	(30)	(31)	(32)	(33)	(34)
	Y N	LEVEL GRADE	DAYS	DAYS	REASON	Y N	LEVEL GRADE	Y N	Y N	Y N
01	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
02	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
03	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
04	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
05	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
06	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
07	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
08	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
09	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
10	1 2 ↓ GO TO 27					1 2 ↓ GO TO 29		1 2	1 2	1 2
11	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
12	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
13	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
14	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2
15	1 2 ↓ GO TO 27		IF 0 GO TO 27	IF 26B=26A GO TO 27		1 2 ↓ GO TO 29		1 2	1 2	1 2

GRADE

(USE '00' FOR Q. 24 ONLY. THIS CODE IS NOT ALLOWED FOR QS. 26 AND 28)

98 = DON'T KNOW

CODES FOR Q.26C

REASONS FOR ABSENCE

10=DOMESTIC WORK
11=WORK FOR FAMILY FARM/BUSINESS
12=WORK FOR EMPLOYERS
13=ANY OTHER WORK
14=DID NOT WANT TO GO
15=MISTREATED AT SCHOOL
16= MONTHLY PERIODS
16=FUNERAL/WEDDING/CEREMONY/ FAMILY FUNCTION
17=ILLINESS
18=SCHOOL UNIFORM
19=NO STATIONERY
96=OTHER

	COMPLETE COLUMNS 32-37 FOR ALL HH MEMBERS AGED 5-17							COMPLETE COLUMNS 41-43 FOR ALL HH MEMBERS		
LINE NO.	DISABILITY						REHABILITATION	HEALTH		
	Does (NAME) have difficulty seeing, even if he/she is wearing glasses?	Does (NAME) have difficulty hearing, even if he/she is using a hearing aid?	Does (NAME) have difficulty walking or climbing steps?	Does (NAME) have difficulty remembering or concetrating?	Does (NAME) have difficulty (with self care such as) washing all over or dressing, feeding, toileting etc.?	Does (NAME) have difficulty communicating, (for example understanding others or others understanding him/her) because of a physical, mental or emotional health condition?	During the last 12 months, did (NAME) receive any kind of rehabilitation or support to minimise the impact of the difficulty? 1 None 2 Surgical operation 3 Medication 4 Assistive devices 5 Special Education (mentally retarded) 6 Braille training 7 Skills training (vocational) 8 Sign language training 9 Counselling 10 Others (specify)	During the past 30 days did (NAME) suffer from any illness or injury?	Can you describe the symptoms that (NAME) primarily suffered from the major illness or injury during the past 30 days? (see codes below)	Where did (NAME) go for the first consultation during the past 30 days? 1= Drugs at Home (>> Next) 2= Neighbor/Friend 3= Community health worker 4= HOMAPAK drug distributor 5= Ordinary shop 6= Drug shop/Pharmacy 7= Private clinic 8= Health unit government 9= Health unit NGO 10= Hospital government 11= Hospital NGO 12= Traditional healer 13= Other (specify)
(1)	(35)	(36)	(37)	(38)	(39)	(40)		(41)	(42)	(43)
	DISABILITY CODES BELOW									
01	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
02	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
03	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
04	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
05	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
06	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
07	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
08	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
09	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
10	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
11	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
12	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
13	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
14	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		
15	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8	1 2 3 4 8		Y N 1 2		

CODES FOR Qs. 32, 33, 34, 35, 36 AND 37: DISABILITY

1. NO - NO DIFFICULTY
2. YES – SOME DIFFICULTY
3. YES – A LOT OF DIFFICULTY
4. CANNOT DO AT ALL
8. DON'T KNOW

CODES FOR REHABILITATION

1 None
2 Surgical operation
3 Medication
4 Assistive devices
5 Special Education (mentally retarded)
6 Braille training
7 Skills training (vocational)
8 Sign language training
9 Counselling
10 Others (specify)

CODES FOR COLUMN 39

1= Diarrhoea (acute)
2= Diarrhoea (chronic, 1 month or more)
3= Weight loss (major)
4= Fever (acute)
5= Fever (recurring)
6= Malaria
7= Skin rash
7= Weakness
9= Severe headache
10= Fainting
11= Chills (feeling hot and cold)
12= Vomiting
13= Cough
14= Coughing blood
15= Pain on passing urine
16= Genital sores
17= Mental disorder
20= Abdominal pain
21= Sore throat
22= Difficulty breathing
23= Burn
24= Fracture
25= Wound
26= Child birth related
27= Other (specify)

SECTION 3: HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	What is the main source of drinking water for members of your household?	**PIPED WATER** PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 PUBLIC TAP/STANDPIPE ..... 13 **WATER FROM OPEN WELL/SPRING** OPEN WELL/SPRING IN YARD/PLOT 21 OPEN PUBLIC WELL/SPRING ..... 22 **WATER FROM PROTECTED WELL/SPRING** PROTECTED WELL/SPRING IN YARD/PLOT ..... 31 PROTECTED PUBLIC WELL/SPRING 32 **WATER FROM BOREHOLE** ..... BOREHOLE IN YARD/PLOT ..... 41 PUBLIC BOREHOLE ..... 42 **SURFACE WATER (RIVER/DAM ETC)** RIVER/STREAM ..... 51 POND/LAKE ..... 52 DAM ..... 53 RAIN WATER ..... 61 TANKER TRUCK ..... 71 VENDOR ..... 72 BOTTLED WATER ..... 91 OTHER _____ 96 (SPECIFY)	
302	What is the main source of water used by your household for other purposes such as cooking and handwashing?	**PIPED WATER** PIPED INTO DWELLING ..... 11 PIPED TO YARD/PLOT ..... 12 → 306 PUBLIC TAP/STANDPIPE ..... 13 **WATER FROM OPEN WELL/SPRING** OPEN WELL/SPRING IN YARD/PLOT 21 → 306 OPEN PUBLIC WELL/SPRING ..... 22 **WATER FROM PROTECTED WELL/SPRING** PROTECTED WELL/SPRING IN YARD/PLOT ..... 31 → 306 PROTECTED PUBLIC WELL/SPRING . 32 **WATER FROM BOREHOLE** ..... BOREHOLE IN YARD/PLOT ..... 41 → 306 PUBLIC BOREHOLE ..... 42 **SURFACE WATER (RIVER/DAM ETC)** RIVER/STREAM ..... 51 POND/LAKE ..... 52 DAM ..... 53 RAIN WATER ..... 61 → 306 TANKER TRUCK ..... 71 VENDOR ..... 72 OTHER _____ 96 (SPECIFY)	
303	How long does it usually take to travel to the source of water which you use for cooking, washing, and so forth?	MINUTES ..... [ ][ ][ ] ON PREMISES ..... 996 → 306 DON'T KNOW 998	
304A	After arriving at the water source, how long is the waiting time to get water?	MINUTES ..... [ ][ ][ ] DON'T KNOW 998	
304B	How long does it take to travel home from the water source?	MINUTES ..... [ ][ ][ ] DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Who usually goes to this source to fetch the water for your household? (RECORD LINE NUMBER FROM HH SCHEDULE)	LINE NUMBER . . . . . [ ][ ] LINE NUMBER . . . . . [ ][ ] LINE NUMBER . . . . . [ ][ ] NOT A HOUSEHOLD MEMBER 95	
306	What kind of toilet facility do members of your household usually use?	FLUSH TOILET . . . . . 01 VIP LATRINE . . . . . 02 COVERED PIT LATRINE NO SLAB . . 03 COVERED PIT LATRINE W/ SLAB . . 04 UNCOVERED PIT LATRINE NO SLAB 05 UNCOVERED PIT LATRINE W/ SLAB 06 COMPOSTING TOILET . . . . . 07 BUSH . . . . . 08 OTHER _____ 96 (SPECIFY)	→
306B	Does the toilet have any facility for washing hands? (OBSERVE PRESENCE OF HAND WASHING FACILITY)	YES = ... 1 NO = ... 2	
307	Does your household have:	YES NO	
	a) Electricity?	ELECTRICITY 1 2	
	b) A radio?	RADIO 1 2	
	c) A cassette player?	CASSETTE PLAYER 1 2	
	d) A television?	TELEVISION 1 2	
	e) A mobile phone?	MOBILE PHONE 1 2	
	f) A fixed phone?	FIXED PHONE 1 2	
	g) A refrigerator?	REFRIGERATOR 1 2	
	h) A table?	TABLE 1 2	
	i) A chair?	CHAIRS 1 2	
	j) A sofa set?	SOFA SET 1 2	
	k) A bed?	BED 1 2	
	l) A cupboard?	CUPBOARD 1 2	
	m) A clock?	CLOCK 1 2	
	Does your household have:	GARDEN 1 2	
		EMPLOYMENT INCOME 1 2	
308	Sustainable source of food	LIVESTOCK/POULTRY 1 2	
309	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG/NATURAL GAS . . . . . 02 BIOGAS . . . . . 04 KEROSENE/PARAFFIN . . . . . 05 CHARCOAL . . . . . 07 FIREWOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 ANIMAL DUNG . . . . . 11 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
310	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	**NATURAL FLOOR** EARTH/SAND ..... 11 EARTH AND DUNG ..... 12 **FINISHED FLOOR** PARQUET OR POLISHED WOOD ..... 31 MOSAIC OR TILES ..... 33 BRICKS ..... 34 CEMENT ..... 35 STONES ..... 36 OTHER _____ 96 (SPECIFY)	
311	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	**NATURAL ROOFING** THATCHED ..... 11 MUD ..... 12 **FINISHED ROOFING** WOOD/PLANKS ..... 21 IRON SHEETS ..... 22 ASBESTOS ..... 23 TILES ..... 24 TIN ..... 25 CEMENT ..... 26 OTHER _____ 96 (SPECIFY)	
312	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	**NATURAL WALLS** THATCHED/STRAW ..... 11 **RUDIMENTARY WALLS** MUD AND POLES ..... 21 UN-BURNT BRICKS ..... 22 UN-BURNT BRICKS WITH PLASTER ..... 23 BURNT BRICKS WITH MUD ..... 24 **FINISHED WALLS** CEMENT BLOCKS ..... 31 STONE ..... 32 TIMBER ..... 33 BURNT BRICKS WITH CEMENT ..... 34 OTHER _____ 96 (SPECIFY)	
313	Does any member of this household own: a) A bicycle? b) A motorcycle or motor scooter? c) An animal-drawn cart? d) A car or truck? e) A boat with a motor? f) A boat without a motor?	YES NO BICYCLE ..... 1 2 MOTORCYCLE/SCOOTER ..... 1 2 ANIMAL-DRAWN CART ..... 1 2 CAR/TRUCK ..... 1 2 BOAT WITH MOTOR ..... 1 2 BOAT WITH NO MOTOR 1 2	

SECTION 4: PERSONS WHO HAVE DIED

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Now I would like to ask you a few more questions about your household. Think back over the past 12 months. Has any usual member of your household died in the last 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW 8	→ 501
402	How many household members died in the last 12 months?	NUMBER OF DEATHS ..... ☐	
403	ASK 304-306 AS APPROPRIATE FOR EACH PERSON WHO DIED. IF THERE WERE MORE THAN 6 DEATHS, USE ADDITIONAL QUESTIONNAIRE(S).		

404	What was the name of the person who died (most recently/before him/her)?	NAME 1ST DEATH _____	NAME 2ND DEATH _____	NAME 3RD DEATH _____
405	Was (NAME) male or female?	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2
406	How old was (NAME) when (he/she) died?	AGE ☐☐	AGE ☐☐	AGE ☐☐
407		GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401		
404	What was the name of the person who died (most recently/before him/her)?	NAME 4TH DEATH _____	NAME 5TH DEATH _____	NAME 6TH DEATH _____
405	Was (NAME) male or female?	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2	MALE ..... 1 FEMALE 2
406	How old was (NAME) when (he/she) died?	AGE ☐☐	AGE ☐☐	AGE ☐☐
407		GO BACK TO 304 FOR NEXT DEATH; OR, IF NO MORE DEATHS, GO TO 401		

Section 5: OVC support

NO.	QUESTIONS AND FILTERS				SKIP
501	CHECK COLUMN 7 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD AGE 0-17?** AT LEAST ONE CHILD AGE 0-17 YEARS ☐ NO CHILD AGE 0-17 YEARS ☐ →				END
502	CHECK COLUMN 12 IN THE HOUSEHOLD SCHEDULE: **ANY ADULT AGE 18-59 WHO IS VERY SICK?** NO SICK ADULT AGE 18-59 ☐ AT LEAST ONE SICK ADULT AGE 18-59 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.				
503	CHECK 306 IN THE PREVIOUS SECTION: **ANY ADULT AGE 18-59 WHO DIED IN PAST 12 MONTHS?** NO ADULT DEATH AGE 18-59 IN 306 ☐ AT LEAST ONE ADULT DEATH AGE 18-59 IN 306 ☐ → GO TO 406. CHECK QUESTION 7 IN THE HOUSEHOLD SCHEDULE AND LIST THE NAME(S), LINE NUMBER(S) AND AGE(S) OF ALL PERSONS AGE 0-17 YEARS.				
504	CHECK COLUMN 19 IN THE HOUSEHOLD SCHEDULE: **ANY CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR WHOSE MOTHER AND/OR FATHER IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND IS VERY SICK?** AT LEAST ONE CHILD WHOSE MOTHER AND/OR FATHER HAS DIED/IS NOT LISTED IN THE HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ NO CHILD WHOSE MOTHER AND/OR FATHER HAS DIED OR IS NOT LISTED IN HOUSEHOLD SCHEDULE AND HAS BEEN VERY SICK ☐ →				END
505	RECORD NAMES, LINE NUMBERS AND AGES OF CHILDREN AGE 0-17 FOR ALL CHILDREN WHO ARE IDENTIFIED IN COLUMN 19 AS HAVING A MOTHER AND/OR FATHER WHO HAS DIED OR HAS BEEN VERY SICK				
506		1ST CHILD	2ND CHILD	3RD CHILD	4TH CHILD
	NAME FROM COLUMN 2	NAME _____	NAME _____	NAME _____	NAME _____
	LINE NUMBER FROM COLUMN 1	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐
	AGE FROM COLUMN 7	AGE ☐☐	AGE ☐☐	AGE ☐☐	AGE ☐☐
507	I would like to ask you about any formal, organized help or support for children that your household may have received for which you did not have to pay. By formal, organized support I mean help provided by someone working for a program. This program could be government, private, religious, charity, or community based.				
	CPA I : Socio-economic security				
507	Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any of the following support for which you did not have to pay for ?				
507i	Skills training for employment or enterpreneurship (e.g carpentry, motor vehicle mechanic, business management, hair dressing)	YES ..... 1 NO ..... 2 NO, no need for skills training ..... 3 Don't Know 9	YES ..... 1 NO ..... 2 NO, no need for skills training ..... 3 Don't Know 9	YES ..... 1 NO ..... 2 NO, no need for skills training ..... 3 Don't Know 9	YES ..... 1 NO ..... 2 NO, no need for skills training ..... 3 Don't Know 9
507ii	Was this skills training support adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8
507iii	Was the skills training support appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8
508i	Did the household receive any start up capital?	YES ..... 1 NO ..... 2 Don't Know 9			
508ii	Was the start up capital adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8			
~~408Biii~~	~~Was the support appropriate?~~	~~ADEQUATE 4~~			

509i	Did the household receive any agricultural inputs (e.g seeds, animals, ploughs, etc)	YES . . . . . 1 NO . . . . . 2 NO, no need for agric services ..... 3 Don't Know 9			
509ii	Was the support for agric inputs adequate?	ADEQUATE 1 SOMEWHAT ADEQUATE 2 NOT ADEQUATE 8			
509iii	Was the support for agric inputs appropriate?	APPROPRIATE 1 SOMEWHAT APPROPRI. 2 NOT APPROPRIATE 8			
510i	**CPA 2: Food and Nurition Security** In the last 12 months, has your household received information on weather changes, on food production, storage and preservation, (such as how to store food, how to construct and maintain graneries) for which you did not have to pay for ?	YES . . . . . 1 NO . . . . . 2 NO, no need for services ..... 3 Don't Know 9			
510ii	Was the support for these agricultural services adequate?	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8			
510iii	Was the support for these agricultural services appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8			
511i	In the last 12 months, has your household received any support on training in modern farming practices for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 NO, no need for training services ..... 3 Don't Know 9			
511ii	Was the support for the training in modern agriculture adequate?	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8			
511iii	Was the support for the training in modern agriculture appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8			
512i	In the last 12 months, has your household received any support on training in nutrition for children and adults for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 Don't Know 9			
512ii	Was the support for the training in nutrition for children and adults adequate?	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8			
512iii	Was the support for the training in nutrition for children and adults appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8			
513i	**CPA 3 : Care and Support** In the last 12 months, has your household received any material support for (NAME), such as clothing, food, beddings or financial support for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9
513ii	Was the material support for clothing, beddings or food adequate?	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU. 2 NOT ADEQUATE 8
513iii	Was the material support for clothing, beddings or food appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8
	CPA 5: Education				

514i	In the last 12 months, has your household received any support for (NAME'S) schooling, such as allowance, free admission, books pens, pencils or school uniform for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9
514ii	Was the material support for scholastic materials adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8
514iii	Was the material support for scholastic materials appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	AF APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8
515i	In the last 12 months, has your household received any support for (NAME) for non formal education such as COPE, BEWUPA, FAL or ABEK for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9
515ii	Was the support for non formal education adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8
515iii	Was the support for non formal education appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8
516i	In the last 12 months, has your household received any support for (NAME) for free meals at shool for which you did have to pay?	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9
516ii	Was the support for free meals at school adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8
516iii	Was the support for free meals at school appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8
517i	**CPA 6: Psychosocial Support** In the last 12 months, has your household received or accessed any support for (NAME) for training in i) Life skills (e.g. decision making) ii) **home based counselling** iii) memory book/succession planning for which you did not have to pay? iv) recreational activities v) Basic Psychosocial support	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8			
517ii	Was the training in psychosocial services adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2 NOT ADEQUATE 8			
517iii	Was the training in psychosocial services appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8			
518i	**CPA 7 : Health** Now I would like to ask you about the support your household received for (NAME). In the last 12 months, has your household received any medical support for (NAME), such as medical care, supplies or medicine, for which you did not have to pay?	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9	YES . . . . . 1 NO . . . . . 2 Don't Know 9
518ii	Was the medical support adequate?	ADEQUATE 1 SOMEWHAT ADEQU, 2	ADEQUATE 1 SOMEWHAT ADEQU, 2	ADEQUATE 1 SOMEWHAT ADEQU, 2	ADEQUATE 1 SOMEWHAT ADEQU, 2

		NOT ADEQUATE 8	NOT ADEQUATE 8	NOT ADEQUATE 8	NOT ADEQUATE 8
518iii	Was the medical support appropriate?	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8	APPROPRIATE 1 SOMEWHAT APPROI 2 NOT APPROPRIATE 8
	CPA 9: Child Protection and Legal support NOW I WOULD LIKE TO ASK YOU ABOUT INFORMATION CONCERNING KNOWLEDGE ABOUT PROPERTY RIGHTS				
519	In case a parent dies without making a will, a certain proportion of his property goes to his/her immediate family members. What is the percentage of the property that goes to the children?	15 percent . . . . 1 50 percent . . . . 2 75 percent . . . . 3 20 percent 4			

Tool 2: Questionnaire about Children

QUESTIONNAIRE NUMBER: 7 APRIL 2009

UGANDA BUREAU OF STATISTICS

2008 UGANDA ORPHANS AND VULNERABLE CHILDREN SURVEY

QUESTIONNAIRE ABOUT ORPHANS AND VULNERABLE CHILDREN (OVC) AGED 0–17 YEARS

Section 1A. IDENTIFICATION

1. REGION _____
2. DISTRICT _____
3. COUNTY _____
4. SUBCOUNTY/TOWN _____
5. PARISH/LC2 NAME _____
6. EA NAME _____
7. URBAN=1, RURAL=2 .....
8. HOUSEHOLD NUMBER .....
9. NAME AND CODE OF ORPHAN/VULNERABLE CHILD _____
10. NAME AND CODE OF RESPONDENT _____

Section 1B. INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NUMBER
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____ (SPECIFY)

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

Introduction and Consent

Hello. My name is _____ and I am working with UGANDA BUREAU OF STATISTICS. We are conducting a situation analysis on vulnerable children in the country. We are interviewing heads of households or caregivers in this area in order to find out about their situation and experience with vulnerable or needy children.

The information you shall provide to us is going to be very usefull to the Ministry of Gender, Labor and Social Development for planning and delivery of services to vulnerable children.
By vulnerability and needy children, we mean children who are at a risk of suffering significant harm for one reason or another.

First I would like to know if you are the head of this household. If yes are you also the primary caregiver of any vulnerable or needy children in this household? I would like to interview the person most responsible for giving care to vulnerable or needy children in this household. Please let me know if it is you or it is someone else that I should talk to.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

Section 2: Demographics

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Record sex of the child	Male . . . . . 1 Female 2	
202	In which year and month was this child born?	☐☐ MM Don't know month=98 ☐☐☐☐ YYYY Don't know year=9998	
203	How old was the child at his/her last birthday?	☐☐	
204	Does the child have a birth certificate?	Yes . . . . . 1 No . . . . . 2 Don't know . . 8	
205	What is the highest level of school you completed?	None . . . . . 1 Primary . . . . . 2 Secondary . . . . . 3 Vocational . . . . . 4 Tertiary . . . . . 5 University 6	
206	What is your occupation?	_____ _____ ☐	
207	What is your personal current monthly income in shs.	☐☐☐☐☐☐☐☐	
208	What is your household's total current monthly income in shs.	☐☐☐☐☐☐☐☐	

Section 3: Education of the Child

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
301	Has this child ever been to school?	Yes . . . . . 1 No . . . . . 2 No response . . 9	→ 303
302	Why hasn't the child been to school?	Death of parents . . . . . 1 Death of guardian(s) . . . 2 Financial problems . . . . . 3 Illness . . . . . 4 Lack of school space . . . . 5 Lack of support . . . . . 6 Don't like school . . . . . 7 Don't Know . . . . . 8 Other _____ 9 (Specify)	→ 307
303	Is the child currently in school?	Yes . . . . . 1 No . . . . . 2 Don't Know . . 9	→ 307
304	What school does the child go to?	Government . . . . . 1 Private . . . . . 2 NGO/Religious organisation . 3 Other _____ 9 (Specify)	
305	What is the highest level of school the child has attended?	Preschool . . . . . 0 Primary . . . . . 1 O' Level . . . . . 2 A' Level . . . . . 3 Tertiary . . . . . 4 University . . . . . 5 Don't Know 8	
306	What is the highest grade the child completed at that level?	☐ Less than 1 year completed at that level . . . . 0 Don't Know 8	→ Next section
307	If the child is not at school,has the child been placed in school to start next year?	Yes . . . . . 1 No . . . . . 2 Not applicable . . 3 (Less than 7 years)	
308	Why did the child not start school at the same time with children of his/her age?	Death of parents/Guardians . 1 Long distance to school . . . 2 Financial problems . . . . . 3 Illness . . . . . 4 Considered to be young . . 5 Don't like school . . . . . 6 Don't Know . . . . . 8 Others _____ 9 (Specify)	
309	Which year did the child last attend school? Never been to school 0000 Don't know 8888 No response 9999	☐☐☐☐ YYYY	
310	State the reasons for the child not currently attending school **Circle as many, do not read out.**	Awaiting results . . . . . A Death of parent (S) . . . . B Death of guardian . . . . C Drop out . . . . . D Failed exam . . . . . E Financial problem . . . . F Got a job . . . . . G Illness . . . . . H Lack of school space . . I No nearby school . . . . . J Lack of support . . . . . K Not enrolled yet . . . . . L Still too young . . . . . M Left his/her home . . . . . N Don't Know 88 . . . . . Others _____ Y (Specify)	

Section 4: CHILD NUTRITION AND IMMUNISATION

This section seeks to gather data on the type of diet of the respondent

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	How many meals does this child usually have per day? (write o if none)	☐	
402	Did this child eat anything yesterday?	Yes . . . . . 1 No 2	→ Section 5

403 Now I would like to ask you about foods that (NAME FROM SEC 1) may have had yesterday during the day or at night. I am interested in whether this child had the item even if it was combined with other foods

Did (NAME FROM SEC 1) eat:		CHILD YES NO DK
(A) STAPLE FOODS		
a) Starchy fruits such as cooking banana-matoke?	a	1 2 8
b) Cassava,yams,sweet potatoes,Irish potatoes or other roots and tubers?	b	1 2 8
c) Rice, posho, porridge, bread, chapatti, pasta/macaroni, pizza or other foods made from maize, millet, sorghum or other grains?	c	1 2 8
B) SAUCES(RELISHES)		
d) Beans, peas, cow peas,nuts,seeds ,oil seeds soya beans or other legumes or seeds?	d	1 2 8
e) Meat(beef, pork, goat, lamb, chicken,duck) or other meat?	e	1 2 8
f) Organ meats(liver, Kidney, heart etc)?	f	1 2 8
g) Eggs (Chicken eggs, duck eggs etc)?	g	1 2 8
h) Fresh fish, dry fish or shell fish?	h	1 2 8
(C) VEGETABLES AND FRUITS		
i) Dark green leafy vegetables like dodo, nakati spinnach,amaranths,bugga,sungsa,jjobyo, Marakwang'i	i	1 2 8
j) Orange coloured vegetables such as pumpkins, carrots? orange fleshed sweet potatoes?	j	1 2 8
k) Any bio-fortified food(Orange fleshed sweet potatoes)?	k	1 2 8
l) Orange colured fruits like ripe mangoes, pawpaw? ...	l	1 2 8
m) Other fruits or vegetables(passion fruit, jack fruit, pineapples, oranges etc)?	m	1 2 8
(D) OTHER FOODS		
n) Any cheese or other milk products?	n	1 2 8
o) Cooking oil, margarine, butter or other oils/fats?	o	1 2 8
p) Any sugary foods such as chocolates, sweets, candies pastries,cakes or biscuits?	p	1 2 8
q) Any other solid or semi solid food?	q	1 2 8

404 How many meals did the family eat yeasterday? 0 if none, 8 if don't know ☐ → 601

405 Other than water, what did the child drink yesterday?

		CHILD YES NO DK
a) Fresh, tinned or powderd milk, or yoghurt?	a	1 2 8
b) Black tea/coffee?	b	1 2 8
c) Fresh fruit juice or juice concentrate?	c	1 2 8
d) Other beverages/liquids not mentioned above?	d	1 2 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	THIS SECTION IS FOR ALL CHILDREN AGED LESS THAN 24 MONTHS Now I would like to ask you questions about immunisation of this child		
406	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 YES, NOT SEEN ..... 2 NO CARD 3	→ 408
407	Did you ever have a vaccination card for (NAME)?	YES ..... 1 NO 2	
408	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		

	DAY		MONTH		YEAR			
BCG								
POLIO 0 (POLIO GIVEN AT BIRTH)								
POLIO 1								
POLIO 2								
POLIO 3								
DPT-HepB-Hib 1								
DPT-HepB-Hib 2								
DPT-HepB-Hib 3								
MEASLES								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
409	I don't want to know the results, but was this child tested for the AIDS virus?	Yes ..... 1 No ..... 2 Don't Know 9

Section 5: Issues about Biological Parents
Prepare the respondent for the next section by highlighting to him/her that these questions are sensitive. (Take note of the subsections and use them as "breaks" in the interview to retain the respondent's interest and composure.)

5.1: Background Information on biological Father of child
We are now moving to questions about the father of this child

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
501	Is the child's father alive?	Yes	1	→ 509
		No	2	
		Don't know	8	→ 513
		No response	9	
502	When did the father die?	Less than one month	1	
		1 –3 months ago	2	
		4-6 months ago	3	
		7 to 12 months ago	4	
		Over 1 to 3 years ago	5	
		4 to 6 years ago	6	
		More than 6 years ago	7	
		Don't Know	8	
		No response	9	
503	What do you think was the cause of his death? (Do not read out. Circle if mentioned. You will need to probe a little without being coercive. Do not accept "DON'T KNOW" right away.)	HIV/AIDS	1	
		TB	2	
		Pneumonia	3	
		Long illness	4	
		Accident	5	
		Bewitched	6	
		Malaria	7	
		Other _____ (Specify)	8	
		Don't know	9	
		No response	10	
504	**(Interviewer. If father died from an illness, then ask. Otherwise, skip to Q 609)** Did the child's father ever discuss his health condition with the child before he died?	Yes	1	
		No	2	
		Don't know	8	
505	Did anyone else discuss this with the child?	Yes	1	
		No	2	→ 507
		Don't know	8	
506	Who did? Anybody else?	Guardian	A	
		Guardian's husband	B	
		Guardian's wife	C	
		Guardian's relative	D	
		Child's brothers	E	
		Child's sisters	F	
		Child's foster brother	G	
		Child's foster sister	H	
		Guardian's friend	I	
		Child's friends	J	
		Mother	K	
		Other _____ (Specify)	Y	

507	What do you think has changed in the child's daily life (circumstances, and so on) since the father died? Anything else?	School attendance has declined or stopped . . . . A Grades have worsened . B Child has had to do more chores . C Child has had to take c . . . . of smaller children . . . . D Child has had to take care of his/her parent . . . . . E We have less food/money as a family . . . F Child has less food/clothes as an individual G Started school late . . . . H No shelter . . . . . I Nothing at all . . . . . J Other _____ Y	
508	How do you think the loss of the father has affected the way the child feels about life? Anything else?	Sad, unhappy . . . . . A Sorrowful . . . . . B Worried . . . . . C Angry . . . . . D Scared . . . . . E Isolated, alone . . . . F Resolute, determined . . . G Comforted, relieved . . . . H Happy, contented . . . . . I Others Y (Specify)	
509	Is the child living with his/her father right now?	Yes . . . . 1 No . . . . . 2 Don't know . 8	→ 514
510	Why does the child not live with him? (Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)	Step mother would not allow . . . . . A The father does not like child /chased B Guardian asked for the child . C Can't attend school at father's home D Others _____ E (Specify) Don't Know . . . . . Y	
511	Does this child ever visit his/her father?	Yes . . . . 1 No 2	513
512	How often?	Weekly . . . . . 1 Monthly . . . . . 2 Every 3 months . . . 3 Every 6 months . . 4 Annually . . . . . 5 Others _____ 8 (Specify)	
513	If the child doesn't visit the father, please state briefly why not	No transport money . . . . 1 Guardian does not allow . . . 2 Father does not allow visits . . 3 It is too far . . . . . 4 Others _____ 8 (Specify)	

5.2: Background Information on the child's Mother

We are now moving to questions about the child's mother

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514	Is the child's mother alive?	Yes . . . . 1 No . . . . . 2 Don't know . 8	→ 522 → 606
515	When did she die?	Less than one month . . . 1 1 –3 months ago . . . . . 2 4-6 months ago . . . . . 3 7 to 12 months ago . . . . 4 Over 1 to 3 years ago . . . 5 4 to 6 years ago . . . . . 6 More than 6 years ago . . 7 Don't Know 8	
516	What do you think was the cause of her death? (Do not read out. Circle if mentioned. You will need to probe a little without being coercive. Do not accept "DON'T KNOW" right away.)	HIV/AIDS . . . . . 1 TB . . . . . 2 Pneumonia . . . . . 3 Long illness . . . . . 4 Accident . . . . . 5 Bewitched . . . . . 6 Malaria . . . . . 7 Other _____ 8 (Specify) Don't know 9	
517	**(Interviewer. If mother died from an illness, then ask. Otherwise, skip to Q 622)** Did the mother ever discuss her health condition with the child? before she died?	Yes . . . . 1 No . . . . . 2 Don't know . 8	
518	Did anyone else discuss this with the child?	Yes . . . . 1 No . . . . . 2 Don't know . 8	☐ 520
519	Who did? Anybody else?	Guardian . . . . . A Guardian's husband . . . . . B Guardian's wife . . . . . C Guardian's relative . . . . . D Child's brothers . . . . . E Child's sisters . . . . . F Child's foster brother . . . . . G Child's foster sister . . . . . H Guardian's friend . . . . . I Child's friends . . . . . J Mother . . . . . K Other _____ Y (Specify)	

520	What do you think has changed in the child's daily life (circumstances, and so on) since the mother died? Anything else?	School attendance has declined or stopped . . . . A Grades have worsened . . B Child has had to do more cho . . C Child has had to take care of smaller children . . . . . D Child has had to take care of other pa E We have less food/money as a family . . . . F Child has less food/clothes as an individual . . . . . G Started school late . . . . H No shelter . . . . . I Nothing at all . . . . . J Other _____ Y (Specify)	
521	How do you think the loss of the mother has affected the way the child feels about life? Anything else?	Sad, unhappy . . . . . A Sorrowful . . . . . B Worried . . . . . C Angry . . . . . D Scared . . . . . E Isolated, alone . . . . . F Resolute, determined . . . . G Comforted, relieved . . . . H Happy, contented . . . . I Others _____ Y (Specify)	
522	Is the child living with his/her mother right now?	Yes . . . . 1 No 2	→ 606
523	Why does the child not live with her?	Step father would not allow . . . . . 1 Mother does not like child/chased him 2 Guardian asked for child 3 Can't attend school at mother's home 4 Others _____ 8 (Specify) Don't Know 9	
524	Does the child ever visit his/her mother?	Yes . . . . 1 No 2	526
525	How often?	Weekly . . . . . 1 Monthly . . . . . 2 Every 3 months . . . . 3 Every 6 months . . . . 4 Annually . . . . . 5 Others _____ 8 (Specify)	
526	If the child does not visit the mother, please state briefly why not	No transport money . . . . . 1 Guardian does not allow . . . 2 Mother does not allow visits . . 3 It is too far . . . . . 4 Others _____ 8 (Specify)	

Section 6: Child's Feelings on Late Mother/Father
(Interviewer. Ask the following questions only if the child has lost one or both parents. If BOTH parents are alive, skip to Q606.)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	**(Ask school-going children only.)** Do the child's teachers know about the child's parents death?	Yes . . . . 1 No . . . . . 2 Maybe some do 3 Don't know . 8	→ 603
602	If yes, do you think that they treat this child better, worse or the same as other children?	Better . . . 1 Same . . . 2 Worse . . . 3 Don't know . 4	
603	Do you think that adults treat orphans differently from other children?	Yes . . . . 1 No . . . . . 2 Don't know . 8	→ 606
604	If yes, how do they treat orphans differently? **(Probe for more responses.)**	Favoring those with parents . A Support provided not equal . B Mistreat them . . . . . C Treat them kindly . . . . . D Favour orphans . . . . . E Love given is conditional . . F Orphans have to work for things G Others _____ Y (Specify) Not sure . . . . . H	
605	Do you think they treat this particular child this way?	Yes . . . . 1 No . . . . . 2 Not sure . . 3	

Talking about illness of parents

606	Do you think parents/guardians should talk about their health condition with their children/dependents?	Yes . . . . . 1 No . . . . . 2 May be or in some cases . 3 Don't Know 9	→ 608
607	If yes or maybe, why is that? **(Do not read the response. CIRCLE the response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)**	So children can prepare emotionally A So children can prepare practically B So children can avoid AIDS themselves . . . . . C So children can know the truth, why parent died . . . . . D So children can know what to do when parent is sick, dies E So that wills, property can be discussed . . . . . F So that guardians can be appointed G Others _____ H (Specify) Don't know . . . . . Y	
608	If no, why? **(Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)**	Children can't stand it . . . . A It is upsetting, sad to talk about B There is nothing one can do to prepare . . . . . C Children may not keep a secret may tell others . . . . . D It is shameful for parents to suffer /die from HIV/AIDS . . . . . E Others _____ F (Specify) Don't know . . . . . Y	

Section 7: Relationships in Household

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	What is the relationship of the child to the head of the household?	Head . . . . . 1 Wife/husband . . . . . 2 Son/daughter . . . . . 3 Son-in-law/daughter-in-law . 4 Grandchild . . . . . 5 Parent . . . . . 6 Parent-in-law . . . . . 7 Brother/sister . . . . . 8 Niece/nephew by blood . . . 9 Niece/nephew by marriage . 10 Co-wife . . . . . 11 Other relative . . . . . 12 Adopted . . . . . 13 Foster child . . . . . 14 Stepchild . . . . . 15 Not related . . . . . 16 Don't know . . . 88	
702	Before this guardian/parent began to take care of this child, how often did the child see him/her?	Lived in same household . . 1 all the time . . . . . 2 A few times a week . . . . . 3 A few times a month . . . . 4 Rarely . . . . . 5 Never . . . . . 6 Don't remember 7	
703	Before this guardian/parent began to take care of the child, how well did the child know him/her?	Very well . . . . 1 A little bit . . . . 2 Not at all . . . . 3 Don't know 8	
704	After this guardian/parent began to take care of the child, how well does the child like him/her now?	Very well . . . 1 A little bit . . . 2 Not at all . . . . 3 Don't know . . . 8	
705	When this guardian/parent first began to care for this child, how do you think the child feels about the new household? **(Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)** Move to near question about head of household	Sad, unhappy . . . . . A Sorrowful . . . . . B Worried . . . . . C Angry . . . . . D Scared . . . . . E Isolated, alone . . . . . F Resolute, determined . . . . G Comforted, relieved . . . . H Happy, contented . . . . . I Other _____ (Specify) Don't know . . . . . Y	
706	Did the child live in another home with his/her parents/guardian before moving here?	Yes . . . . . 1 No . . . . . 2 Don't know . . . 8	→ 715

707	How long has this child lived in this household?	Less than 6 months . . . . 1 6 to 10 months . . . . . 2 11 to 15 months . . . . . 3 16 to 20 months . . . . . 4 21 to 24 months . . . . . 5 More than 25 months . . . 6 All my life . . . . . 7 Don't know 8	→ 715
708	What is different about the child's life since s/he moved into this household? **(Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe a minimum of 3 times to get further answers.)**	School attendance has declined or stopped . . . A Grades have worsened . B Child has had to do more cho . . C Child has had to take care of smaller children . . . . . D We have less food/ money as a family . . . . . E Chid has less food/ clothes as an individual . . . . . F Nothing . . . . . G Other _____ H Specify) Not at all . . . . . I Don't know . . . . . Y	
709	How many children lived with this child in his/her parents/guardian's home before moving?	Boys ☐ Girls ☐ Don't know 8 8	
710	How many of these children have the same parents as this child? **If both are "0,"then skip to Q 815**	Boys ☐ Girls ☐ Don't know 8 8	
711	How many of these brothers, sisters is the child living with in the same household?	Boys ☐ Girls ☐ Don't know 9 9	

(Interviewer. If the total number of children in Q810 and Q811 are not EXACTLY the same, proceed with Q812. If the totals in Q810 and Q811 are IDENTICAL, then skip to Q 816.)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Does child visit his/her brothers /sisters who live away from this home?	Yes . . . . 1 No 2	→ 815
713	How often does the child visit his/her brothers and sisters who live elsewhere?	Daily . . . . . 1 Weekly . . . . . 2 Monthly . . . . . 3 Every few months . . . . 4 Only one time each year . 5 Once in more than a year . 6	
714	How do you think the child feels about being separated from his/her brothers/ sisters? **(Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe to get further answers.)** Anything else?	Sad, unhappy . . . . . A Sorrowful . . . . . B Worried . . . . . C Angry . . . . . D Scared . . . . . E Isolated, alone . . . . . F Resolute, determined . . . . G Comforted, relieved . . . . H Happy, contented . . . . . I Other _____ (Specify) Not sure . . . . . Y	
715	How does the child get along with the other children in the current household?	Very well . . . 1 Well . . . . . 2 Poorly . . . . . 3 Very poorly . . 4 Not applicable . . 5	
716	How does the child spend his/her free time? **(Do not read the response. CIRCLE response mentioned for this and all other with similar responses, AND always probe to get further answers.)** Anything else?	Football, other sports, physical activity . . . . . A Taking "drugs" . . . . . B Being with friends, playing C Being with friends, drinking beer D Going to Church . . . . . E Dance, music, drama . . . . . F Having boy/girl friend . . . . . G Reading . . . . . H Crafts, weaving, art, basketry I Being with relatives . . . . J Being alone . . . . . K Other _____ (Specify) Y	
717	What does the child do when s/he has a problem?	Talk to somebody . . . . 1 Cry . . . . . 2 Ignore it . . . . . 3 Pray . . . . . 4 Nothing (keep it to him/herself) . 5 Other _____ (Specify) 6	

718	Who is the first person the child talks to when the child has a problem or worry? **(Only one response is allowed.)** **(Do not read out responses.)**	Mentioned . . . . . 1 Guardian . . . . . 2 Guardian's husband . 3 Guardian's wife . . . . . 4 Guardian's relative . . . . . 5 Child's brothers . . . . . 6 Child's sisters . . . . . 7 Child's foster brother . . . 8 Child's foster sister . . . . 9 Parent/Guardian's friend . . 10 Child's friends . . . . . 11 No one, keep to myself 12 Father . . . . . 13 Mother . . . . . 14 Other _____ 15 Specify)

Section 8: Emotional Well-Being Checklist

This section attempts to establish how the child is coping with his/her loss. Interviewer, be sensitive and gentle.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	How often would you say the child ever has trouble falling asleep?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	
802	How often would you say the child has scary dreams or nightmares?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't Know 8	
803	How often would you say the child feels happy?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't Know 8	→ 805
804	What do you think makes the child happy?	_____ Nothing . . . . . 0 Don't know 8	
805	How often would you say that the child ever feels unhappy?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	→ 807
806	What do you think makes the child unhappy?	_____ Nothing . . . . . 0 Don't know 8	
807	How often would you say that the child ever gets into fights with other children?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	
808	How often would you say that the child prefers to be alone, instead of playing with other children?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	
809	How often would you say that the child ever has difficulty making friends?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	
810	How often would you say that the child ever refuses eating at mealtimes?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	

811	How often would you say that the ever feels like running away from home?	Often . . . . . 1 Sometimes . . . . . 2 Never . . . . . 3 Don't know 8	↘ 813
812	When did you start noticing this?	_____ Don't know 8	
813	How many times in the last 6 months has the child actually run away from home?	☐	
	STOP HERE IF THE CHILD IS AGED 0 TO 12. **CONTINUE TO SECTION 9 IF THE CHILD IS AGED 13 TO 17.**		

The rest of the questions should only be asked for children ages 13 to 17.

Section 9: Risk-Taking

NO.	QUESTIONS AND FILTERS		SKIP
901	Do you think (NAME) is sexually active?	Yes . . . . 1 No . . . . 2 Don't Know 8	→ 905
902	Has this child ever been pregnant before? (Female respondents) OR has this child ever made anyone pregnant before? (Male repondents)	Yes . . . . . 1 No . . . . . 2 Don't Know 8	
903	Does the child have children of his/her own? (Both male and female respondents)	Yes . . . . . 1 No . . . . . 2 Don't Know . . 8	
904	If yes, does the child stay with his/her children in this household?	Yes . . . . . 1 No 2	
905	Do you think that this child takes any alcoholic drinks?	Yes . . . . . 1 No . . . . . 2 Don't Know . . . 8	→ 907
906	How often do you think the child takes alcoholic drinks?	Every day . . . . . 1 A minimum of once a week . . 2 Less than once a week . . . 3 On special occasions . . . . 4 Never . . . . . 5 Don't Know 8	
907	Do you think that this child ever taken any drugs to make him/her high? (e.g. marijuana, sniff petrol)	Yes . . . . . 1 No . . . . . 2 Don't Know 8	

Section 10: Decision-Making Processes

In this section you are gathering information on the extent to which the child is involved in decision-making issues that directly affect him/her.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Is the child living with someone other than his/her mother or father? **(Interviewers, you should know the answer to this already. If you do not, then get clarification here and let the respondent know you are just trying to be very clear.)**	Yes . . . . 1 No . . . 2	→ END
1002	Who made the decision for the child to move to this household?	Surviving parent . . . . . 1 Aunt/uncle . . . . . 2 Grand mother/father . . . . 3 Other relative(s) . . . . 4 Brother(s)/sister(s) . . . . 5 Myself . . . . . 6 Other _____ 7 (Specify) Don't know 8	
1003	Was the child consulted?	Yes . . . . . 1 No . . . . . 2 Don't know . . 8	
1004	When was the child told where s/he would be living? **(Interviewer, read options.)**	Before parent died . . 1 After parent died . . . 2 Don't know 8	
1005	Where did the child live when the parent/s were still alive? **(This question is directed at orphans only.)**	Grandparent . . . . . 1 Brother/sister . . . . . 2 Niece/nephew by blood . . . 3 Other relative . . . . . 4 Not related . . . . . 5 Don't know 8	
1006	Did the parents make any plans for the child and its brothers and sisters before they died?	Yes . . . . . 1 No . . . . . 2 Not Applicable: Both parents are alive . . . . . 3 Don't know 8	
1007	If so, were the parents' plans adhered to?	Yes . . . . . 1 No . . . . . 2 Don't know . . 8	

Appendix 3: Other Data Collection Tools

I: Tools for Qualitative Interviews

Key Informant Interview (KII)

Respondents: National Level: Members of the NIU, OVC focal persons in major donor agencies, politicians, key government officials, other policy-makers, Heads of OVC support organizations.

INTERVIEW GUIDE QUESTIONS

1. **May I please know the exact role you play regarding the care, support and protection of vulnerable children in this country?**
2. **How would you define vulnerable children?**

   What criteria are used to define vulnerable children in your organization?
   What criteria are used to define vulnerable children in the country?
   In your view are these criteria sufficient to define children in need?
   What would you recommend to improve the way vulnerable children are identified in your organization / in the country?
3. **In your view what are the most important needs of vulnerable children in the country?**
4. **In your view what is the current response to the needs of vulnerable children in the country?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What kind of aid is provided to HH with vulnerable children?
How adequate is it?
How regular is it?
Who is providing this support?
What is the source of funding?
What are the gaps?
Is it sustainable?
How much is the community involved in either assessing the need or identifying the beneficiaries?

5. **How comprehensively do you think the current services are in meeting the needs of vulnerable children in the country?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What needs of vulnerable children do you think are most well addressed by the current services?
What needs of vulnerable children do you think are least well addressed by the current services?

What challenges are being encountered in service delivery? How are they overcome?
What innovations are being used to address the needs of vulnerable children?
What are the lessons learned?
What would you define as best practices?

6. **What do you think about the capacity and systems to handle the problem of vulnerable children in the country?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

How adequate is the governmental capacity and systems to address this problem?
How good is the M&E and reporting system?
How well coordinated is the response?
How good is the collaboration between partners?
How adequate is the capacity of civil society (NGOs/FBOs/CBOs) to address the needs of vulnerable children?
How adequate is the capacity of households and communities to address the needs of vulnerable children?

7. **In your view how well do you think the National Strategic Plan on vulnerable children has been implemented over the past 5 years?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Have you ever heard of the National Strategic Plan on vulnerable children?
How well did you participate in its formulation?
How well were you briefed about the National Strategic Plan on vulnerable children?
How much do think your work relates to the National Strategic Plan on vulnerable children?
Do you know the specific aspect (objective) of the National Strategic Plan that your work contributes to?
Are you familiar with the national quality standards of support and care for vulnerable children?
How well do you think these standards are being met by implementers?

8. **What is your assessment of the funding situation for OVC support, care and protection in the country?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Do you know the current level of OVC financing in the country? If so please give some light regarding the dollar equivalent of current OVC support in the country?
In your view what is the required level of financing to adequately meet the needs of OVC in this country?
Hence what level of funding do you think is sufficient to address the current gap?
What is you projection of future funding of OVC support in the country? Do you think it will increase, decrease or remain the same?

What can be done to achieve a sustainable response to the needs of vulnerable children in this country?
How do you think resources can be mobilized, within the country, at the different levels, to address the needs of vulnerable children?

In-Depth Interview (IDI)

Respondents: District or community level respondents: OVC program managers, political leaders, government officers, head teachers, officers of the family protection units at police stations, other selected key stakeholders at district or community level.

INTERVIEW GUIDE QUESTIONS

1. **May I please know the exact role you play regarding the care, support and protection of vulnerable children in this country?**
2. **How would you define vulnerable children?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What criteria are used to define vulnerable children in your organization/community?
Are these criteria sufficient to define children in need?
What would you recommend to improve the way vulnerable children are identified in your organization/community?

3. **In your view what are the most important needs of vulnerable children in this district/community?**

4. **In your view what is the current response to the needs of vulnerable children in this district/community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What is provided to HH with vulnerable children?
How adequate is it?
How regular is it?
Who is providing this support?
What is the source of funding?
Is it sustainable?
What are the gaps?
Have there been any major changes the external support provided to vulnerable children in the past 3-5 years in this district/community?
How much is the community involved in either assessing the need or identifying the beneficiaries?
To what extent do you think remittances from relatives help HH with vulnerable children to cope with the needs?

5. **How comprehensively do you think the current services are in meeting the needs of vulnerable children in this district/community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What needs of vulnerable children do you think are most well addressed by the current services?
What needs of vulnerable children do you think are least well addressed by the current services?

What challenges are being encountered in service delivery? How are they overcome?
What innovations are being used to address the needs of vulnerable children?
What are the lessons learned?
What would you define as best practices?

6. **What do you think about the capacity and systems to handle the problem of vulnerable children in this district/community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

How adequate is the governmental capacity and systems to address this problem?
How good is the M&E and reporting system?
How well coordinated is the response?
How good is the collaboration between partners?
How adequate is the capacity of civil society (NGOs/FBOs/CBOs) to address the needs of vulnerable children?
How adequate is the capacity of households and communities to address the needs of vulnerable children?

7. **In your view how well do you think the National Strategic Plan on vulnerable children has been implemented over the past 5 years?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Have you ever heard of the National Strategic Plan on vulnerable children?
How well did you participate in its formulation?
How well were you briefed about the National Strategic Plan on vulnerable children?
How much do think your work relates to the National Strategic Plan on vulnerable children?
Do you know the specific aspect (objective) of the National Strategic Plan that your work contributes to?
Are you familiar with the national quality standards of support and care for vulnerable children?
How well do you think these standards are being met by implementers?

8. **What is your experience in dealing with situations where children are being abused, neglected or their rights are being denied in this district/community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

How common are situations of child mistreatments and abuse and what form do they take?
How common are situations of child denial of rights and what form do they take?
What is usually done to protect children and their rights in such situations in this district/community?
How available and how good are child protection services in this district/community?

Focus Group Discussions (FGD)

Respondents: Community Level respondents: local council (LC) I and II leaders and chiefs, field staffs of OVC support organizations (FBO, CBO, NGO), field government staff working on OVC, teachers, other groups of OVC stakeholders at field level.

INTERVIEW GUIDE QUESTIONS

1. **May I please know the exact role you play regarding the care, support and protection of vulnerable children in this country?**
2. **How would you define vulnerable children?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What criteria are used to define vulnerable children in your organization/community?
Are these criteria sufficient to define children in need?
What would you recommend to improve the way vulnerable children are identified in your organization/community?

3. **In your view what are the most important needs of vulnerable children in this community?**

4. **In your view what is the current response to the needs of vulnerable children in this community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What is provided to HH with vulnerable children?
How adequate is it?
How regular is it?
Who is providing this support?
What is the source of funding?
Is it sustainable?
What are the gaps?
Have there been any major changes the external support provided to vulnerable children in the past 3-5 years in this community?
How much is the community involved in either assessing the need or identifying the beneficiaries?
To what extent do you think remittances from relatives help HH with vulnerable children to cope with the needs?

5. **How comprehensively do you think the current services are in meeting the needs of vulnerable children in this community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What needs of vulnerable children do you think are most well addressed by the current services?

What needs of vulnerable children do you think are least well addressed by the current services?
What challenges are being encountered in service delivery? How are they overcome?
What innovations are being used to address the needs of vulnerable children?
What are the lessons learned?
What would you define as best practices?

6. **What do you think about the capacity and systems to handle the problem of vulnerable children in this community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

How adequate is the governmental capacity and systems to address this problem?
How well coordinated is the response?
How good is the collaboration between partners?
How adequate is the capacity of civil society (NGOs/FBOs/CBOs) to address the needs of vulnerable children?
How adequate is the capacity of households and communities to address the needs of vulnerable children?

7. **What is your experience in dealing with situations where children are being abused, neglected or their rights are being denied in this community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

How common are situations of child mistreatments and abuse and what form do they take?
How common are situations of child denial of rights and what form do they take?
What is usually done to protect children and their rights in such situations in this community?
How available and how good are child protection services in this district/community?

Child Forums

Respondents: Each child forum shall be held in a school classroom supervised by a class teacher who will be trained as an interviewer on this project. Each class will comprise of no more than 40 children. They will be according to age groups as follows: 6-12 years and 13 - 18 years. They will be general children from the community whose parents will be mobilized to bring them to the school. The parents will consent for the children. They do not have to be OVC. The only criteria for participation are the consent of the parent/guardian and the assent of the child.

For children aged 6-12 yrs the questions will be asked by the school teacher (of kindergarten, nursery or lower primary level) and the notes will be taken by a social scientist. Emphasis will be made to the mobiliser to select a teacher that is known to be of a good aptitude and is liked by the children. The teacher will undergo training and the training will focus on child participation, child interview techniques and sensitivity to children.

For the children aged 13-17yrs the questions will be asked by a trained social scientist and the notes will be taken by another social scientist. This is because this age group of youths is more likely to open up and enjoy the discussion when they are dealing with new people than with teachers.

C**. Consent form for Child Forums**

Purpose of the study: Hello, my name is _____. I am part of the study team that is conducting a study to understand the situation of Orphans and Vulnerable or needy children in Uganda. The study is being conducted by the Uganda Bureau of Statistics (UBOS). The purpose of this study is to enable the government to plan better for services for Orphans and Vulnerable or needy children.

Procedures: Your child has been invited to participate in a group discussion with the teacher and other children about Orphans and Vulnerable or needy children and the care, support and protection services they receive. Participation in the discussion is voluntary and will take 40-60 minutes. The purpose of this form is to ask for your permission for the child to take part in the discussion. If you agree for the child to participate in the survey, we ask that you sign or tick the box on the next page.

Privacy: What the children say and the recorded tapes will be kept private. We will not use any child's name in any report. For the most part, there are no wrong or right answers; we only need to get the opinion of these children. Any information obtained in the study will be used only in a form that cannot be identified with the participants.

Risks and benefits: There are no known risks of taking part in this study. We shall offer the child a drink as she or he participates in this discussion. However, we will not be giving the child any payment or reward.

The child may not benefit directly from this research. But it will help the government to learn more about different ways of providing care and support services to orphans and other vulnerable or needy children.

If you agree to let your child participate in the discussion, we shall ask you to indicate so by signing or ticking on the next page. Alternatively, you can indicate your willingness to let the

child participate by imprinting your thumb print there. If you prefer I can also sign to indicate that you have understood the purpose of the discussion and are willing to let your child participate. This form will not in any way be linked to what the child says. Your decision to let the child participate/not participate in the study will in no way affect the services you or the child receives.

Whom to call in case of emergency: If you have additional questions about this study or your rights in this study, please feel free to contact the following

Ms. Helen Nviiri
Uganda Bureau of Statistics (UBOS)
P.O. Box
Kampala
Phone: 0772 492 162

Do you have any questions? (*Pause for answer and answer his/her questions*) Can I proceed?
Subject's statement: I agree to let my child take part in this study. I have understood the verbal explanation and what will be required of the child if the child takes part in the discussion. I understand that at any time, I can withdraw the child from this study without giving any reason and without it affecting our normal service. My questions concerning the study have been answered by the interviewer.

Yes Continue to signature or tick below **No** Thank him/her, end

Signature of respondent: _____ Date: _____

☐ **Tick the box indicating parent/guardian is willing to let the child participate but prefers a tick mark**
_____ Thumb print of respondent if s/he prefers this option

If parent/guardian agrees to let the child participate in discussion but asks researcher to sign on his/her behalf:
Investigator's statement: I (moderator) will sign here indicating that the information was read to you, that you agree to let the chils participate in the study and that your consent is given voluntarily. May I proceed?

Yes Continue to signature **No** Thank parent/guardian, end
☐ ☐
Tick the box Tick the box

Signature of moderator: _____ Date: _____

INTERVIEW GUIDE QUESTIONS for children aged 6-12 yrs

1. **Are you aware of any children who are vulnerable in this community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What types of children are vulnerable in this community?
Do you know of children whose parents have died?
What do you think is causing the death of parents?

2. **What types of need to these children have?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Do they have need for food, clothes, school materials? What else?

3. **Who helps these children with the needs they have?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Do you think the children are getting enough help?
What other help do you think they need?

4. **What do you think should be done to reduce the suffering of children?**

INTERVIEW GUIDE QUESTIONS for children aged 13-17 yrs

1. **Are you aware of any children who are vulnerable in this community?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

What types of children are vulnerable in this community?
Do you know of children whose parents have died?
What do you think is causing the death of parents?

2. **What types of need to these children have?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Do they have need for food, clothes, school materials? What else?

3. **Who helps these children with the needs they have?**

Probes *(Only ask a question below if the respondent does not spontaneously bring the issue up):*

Do you think the children are getting enough help?
What other help do you think they need?

4. **What do you think should be done to reduce the suffering of children?**

5. **What is the extent of risk taking among children in this community?**

Probes *(Only ask a question below if the respondents do not spontaneously bring the issue up):*

Are there children in this community who take drugs to feel high, alcohol or cigarettes?

Are there any children in this community who are engaging in sexual activity?

Are there any particular categories of children who you feel are more vulnerable to these risks than others? What categories are these?

What support or services are available in this community to help children gain skills to reduce their vulnerability? We are talking about skills such as life skills, survival skills, avoidance of risky situations etc.

6. **How much do children in this community participate in decision making about their lives?**

Probes *(Only ask a question below if the respondents do not spontaneously bring the issue up):*

Do you think parents and adult caregivers consult and listen to children's opinions on matters concerning child well being?

7. **Are there children in this community who find themselves in conflict the law?**

Probes *(Only ask a question below if the respondents do not spontaneously bring the issue up):*

What kinds of situations make children vulnerable to being in conflict with the law?

How can this vulnerability be reduced?

What would you recommend to reduce vulnerability of these children?

8. **How supportive is this community to children infected or affected by HIV/AIDS in this community?**

Probes *(Only ask a question below if the respondents do not spontaneously bring the issue up):*

If a child's parents are known to have HIV/AIDS or to have died of HIV/AIDS how does the community react to them?

If a child is known to have HIV/AIDS how does the community react to them?

What would you recommend to reduce vulnerability of these children?

Informed Consent Forms for KII, FGDs and IDI

A. Consent form for In Depth Interviews and Key Informant Interviews

Purpose of the study: Hello, my name is _____. I am part of the study team that is conducting a study to understand the situation of Orphans and Vulnerable or needy children in Uganda. The study is being conducted by the Uganda Bureau of Statistics (UBOS). The purpose of this study is to enable the government to plan better for services for Orphans and Vulnerable or needy children.

Procedures: You are being invited to answer some questions about Orphans and Vulnerable or needy children and the care, support and protection services they receive. Participation in the interview is voluntary and will take 40-60 minutes. The purpose of this form is to ask for your permission to take part in the interview. If you agree to participate in the survey, we ask that you sign or tick the box on the next page.

Privacy: The questionnaire with the answers you give will be kept private. If you are will to participate in the survey, you will be asked to sign/tick your consent. Alternatively, you can indicate your willingness to participate by imprinting your thumb print there. When you give your permission, it shows that you choose to take part in the survey. If you choose to participate and wish to withdraw at any time, you are free to do so. This form will not in any way be linked to what you say. The consent form will be kept physically away and de-linked from the questionnaire. Your name or any other identifying information will not appear anywhere on the questionnaire or in the report. Any information obtained in the study will be stored in a locked and secured in a store room at UBOS and transmitted only in a form that cannot be identified with the participants.

Risks and benefits: There are no known risks of taking part in this study. You will not receive any reward or payment for taking part in this survey. You may not benefit directly from this research. But it will help the government to learn more about different ways of providing care and support services to orphans and other vulnerable or needy children.

Who to call in case of emergency If you have additional questions about this study or your rights in this study, please feel free to contact the following:

Ms. Helen Nviiri

Uganda Bureau of Statistics (UBOS)

P.O. Box

Kampala

Phone: 0772 492 162

Do you have any questions? (*Pause for answer and answer his/her questions*) Can I proceed?

Subject's statement: I agree to take part in this survey. I have understood the verbal explanation and what will be required of me if I take part in it. I further understand that my records will be kept confidential and that I may withdraw from this study at any time without giving any reason and without it affecting my normal service. My questions concerning the study have been answered by the interviewer.

Yes Continue to signature or tick below **No** Thank him/her, end

Signature of respondent: _____

Date: _____

☐ **Tick the box indicating respondent willing to participate but prefers a tick mark**

_____Thumb print of respondent if this is the preferred option

If respondent agrees to participate but asks researcher to sign on his/her behalf:

Investigator's statement: I (moderator) will sign here indicating that the information was read to you, that you agree to participate in the survey and that your consent is given voluntarily. May I proceed?

Yes Continue to signature **No** Thank respondent, end

☐ Tick the box ☐ Tick the box

Signature of moderator: _____ **Date: _____**

B**. Consent form for Focus Group Discussions**

Purpose of the study: Hello, my name is _____. I am part of the study team that is conducting a study to understand the situation of Orphans and Vulnerable or needy children in Uganda. The study is being conducted by the Uganda Bureau of Statistics (UBOS). The purpose of this study is to enable the government to plan better for services for Orphans and Vulnerable or needy children.

Procedures: You are being invited to participate in a focus group discussion (FGD) about Orphans and Vulnerable or needy children and the care, support and protection services they receive. Participation in the discussion is voluntary and will take 40-60 minutes. The purpose of this form is to ask for your permission to take part in the discussion. If you agree to participate in the survey, we ask that you sign or tick the box on the next page.

If you choose to participate, the person carrying out the FGD will ask you and 6-8 other people you work with or who are part of your community to take part in the group discussion. The person asking you questions may use a tape recorder to obtain an accurate record of your answers. If you do not wish to have what you say recorded on tape, feel free to say so.

Privacy: What you say and the recorded tapes will be kept private. We will not use your name in any report. For the most part, there are no wrong or right answers; we only need to get your opinion. Any information obtained in the study will be used only in a form that cannot be identified with the participants.

Risks and benefits: There are no known risks of taking part in this study. We shall offer you a drink as you participate in this discussion. However, we will not be giving you any payment or reward.

You may not benefit directly from this research. But it will help the government to learn more about different ways of providing care and support services to orphans and other vulnerable or needy children.

If you agree to participate in the FGD, we shall ask you to indicate so by signing or ticking on the next page. Alternatively, you can indicate your willingness to participate by imprinting your thumb print there. I can also sign on your behalf if you prefer. When you indicate your consent, it shows that you choose to take part in the discussion. This form will not in any way be linked to what you say. If you choose to participate and wish to withdraw at any time, you are free to do so.

Your decision to participate/not participate/withdraw from the study will in no way affect your position in this facility.

Whom to call in case of emergency: If you have additional questions about this study or your rights in this study, please feel free to contact the following

Ms. Helen Nviiri

Uganda Bureau of Statistics (UBOS)

P.O. Box

Kampala

Phone: 0772 492 162

Do you have any questions? (*Pause for answer and answer his/her questions*) Can I proceed?
Subject's statement: I agree to take part in this study. I have understood the verbal explanation and what will be required of me if I take part in it. I understand that at any time, I can withdraw from this study without giving any reason and without it affecting my normal service. My questions concerning the study have been answered by the interviewer.

Yes Continue to signature or tick below **No** Thank him/her, end

Signature of respondent: _____ Date: _____

☐ **Tick the box indicating respondent willing to participate but prefers a tick mark**

_____ Thumb print of respondent if s/he prefers this option

If respondent agrees to participate in discussion but asks researcher to sign on his/her behalf:

Investigator's statement: I (moderator) will sign here indicating that the information was read to you, that you agree to participate in the study and that your consent is given voluntarily. May I proceed?

Yes Continue to signature **No** Thank respondent, end

☐ ☐

Tick the box Tick the box

Signature of moderator: _____ Date: _____

II. Tools for Organizational Assessments

Screening Questionnaire

Draft 17 June 09 OVC LISTING OF SERVICES
This questionnaire is intended to be used to collect data from contact persons of organizations providing care and support for vulnerable children. It can be administered by an interviewer or can be completed by the respondent.

A. Background of Organization

1. Name of Organization:
2. District*:* _____
3. Physical Address_____
4. Telephone : _____
5. Date Established:_____
6. Date Established in Uganda: _____
7. Identity of Persons Interviewed and Titles:
Name:_____
Position:_____
Name: _____
Position: _____
E-mail:_____
8. Type of Organization (can select more than one option)
( ) Nongovernmental organization ( ) Governmental organization
( ) Community-based organization ( ) Umbrella organization /coalition
( ) Faith-based organization
( ) Charitable/religious organization ( ) Private Sector (please specify) _____
( ) other (please specify) _____
Please provide additional explanation as necessary
_____

9. Which of the following OVC services does your organization provide?
(**Can select more than one)**

A. Education support_____
B. Health care support _____
C. Food and nutrition support _____
D. Provision of Shelter_____
E. Provision of Clothing_____
F. Child Protection_____
G. Legal support_____
H. Socio-economic security_____
I. Care and support_____
J. Psychosocial support_____
K. Mitigation of impact of conflict_____

L. Strengthening capacity of others working in the area of Vulnerable Children

_____

M. Other (specify)_____

Please provide additional explanation as necessary

_____

10. Direct support to the child: Does the organization provide services directly to OVC?
Please provide additional explanation as necessary

_____

11. Measurement of outcomes of their services: Does the organization have an M&E system that shows process indicators as well as outcome indicator?
Please provide additional explanation as necessary

_____

12. Please complete the following table describing all the services you currently provide to orphans/children in need and the number of beneficiaries. **Please fill in a separate line for each district served by this organization.**

Table 1: Listing of Services for Vulnerable Children

12a	12b	Number of beneficiaries in past twelve months			12f	12g	12h
Name of District served	Name of Service **(Please use program areas as in Quest 9)**	Female 12c	Male 12d	Total 12e	Number of sub-counties served with this service in that district	Number of years providing this service	Source of funding

Please provide additional explanation as necessary

_____

In-Depth Assessment Tool

This questionnaire is intended to be used to collect data from contact persons of organizations providing care and support for vulnerable children. It can be administered by an interviewer or can be completed by the respondent.
The questionnaire is semi-structured and each question has extra space that is intended to provide the respondent flexibility to provide a more in-depth response as desired.

In addition to the information provided in response to this questionnaire the organization is requested to provide the following documents:

I. Strategic Plan of the Organization ( ) Tick if copy is obtained
II. Project proposal of current activities on vulnerable children ( ) Tick if copy is obtained
III. Other project proposal ( ) Tick if copy is obtained
IV. Latest annual report ( ) Tick if copy is obtained
V. Other service delivery statistics ( ) Tick if copy is obtained

A. Background of Organization

The information in this section will have been collected using the screening questionnaire. It will just be transferred here for completeness sake.

1. Name of Organization: _____
2. District*:* _____
3. Physical Address_____
4. Telephone : _____
5. Date Established:_____
6. Date Established in Uganda: _____
7. Identity of Persons Interviewed and Titles:
8. Name:_____
9. Position:_____
10. Name: _____
11. Position: _____
12. E-mail:_____
13. Type of Organization (can select more than one option)
14. ( ) Nongovernmental organization ( ) Governmental organization
15. ( ) Community-based organization ( ) Umbrella organization /coalition
16. ( ) Faith-based organization
17. ( ) Charitable/religious organization ( ) Private Sector (please specify) _____
18. ( ) other (please specify) _____
19. Please provide additional explanation as necessary _____
20. What are the organization's catchments area(s) served? _____
21. Are the catchments areas primarily: ( ) urban ( ) peri-urban ( ) rural

Please provide additional explanation as necessary

_____

B. Focus of Work of the Organisation

Please note that the questions 11 to 12 are about the broader work beyond the specific support for vulnerable children that is covered in Section D on Program Interventions below

22. What is the general area of work of your organization?
    What does your organizations do? (Why does it exist?)

_____

561 Who are the major beneficiaries of these services? #
    Who are the direct beneficiaries of the services you offer?

_____

C. Definition of Vulnerable Children

24. How does your organization define orphans and vulnerable children?

_____

25. Where does this definition come from? How was it developed?

_____

26. Are there specific criteria that must be met for children or families to benefit from your services for support and care of vulnerable children? If so, please explain.

_____

27. What age groups of children does your organization serve?
    a. 0–5 years
    b. 6–12 yrs
    c. 13–18 yrs
    d. 0–18yrs

    Please provide additional explanation as necessary

_____

28. Please explain what happens to children when they outgrow the age of focus of your organization. How do they exit from your services?

_____

29. Do you select the children you serve by reason of vulnerability? And if so which of the following children do you focus on?
    a. The children served by the organization are not selected by reason of vulnerability
    b. We focus on orphans
    c. We focus on children of people living with HIV even when the parents are alive
    d. We focus on children displaced by conflicts
    e. We focus on children on the streets
    f. We focus on children with disability
    g. Other (specify)_____

30. Please provide additional explanation as necessary

_____

31. How do you target your services?
    a. We target communities
    b. We target households
    c. We target individual children
    d. We target Other (specify)_____
32. Please provide additional explanation as necessary

    _____
33. Who selects children or families qualifying to receive your services for support and care of vulnerable children?

    _____

D. Program and Services Intervention

The information in this section will have been collected using the screening questionnaire. It will just be transferred here for completeness sake.

34. Which of the following OVC services does your organization provide? (**Can select more than one *where applicable*)**

a) Education support_____
b) Health care support

   _____
c) Food and nutrition support

   _____
d) Provision of Shelter_____
e) Provision of Clothing_____
f) Child Protection_____
g) Legal support_____
h) Socio-economic security_____
i) Care and support_____
j) Psychosocial support
k) Mitigation of impact of conflict_____
l) Strengthening capacity of others working in the area of Vulnerable Children

   _____
m) Other (specify)_____

Please provide additional explanation as necessary

_____

35. Please complete the following table describing all the services you currently provide to orphans/children in need and the number of beneficiaries. **Please fill in a separate line for each district served by this organization.**

Table 1: Listing of Services for Vulnerable Children

		Number of beneficiaries in past twelve months					
Name of District served	Name of Service **(Please use program areas as in Quest 34)**	Female	Male	Total	Number of sub-counties served with this service in that district	Number of years providing this service	Source of funding

Please provide additional explanation as necessary

36. Is the service of high quality? **This question is to be develop** further **using the quality standards tool kit to measure this per CPA mentioned**

_____

_____

37. What particular approaches are being used to deliver this Core Program Area? If you are to define the service delivery approach of your organization, would you say it is an integrated approach or comprehensive or vertical? Please explain below:

a) If your organization uses an approach that **Integrates services for vulnerable children into other services**, Please explain or give examples

_____

_____

b) If your organization uses a **vertical approach**, please explain or give examples

_____

_____

c) If your organization uses **a comprehensive approach** that aims to address all the needs of vulnerable children, please explain or give examples

_____

_____

38. If your organization uses **another approach**, please name the approach or explain it

_____
_____
_____
_____

39. What is your Level of intensity of service delivery: ie few OVCs provided with everything they need or many OVCs getting at least one item or two For example if it is education support is the child being provided with everything it needs to have in order to be successful at school and there is even commitment to help the child attain a university qualification? Or is the service being provided to many children to enable them attain at least a certain level of education such as "O" level?

_____
_____

40. Can you describe the process of implementing services delivery ie from the time you select beneficiaries how the services are delivered, supervised, monitored, documented including evaluation. Please mention the stakeholders involved ie government, NGOs, private sector etc. What are the key processes for implementing service delivery? A review of the selection of beneficiaries, approaching the beneficiaries, delivering the services, who receives the services on behalf of the child, how the services delivered are documented and supervised and how the outcomes of the service are evaluated. It will also be important to document how the community, government officials and local political leaders are involved all the way from selection to delivery to monitoring and supervision.

_____
_____

41. How efficient is the approach in terms of attaining the desired outcomes using the lowest amount of resources and the shortest time period?

_____

42. What area(s) of your programme do you feel you're doing particularly well, and would want to share with others?

_____
_____

43. What have been the major challenges?

_____
_____

44. Are there un anticipated factors impacting on your work ie HIV&AIDS, war, weather, increasing number of OVC, global financial crisis etc?
(Please describe how, and your coping mechanism)
What is new or surprising?

_____
_____

45. What 6 major lessons have you learnt over the years in OVC service delivery?

46. Does your organization have access to legal services for children and their families under your care? ( ) Yes ( ) No
    Please provide additional explanation as necessary
    _____
47. Does your organization operate or support an orphanage? ( ) Yes ( ) No
    Please provide additional explanation as necessary
    _____
48. If "Yes," please indicate the age range of children in the orphanage:
    Minimum age: _____ Maximum age: _____
    Please provide additional explanation as necessary
    _____
49. What is the total capacity of the orphanage? (i.e., number of children that can be admitted) ——————
50. How does your organization identify children for admission into the orphanage?
    _____
51. Does the orphanage admit children whose parents died of AIDS? ( ) Yes ( ) No
    Please provide additional explanation as necessary
    _____
52. Do you currently have any children housed by your organization in an orphanage? ( ) Yes ( ) No
53. Please provide additional explanation as necessary
    _____
    ___
54. How long do the children stay in the orphanage, on average? ——————
    Please provide additional explanation as necessary
    _____
    ___
55. Where do the children go when they leave the orphanage? ——————————
    Please provide additional explanation as necessary
    _____
    ___

E. Training (Human Resource development

56. What type of training in vulnerable children issues has your staff had?
    _____
57. Who carried out the training?
    _____
58. When was the training performed?
    _____
59. What subjects did the training cover?
    _____
60. Does your organization have a staff development plan regarding vulnerable children issues? If so, please share what it addresses
    _____

F. Funding

61. What are the current sources of funding for your organization's work on vulnerable children?

62. Have these sources of funding changed over the past five years and if so how and why?

G. Networking and Partnering

63. What relationships have you created or developed with other organizations that enable you deliver services? Which organizations does your organization have linkages with? (Looks like your interest is in referral not linkages for the sake of it)

64. Please describe the types of linkages or relationships

65. If one of your relationships is referral of OVC to other organizations, please state the organization and the type of service OVCs are referred there for: (please start with this question.

    a. Name of organization and type of service vulnerable children are referred there for_____
    b. Name of organization and type of service vulnerable children are referred there for_____
    c. Name of organization and type of service vulnerable children are referred there for_____
    d. Name of organization and type of service vulnerable children are referred there for_____

    Please provide additional explanation as necessary

H. Delivering Change (Learning, Monitoring & Evaluation and Sustainability

66. Please mention at least five key changes your programme is bringing about in OVC lives?

67. How do you monitor if the changes are taking place?

68. Have you come across Min. of Gender quality standards?
    If so, how do you utilize them in your monitoring plan?

69. Monitoring and evaluation: How do they document the services delivered and how do they measure outcomes of their services? How much of the MOGLSD quality standards indicators are being measured by this organization?

    _____

    _____

70. What would you say is sustainable in your organisaton: is it the processes of delivering services, the outputs or outcomes , impact/benefits/change—is it a bit of each—please describe.

    _____

    I

71. What are the main challenges you face in bringing about change in women's and girls' lives which would you find useful to explore with others?

72. What is the most significant learning your organization has had?

73. Does your organization require any outside assistance? If so what kind of assistance—please list below and elaborate.

I. Community Participation

74. How is the community involved in the planning and implementation of the vulnerable children activities of your organization?

    _____

75. Is there a community advisory board or a similar type of committee?

    _____

    _____

76. What is its role?

    _____

    _____

77. How does the community contribute to your organization's program?

    _____

J. Self Appraisal and appraisal of others organizations

78. When you assess your organizations performance what are your strengths and weaknesses are with regard vulnerable children care support and protection?
    a) Give at least three key Strengths of your organization
    _____
    _____
    b) Give at least three key Weaknesses of your organization
    _____
    _____
    c) Give at least three key Challenges your organization encounters in implementing vulnerable children activities
    _____
    _____

79. What do you think are the opportunities for growth of your organization and what are its threats?
    a) Opportunties_____
    _____
    b) Threats_____
    _____

80. When you assess your organizations performance which of the following vulnerable children support areas do you think **your organization is best at** and please give the evidence or reasons for your answer? **(Can select more than one area) (Not a relevant question—delete)**

a) Education support_____
b) Health care support _____
c) Food and nutrition support _____
d) Provision of Shelter_____
e) Provision of Clothing_____
f) Child Protection_____
g) Legal support_____
h) Socio-economic security_____
i) Care and support_____
j) Psychosocial support_____
k) Mitigation of impact of conflict_____
l) Strengthening capacity of others working in the area of vulnerable children
_____
m) Other
(specify)_____

Please provide additional explanation as necessary
_____
_____
_____

81. What factors internal within your organization helped you make achievements or hindered your achievements?

_____

_____

82. When you assess **other organizations performance** which organizations do you know are best in each of the following vulnerable children support area please give the evidence or reasons for your answer? **(Can select more than one area)**

a) Education support_____
b) Health care support _____
c) Food and nutrition support _____
d) Provision of Shelter_____
e) Provision of Clothing_____
f) Child Protection_____
g) Legal support_____
h) Socio-economic security_____
i) Care and support_____
j) Psychosocial support_____
k) Mitigation of impact of conflict_____
l) Strengthening capacity of others working in the area of vulnerable children

_____

m) Other (specify)_____

Please provide additional explanation as necessary

_____

83. What are the most important gaps in programs for vulnerable children in Uganda today?

_____

_____

84. How and by whom do you think these gaps should be addressed?

_____

_____

85. **Ask only if funded by PEPFAR** Which of these gaps could PEPFAR address and how?

_____

_____

86. **Ask only if funded by PEPFAR** What other support apart from funding does PEPFAR provide?

87. **Ask only if funded by PEPFAR** What do you think are the strengths of the efforts by USG to provide support for vulnerable children in Uganda?

_____

_____

88. **Ask only if funded by PEPFAR** What are the challenges and gaps of the efforts by USG to provide support for vulnerable children in Uganda?

_____

_____

89. **Ask only if funded by PEPFAR** What types of PEPFAR support are most valuable?

_____

_____

90. **Ask only if funded by PEPFAR** What types of support is PEPFAR not providing which would improve programming for support of vulnerable children?

_____

_____

91. **Ask only if funded by PEPFAR** What is the experience of your organization with accessing PEPFAR funding for programs to support vulnerable children; should this be modified and how?

_____

_____

OVC Organizations Case Study Approach

1. You have been to this organization before and you got the in-depth form filled (Questionnaire B). Now we have selected this organization for a case study on one service. For example we have selected TASO Kampala for a case study in Education Support. Your purpose now is to write a detailed story of the Education Support that TASO provides to OVC.

2. The expected product from you is a well written flowing story of about four hand written pages.

3. Start by reading the documents they provided us and write the story based on those documents. As you write you will find gaps that need to be filled with more information from the organization. If you can write the whole case study without going to the organization, the better. If you can get the information on the phone, again it is better for us.

4. Call the contact person at the organization and make an appointment to meet him/her to discuss specifically this one service. When you meet with him/her ask those questions which you could not answer using the information they have so far provided us.

5. Write up the case study and read through it carefully. If you feel you need more information check in the document or call your contact person and ask the questions.

6. The case study should have the following parts:

    a. **Introduction**

        State what TASO is in terms of its name, location and date it was started.
        Describe the population TASO servicing. List the districts covered by TASO
        Explain how TASO got into the business of serving OVC.
        List the services provided by TASO to OVC without going into any detail.
        State how many OVC received which service in 2008.
        Explain how TASO identifies the OVC it serves.
        Explain about TASO's funding sources for OVC care and support.
        Specifically state if TASO receives funding from USAID, CDC or PEPFAR for OVC care and support.

    b. **Body**

        Describe in detail what TASO provides to OVC in the name of Education Support. Provide some evidence for every item mentioned. This evidence could be in the form of pictures in the report or numbers in the report. Or numbers provided to you during the interview. Please make sure to state how many OVCs have been provided each aspect of Education Support such as books, school fees etc in the year 2008.

        Level of Intensity: Describe the approach in terms of whether many children are given a little bit of the service, let us say education to a certain level, or whether they prefer to give a full education to a few and make sure they reach full university level. Or perhaps they give some a full education and give

others a certain level of education. If that is what they do then state how they select who to give a full education and who to give a partial education.

Comprehensiveness: Explain whether the education service is provided together with other services to the OVC or it is provided alone, meaning if an OVC is getting Education Support from TASO what other services (such as health care, clothes, Shelter, food support etc) do they receive? Comprehensiveness judges how many different types of services are given to that one OVC.

Integration: Describe the extent to which TASO provides Education Support to OVC as a part of other wider development services to the community such as poverty alleviation, HIV/AIDS programs, etc. Integration judges whether OVC support is provided as part of other programs targeting the community or it is provided only as a stand-alone service.

Use of standards: Explain whether the Education Support of TASO to OVC is based on any guidelines, policies or standards set by the government. Describe any training received by TASO staff working on OVC on how to provide the service of Education Support.

Referrals and Linkages: Describe what TASO does for children it cannot provide with the Education Support they need. For example do they refer the OVCs elsewhere or do they simply tell them to go away.

Monitoring and Evaluation: Explain how TASO management can tell how many OVCs have been provided each aspect of Education Support such as books, school fees etc. Also explain how TASO can ascertain that the children receiving these services are the right ones.

Challenges: Describe the challenges met by TASO in delivering Education Support to OVC

Any Other Issues: Briefly describe any other issues relating to TASO's delivery of Education Support that you wish to draw our attention to.

c. <u>Discussion</u>

Please note that every approach to service delivery has its strengths and weaknesses.

Strengths: Describe the strengths of the approach taken by TASO in providing Education Support. For example what is good about providing education support to that target group of children and not others? Also explain the strengths of the approach used in terms of its intensity, its comprehensiveness and its level of integration as explained above.

Weaknesses: Describe what you see as the weaknesses of the approach taken by TASO in providing Education Support. For example what is weak about providing education support to that target group of children and not others? Again in terms of intensity, comprehensiveness and level of integration discuss the weaknesses of the TASO approach to providing Education Support.

d. Conclusions

Give us your opinion about the Education Support provided by TASO. Is this something you would recommend to a new organization that comes to you seeking to know how it can provide Education Support to OVC? If so why? If no, why not?

Appendix 4: Detailed Qualitative Data, Case Studies and Cost Data

1. Summary of Qualitative Assessments

Region	District	NGO staff	Police	Probation officer	Political leader LC/CDO	Teacher	FGD	Child Forum 6-12	Child Forum 13-17
Central	Kampala	2	1		1	1	3	2	1
	Luwero	1					1		
	Mubende	1	1				1	1	1
	Masaka		1	1			1	1	1
Eastern	Jinja	1	1			1	1	1	1
	Mbale	1	1		1		2	1	1
	Soroti	1			1		1		
North	Lira	1			1		1	1	1
	Gulu		1	1	1		2		
West Nile	Arua	1	1			1	1	1	1
West	Masindi		1		1		1	1	1
South West	Fort Portal	2	1				1		
	Mbarara			1	2		2		
Total		11	10	3	8	4	18	9	8

2. Organizations Assessed

	Name of organisation	Physical address	Phone number	Districts served	No. of males served	No. of females served	Total no. served	Types of OVC services provided	Funding source
1	Compassion International Uganda		3092 757 599/600	Bugiri, Rakai, Masaka, Bushenyi, Mubende, Kabarole, Kiboga, Mityana, Kiruhura, Ntungamo, Isingiro, Ibanda, Mbarara, Apac, Arua, Wakiso, Nebbi, Lira, Masindi, Hoima, Kumi, Bukedea, Soroti, Jinja, Bukwo, Kapchwora , Kayunga, Kampala, Kisoro, Sironko, Kasese, Luwero, Mukono, Manafa, Bududa, Mbale, Kabale, Rukungiri, Budaka, Pallisa, Tororo, Iganga, Busia				Education, health, food and nutrition, shelter, clothing, child protection, socio economic, care and support, psycho social	sponsorship, donors
2	The Salvation Army Uganda	Plot 78/82 Lugogo by pass- Kampala	0414 533113	Kampala, Wakiso, Butaleja, Bududa, Jinja, Mayuge, Iganga, Busia, Tororo, Manafwa, Sironko, Mbale, Soroti, Masindi , Kiboga Iganga, Jinja , Kalangala, Katakwi, Luwero, Mbale , Mukono	12,654	12,619	25,273	Education, health, food and nutrition, shelter, clothing, child protection, socio economic, care and support, psycho social, mitigation of conflict impact, capacity building	PEPFAR (USAID)
3	International HIV/AIDS Alliance	Bukoto street Plot 32 Kamwokya-Kampala	0414 533 487/0312 265 446		1,209	1,012	2,221	Education, food and nutrition, psycho social, capacity building	USAID

4	Feed the Children	Kamwokya Mawanda Road	0414 540575	Mukono, Kayunga, Amiria, Kaberamaido	6,594	6,347	12,941	Education, health, food and nutrition, clothing, child protection, legal support, socio economic, care and support, psycho social, mitigation of conflict impact, capacity building	
5	Uganda Youth Devt Link	Sir Apollo Kaggwa Road Opp. Mbi	0414 530 353	Kampala, Mukono	169	376	545	Food and nutrition, shelter, child protection, socio economic, psycho social	
6	Uganda Child rights NGO network (UCRNN)	Plot 18, Tagore Crescent	0414 532 131, 0414 543 548						
7	Uganda Society for the Disabled Children	112 Owen Rd, Mulago\	0414 530 864	Soroti, Hoima	684	515	1,199	Education, child protection, socio economic, care and support, capacity building	CSF
8	Kamwokya Christian caring	P.O. BOX 25432	414 532 600/70	Kampala, Wakiso, Mpigi, Mukono	548	619	1,167	Education, Health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social, capacity building	Donor funding, govt, farm, houses for rent, community, IGAs, CRS
9	Hope after Rape	P. O. Box 7621	414 532 600/70	Kampala, Mpigi, Wakiso, Mbale, Soroti, Nakapiripirit	678	392	1,070	Shelter, child protection, legal, socio econ, care and support, psychosocial	MOGLSG, UNICEF, member fees, donations

10	Sanyu Babies Home	Box 14162 Kampala	0414 274 032	Kampala	30	20	50	Health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social	donations, craft shop , guest house
11	Naguru Reception Center	Naguru Road	0414 289 462	Kampala	71	33	104	Education, health, food and nutrition, shelter, clothing, child protection, socio economic, care and support, psycho social	MOGLSD
12	ANPPCAN Uganda Chapter	Plot 1 Kira Road	0414 254 550	Jinja, Kampala, Iganga, Rakai, Mukono Kitgum, Arua	317	311	628	Education, child protection, care and support, psychosocial support	
13	Legal Aid Project			Kabale, Isingiro, Kanungu, Kisoro, Rukungiri, Ntungamo, Mbarara, Bushenyi, Ibanda					
14	Action for Children	Plot 85, Kiira Road	0414 541 111	Kampala, wakiso, masindi, Apac, Rukungiri, Gulu, Amuria, Lira, Mbale			3,369	Education, health, food and nutrition, socio economic, care and support, psycho social, capacity building	
15	AFRICARE Uganda	Ntugamo Town, Old Mbarara-Kabale Road	0414 348 605/0752 712 106	Ntungamo, Isingiro	46,250	43,510	82,896	Education, health, food and nutrition, socio economic, care and support, psycho social, capacity building, shelter, child protection	
16	THETA	Plot 724/5 Mawanda Rd Kamwokya	0414 532 930	Kampala					

17	Masaka Vocational and Rehabilitation Center	P.O. Box 1738 Masaka	0782 527 038	Masaka			35	Education, health, food and nutrition, shelter, child protection, socio economic, care and support, psycho social	Govt from the district, USDC
18	World Vision Masaka	P.O. BOX 1337 Masaka	0772562523/ 0774090453(cells) 0771479039(office)	Masaka	3,645	4,355	8,000	Education, health, food and nutrition, shelter, clothing, child protection, socio economic, care and support, psycho social, mitigation of conflict impact, capacity building	Private individual agencies, organisations (e.g., USAID, AUSAID, DFID)
19	Senya Moslems Orphans widow and People Living with HIV	P.O. BOX 1337 Masaka	752457045	Masaka	98	149	247	Education, health, food and nutrition, shelter, child protection, legal support, psycho social, mitigation of conflict impact	Community members.(no sponsors)
20	UWESO Masaka	Hobent Street	782837838		0		16,700	Education, food and nutrition, shelter, clothing, child protection, legal support, socio economic, psycho social, mitigation of conflict impact, capacity building	UNICEF, USAID, Uninitiative, core intiative, global fund, IFAD.
21	Aid Child Uganda ltd	Plot 31 Mbra By Pass Kijabweme	772717871	Masaka, Mpigi	53	23	76	Education, health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social, capacity building	70% self sustained thanks to income generating projects. 30% provided by the AIDS Child Foundation.

22	Kitovu Mobile AIDS Organisation	P.O. Box 207 Masaka	481420113	Masaka, Rakai, Sembabule	6,222	5,777	11,999	Education, health, food and nutrition, child protection, socio economic, care and support, psycho social	CAFOD, TROCAIRE, Princess Diana, CSF, Stephen Lewis Foundation donations, kindernothilfe
23	Child Restoration Outreach	P.O. Box 812 Masaka	2.56045E+13	Masaka, Rakai, Sembabule, Sesse Islands, Mpigi	80	40	120	Education, health, food and nutrition, shelter, child protection, legal support, socio economic, psycho social, mitigation of conflict impact, capacity building	Individual donors
24	Buddukiro Childrens Agencies	P.O. Box 394 Masaka ddiba str.	772558441	Masaka			172	Education, health, food and nutrition, clothing, child protection, legal support, socio economic, psycho social	Terredes hommes
25	Uganda Child Care	P.O. Box 961 Masaka	481421314	Masaka, Rukungiri, Gulu			1,200	Education, food and nutrition, clothing, child protection, socio economic, care and support, psycho social, mitigation of conflict impact, capacity building	Denmark, Swedish, Individual sponsors
26	ODECO	Along Kinawataka Road	414255437	Wakiso, Mukono, Kayunga, Jinja	82	142	224	Education, food and nutrition, shelter, child protection, socio economic, care and support	Donations, aid & grants
27	In Need Home Foundation	P.O. Box 3341 kla	0	Kampala				Education, health, food and nutrition, shelter, clothing, child protection	Friends and well wishers

28	Kireka Community in Partnership with Child Fund International	P.O. Box 3341 Kla	0	Wakiso, Kampala	760	840	1,600	Education, health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social	Child Fund, Irish government
29	Meeting Point Uganda	Bukasa Parish Makindye Division	0755510526/ 0772624512	Kampala			825	Education, health, food and nutrition, shelter, child protection, legal support, care and support, psycho social, mitigation of conflict impact	USAID
30	Youth Social Work Adiminstration	Plot 653, Ntinda-Kisaasi Road	414286984	Dokolo, Gulu, Pader, Wakiso	121	108	227	Education, child protection, socio economic, care and support	Civil Society Fund
31	Ashinga	Nasana, Kagga Road, East 2 Zone	414535610	Wakiso	403	420	823	Education, health, child protection, care and support, psycho social	japan
32	A-Z Childrens Charity Uganda	P.O. Box 33180 Wakiso	312103939	Wakiso	352	439	845	Education, health, shelter, socio economic, care and support, psycho social	grants from ireland
33	Transcultural Psychosocial Organisation Uganda	P.O. Box 21646 Kla	414510256	Amuria, Katakwi, Kabaramaido, Soroti. Lira, Nebbi, Arua, Adjumani, Moyo, Yumbe, Koboko				Education, health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social, capacity building	UACE, Cordaid, UNICEF, CARE/ UAC
34	Nsambya Babies Home(child Welfare and Adoption Society)	P.O. Box 3494 Kla Nsambya Hosipital Road	414510224	Kampala, Mpigi, Wakiso, Mukono, Mityana	40	20	60	Education, health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social	Catholic Church, donors and well wishers

35	Mubende foundation for disadvantaged people (MUFODIP)	P.O. Box 274 Mubende	0782487604, 08722160396 ,0779814877	Mubende	20	17	37	Education, health, psycho social, capacity building	Membership contributions, cost sharing of parents
36	Action Aid	Kiwalabye Road	39276740					Education, food and nutrition, mitigation of conflict impact	
37	Uganda Red Cross Mubende sub parish	Katakwi Road Mubende Town Council	0772413479/ 0775282829	Mubende				Health, food and nutrition, mitigation of conflict impact	Twinning programme funds, national Red Cross headquarters
38	Rudatco	P.O. Box 393 Mubende Opp. Mubende Parents	0772589098/ 0775084253		25	40	65	Education, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social, mitigation of conflict impact, capacity building	Personal contribution, money from IGS, USAID
39	Kasenyi Church of Uganda Mityana Diocese		772519349	Mubende	92	102	194	Education, health, shelter, clothing, socio economic, care and support, psycho social	Compassion, Action, Swiss return
40	Kugumikiriza Highway Based Community	Fort Portal Kampala Highway	754151288	Mubende			99	Education, health, shelter, clothing, legal support, care and support	Members contribution
41	Minsota Int and Volunteers	Kasenyi Church Road	464444145	Mubende, Sembabule				Education, health, food and nutrition, child protection, legal support, socio economic, care and support, psycho social, capacity building	USAID

42	Mubende Orphans Support Organisation	lwabagabo lc1, kasekende parish,bageziza subcounty po box 349 mubende	0392847591/ 0773230180	mubende	66	172	238	Education, health, food and nutrition, socio economic, care and support, psycho social, mitigation of conflict impact, capacity building	Membership contribution, support from Kulika
43	Abur Child International Oraganisation	Abur Village P.O.Box 913 Tororo	0774 933 734	Pallisa, Mbale, Tororo, Butaleja			2213	Socio economic	Sponsors from USA & Canada
44	MBRA Archdiocese Orphans in Education Project	P.O. Box 260 Mbarara	772495322	Mbarara, Ntungamo, Bushenyi			250	Education, psychosocial	Local contribution & donation
45	Good Care and Family Support for Orphans and Vulnerable Children	P.O. Box 1505	256772583658/ 256752583658	Ibanda			3,268	Education, health, food and nutrition, child protection, legal support, socio economic, capacity building	USAID
46	ACORD	Kamukuzi Division-Ntare-Kiyanja Road	485420877	Isingiro			18	Education, socio economic, capacity building	
47	St.Francis Family Helper Programme	P.O. Box 869	382276642	Mbarara, Ibanda, Bushenyi, Isongiro	87	163	250	Education, health, food and nutrition, shelter, clothing, child protection, socio economic, psycho social	Sponsors from Europe, Ireland England, Germany, Netherlands
48	Juna Amagara Ministries	P.O. Box 1054 Mbarara Ntare Road	041578051/www.Amagara.org/078232167 1	Mbarara, Kabale, Rukungiri, Kanungu, Ntungamo, Isingiro			365	Education, health, food and nutrition, shelter, clothing, socio economic, care and support, psycho social, capacity building	From individual donors on the internet
49	Top Gep-Child Interdrated Rehabilitation and Stimulation Centre for Life Skills	P.O. Box 1375 Mbarara	0782840580/ 0782331621/ 0772895155				40	Education, food and nutrition, legal support, socio economic, care and support	Sponsors from the community and individual donations

50	Nyakayojo Child Development Centre	Nyakayojo Sub-County-Mbarara District	772577015	Mbarara	133	115	248	Education, health, food and nutrition, shelter, clothing, child protection, legal support, socio economic, care and support, psycho social, mitigation of conflict, capacity building	Sponsor from Compassion International
51	Ankole Diocese	P.O. Box 14 Mbarara	382276028	Mbarara	1195	1150	2345	Education, health, food and nutrition, clothing, child protection, socio economic, care and support, psycho social	Sponsor from USAID
52	Mayanja Memorial Hospital Foundation (MMHF)	Bishoplink,Kakyeka Kamukuzi Division 920 mbra.	0485-420106	Mbarara, Ibanda, Kiruhura, Isingiro, Ntungamo, Rukungiri, Kanungu, Kisoro, Kabale, Bushenyi				Education, psycho social, capacity building	Sponsors from MALSDI, Core initiatives, CSF(Clear society fund)
53	Uganda Women's Effort To Save Orphans (UWESO)	Plot 11 Kamuluzi Road	485433089	Mbarara, Isingiro, Kiruhura, Rukungiri	7047	7540	14575	Education, health, food and nutrition, clothing, child protection, socio economic, psycho social, capacity building	AFAD, DFID, AFRICARE, CSF, Uganda AIDS Commission
54	Jericho Road Childrens Project	P.O. Box 770 Mbarara	485660471	Mbarara, Kiruhura, Ntungamo, Jinja, Fort Portal, Bushenyi, Runkungiro, Moroto, Isingiro, Masaka	30		30	Education, food and nutrition, shelter, clothing, socio economic, care and support, psycho social, capacity building	Individual donors
55	Toro Babies Home	Kyebambe Road	772614801	Kabarole, Kasese, Bundibugyo, Kyenjojo, Kamwenge, Kibale				Food and nutrition, child protection	Donors

56	CARITAS/Social Service Dev't Programme	Southern Division-Moroto Municipality	7823811060	Moroto				Food and nutrition, clothing	Partners Netherlands-based CORD Aid, Catholic agency for relief and dev't aid, CAFODE (England and Wales) Catholic agency, Danchurch aid from Denmark
57	Transcultural Psychosocial Organisation (Tpo)		256-782681392	Soroti				Education, child protection, socio economic, psycho social	UNICEF, CORDAID, ACDI/VOCCA
58	Amuno Childrens Centre	Otucopi	772915874		18	18	36	Education, Health, psycho social	Source of funding is in the UK
59	AMECET N'NAPACIN (Shelter Of Peace)	Senior Quarters	454461856	Soroti				Health care support	
60	Deliverance Church Soroti-Child Development Center	Senior Quarters A	352278348	Soroti				Health care support, support, socio economic, care and support,	All needy children are registered and marked worldwide where individuals pick them up for support, parents are encouraged to make contributions toward construction of buildings
61	Hope for Orphans and Women (How-Uganda)	Kyere Sub County/Serere County	782117236	Soroti			1016	Education, health, food and nutrition, shelter, clothing, child protection,	VANLEER FOUNDATION, BERNAD, LOCAL CONTRIBUTION
62	Global Care	Amen Parish Opiab Cell Soroti Subcounty	45446792	Soroti			220	Child protection, socio economic	
63	Dakabela Rural Women Dev't Association	CAMP SWAHILLI Office DAKABELA ARAPAI S/C	0782718393/ 0772846475	Soroti			20	Child protection, socio economic	World Vision, CIDI, SNV, NAADS

64	Action Against Child Abuse And Neglect (AACAN)	Cntralward Municipality	772320522	Soroti				Education, legal support , care and support	European Union
65	Soroti Community Church	Emuru Roadnakatunya Slam Area	0772699680/ 0772658434	Soroti			112	Education, food and nutrition, shelter, clothing, child protection	Friends in churches overseas, support given through African renewal organisation, generate from the community and the church
66	Karamoja Women Umbrella Organisation	Senior Worker	352277861	Moroto				Education	HUGO,DANIDA AS MAIN DONOR, Subscription fees from the groups, small grants from Save the Children & UNFPA
67	Moroto's Widows Save Life	Kampswahili	773966794	Moroto			434	Education, child protection	UNFPA
68	St. Mark Church of Uganda	Kangole	0752305098/ 0774305198	Moroto			600	Education, food and nutrition, clothing	UNICEF, Fundraising from Christians
69	Foundation Of Rural Disabled Presons, Organisation of Moroto(Fordirom)	Kangole	782762417	Moroto				Education, shelter	Save The Children, IRC, SSD Moroto Diocesese, MADEFO Mathemiko Dev't Forum, Red Cross, UNFPA
70	Action for Poverty Reduction and Livestock Modernisation in Karamoja	Katanga (Arelimok)	772351681	Moroto				Education	IRC, UNICEF,DANIDA/ Access To Justice, WFP (food distribution monitoring
71	The Mifumi Project	Plot 1 And 7 Masaba Road,Tororo Municipality	392966282	TORORO	2,777	2,639	4,806	Education, health, child protection, legal support, care and support, capacity building	DFID Uganda, Trinity trust UK, Gov't of Uganda, individual UK donors, national lottery

72	Teens Challenge Ministries/ Malaba Street Care Project	P.O Box 32 Malaba	772440387	Tororo			88	Education, health, food and nutrition, shelter, clothing, child protection, legal support, psycho social	M/S Diane from UK sponsored children , WFP through IRC gave some relief food
73	Smile Africa Ministries	Bisom 1046 Tororo	772326261	Tororo			420	Education, health, food and nutrition, clothing, child protection, legal support, socio economic, psycho social	Hope for kids international-USA, III CORD foundation USA, individuals, district local govt
74	Salvation Army	P.O Box 48 Tororo	782223189	Tororo	10	45	55	Education, health, food and nutrition, shelter, clothing, child protection	
75	Children Development Cooperation	Agururu Parish,Western Div,Tororo Municipality	07724353, 0772970000	Tororo	272	148	420	Education, health, food and nutrition, shelter, clothing	AVSI, local contribution, USAID, American Embassy
76	Uganda Orphans Rural Development Programme	Plot6, Busia Road, South Bukedi Co-Op Building	454660926	Tororo			800	Education, health, food and nutrition, shelter, clothing, care and support, psycho social, mitigation of conflict impact, capacity building	BVLF, AJWS, Sponsorship, well wishers
77	True Vine Team Ministries	Uci Tororo P.O Box 972 Tororo	45447275	Tororo, Busia, Bugiri, Mbale, Manafwa, Pallisa			900	Education, health, food and nutrition, shelter	
78	Missionaries Of Charity	Moroto-Gori	0454470-14220	Moroto			60	Child protection	It's an international organisation which depends on divine providence and inspiration from Mother Teresa of Calcuta, India

79	Moroto Church of Uganda Diocese	Moroto Municipality	772306499	Moroto			60		Partners/friends of the Diocese, crosslink UK/GZB NETHERLANDS
80	Children and Wives of Disabled Soliders	2nd Link Roadto Mubende Fortportal High Way	256772688559/256464444420	Mubende, Kiboga			54650	Education, child protection, legal support, care & support, psycho socio, capacity building	Min of Defense, Watoto
81	Kabarole NGO Network	C/O638 Nacwola Kabarole	782388821						
82	NACWOLA	P.O Box 638f/P At Mugna Tooro Kingdom Premises Third Floor	772840881	Kabarole			648	Education, clothing, legal support, socio economic, care & support, psycho socio, mitigation of impact, capacity building	Head Office, NACWOLA kla
83	Africare Uganda Tso Western	P.O Box 890 Nyabukaro Road	483422388						
84	WEI/BANTWANA	Plot 70 Bukoto Street Po Box 12009kla/ Mucwa Complex	0414530621 / 0483660247	Kyenjojo, Kabarole,Kasese			371	Child protection, socio economic, psychosocial support	WEI
85	Catholic Relief Services (CRS)	Polt 51 , Mugurusi Rd Fort Portal	483422508	Kabarole				Child protection, capacity building	CRS,UNICEF
86	Health and Sustainabilty for All	Po Box 47 FIP	7724110349	Kabarole	150	200	350	Health, clothing, legal support, psycho socio, mitigation of impact, capacity building	CRS
87	Caritas Fortportal Diocese	Virika Hill, Behind The Cathederal S. Division	483427038	Kabarole,Kyenjojo			8,141	Global funds, UNICEF,CRS,VELMAR GERMANY, local donations	
88	Meeting Point Fort Portal	Malibo Road. Box 311f/P	483427816	Kasese			3,000	Education, health, food & nutrition, clothing, legal support, care & support	AVIS (Italians)
89	Joy for Children Uganda	Muchwa Office Complex 2nd Floor Po Box 160 F/P	071298230/ 0712714727	Kabarole,Kyenjojo				Education, food & nutrition, child protection	

90	Sunrise House Community Dev't Project	Kyebambe Rood. Po Box 631 F/P	782307812	Kabarole, Kamwenge, Kyenjojo, Kasese, Bundibujo			166	Education, food & nutrition, shelter, child protection, legal support, socio economic, psycho socio, mitigation of impact	Individual donors, Hope for Kids
91	Youth Encouragement Services(YES)	Plot 23 Kakiiza Road Booma Po Box 12 F/P	772780350	Kabarole, Kyenjojo	188	154	342	Education, health, food & nutrition, shelter, clothing, child protection, legal support, socio economic, care & support, psycho socio, capacity building	US embassy, individuals, churches
92	Benedictive Eye Hospital Cbr Dept	P.O Box 669,Tororo	772747282	Tororo			1057	Education, health, food & nutrition, shelter, socio economic	Donor
93	Pact Finder International	Plot 2 Kafu Road	414225939	Apac, Dokolo, Gulu,Kitgum, Oyam, Amolata, Lira				Strengthening capacity of others working in the area of vulnerable children	
94	Build Africa Uganda	P.O Box 7224 K'la Located Along Kansanga Road Gaba Road		Masindi, Buliisa, Kumi, Bukedea			100000	Education, health, food & nutrition, socio economic, care & support, psycho socio	From grants, donations /gifts from UK, Big rotation funders from UK
95	Reach Out Mbuya HIV/AIDS Initiative	P.Obox 7303 K'la	414222630	Luwero, Wakiso				Education, health care support, care and support, psychosocial support	Funding from Catholic Church, donations, friends and well wishers
96	AMREF	Plot 29, Nakasero Road	414250319	Luwero, Kiboga			203	Education, health care support, psychosocial support	AMREF
97	Catholic Relief Services Uganda	PLOT577 Block 15 Nsambya Road	2.56414E+11	Kampala, Gulu, Kitgum, Masaka, Lira, Mukono, Fortportal,Kasese			11715	Care and support, psychosocial support	PEPFAR

98	Oniageko Child Development Centre	P.O Box 6, Arua	476660206	Arua	114	107	221	Education, health, food and nutrition, shelter, clothing	Local fund (parents), Compassion International
99	Right To Plan	P.O Box 857, Arua	772187575	Arua, Maracha, Terego	1,538	4,568	7,612	Education, health, psychosocial support, mitigation of impact of conflict	Donors
100	Awindiri Child Development Centre	P.O Box 370	782167559	Arua	119	110	229	Education, health, food and nutrition, child protection, legal support	Compassion International
101	Arua Child Development Centre	P.O Box 432, Arua (U)	782062828	Arua	119	120	236	Education, health, food and nutrition, shelter, clothing	Sponsorship,C.I.V, .
102	Rural Initiative for Community Empowerement	P.O Box 481, Catholic Centre, Rm 23, Arua	392887543	Maracha, Terego	3	9	12	Education, health, socio economic security, care and support, psychosocial support	Local
103	Abiriambati Child Development Centre	P.O Box 937 Arua	772969307	Arua	115	113	228	Education, health, shelter, food and nutrition, clothing	Compassion international/local church
104	Orphanage Centre Arua	P.O Box 315 Arua	775181933	Arua, Nebbi, Moyo, Koboko, Yumbe			150	Education, health, food and nutrition, clothing, child protection, legal support, socio-economic security, care and support, psychosocial support	International Islamic relief organisation
105	National Community of Women Living with HIV/AIDS	P.O Box 909	372274748	Nonacwola-Arua	1,447	1,365	2,812	Psychosocial support	
106	Uganda Parents of Children with Learning Disability	P.O Box 164, Arua	773330094	Arua				Education	

107	Mustard Seed Priject	P.O Box 75 Kiyema Central Masindi	772376392	Masindi,Hoima			47	Education, health, clothing, socio-economic security, psychosocial support	Volunteers in UK
108	Taso Masindi	P.O Box 117, Masindi	465420630	Masindi			250	Education, health, food and nutrition, clothing, child protection, legal support, socio-economic security, mitigation, strengthening capacity of others	CCF
109	Action For Children-Masindi	P.O Box 522,Masindi	782659255	Masindi			958	Education, health, food and nutrition, clothing, child protection	HOLF International
110	Actionaid-Uganda, Masindi Project	P.O Box 103 Masindi	392770025	Masindi				legal support, socio-economic security	
111	Masindi Child Development Centre	P.O Box 87, Masindi, Opposite St. Mathew Cathedral	465660420	Masindi			200	Education, health, clothing, care and support, psychosocial support, food and nutrition, child protection	Compassion International
112	Yelekeni Child And Family Project	P.O Box 147,Bweyale Masindi	772560399	Masindi			200	Education, health, care and support, psychosocial support, food and nutrition, child protection	CCF-UG
113	Tecwaa Child And Family Project	P.O Box 71 Bweyale Masindi	782709898	Masindi	332	310	642	Education, health, care and support, clothing, food and nutrition, shelter	Child Fund International, Community Contribution
114	Family Spirit Children Care Centre	Masindi	774476953	Masindi, Gulu, Pader, Arua, Hoima, Jinja	73	29	102	Education, health, care and support, food and nutrition	Welwishers, Projects
115	Nusaf Orphanage	P.O Box 280 Arua	774352721	Arua			20	Education, socio-economic security	NUSAF

116	Masindi Social Service Centre	P.O Box 287, Butiaba Road Masindi	782788630	Masindi	620	588	1,208	Education, health, food and nutrition, child protection	Donors & grants
117	Window Trust Uganda Abs	P.O Box 1231,Gulu	471432477	Gulu, Kitgum, Amur, Pader, Kasese, Lira, Moroto			3,500	Education, health, clothing, care and support, psychosocial support, food and nutrition, child protection mitigation of impact of conflict	Royal Netherlands Embassy, UK & Offices
118	Watoto Child Care Ministries	Gulu Former North View Hotel-Watoto Church	372260091	Gulu,Kitgum,Amuru,Oyam,Apac Lira Amolatar, Pader, Dokolo	78	93	171	Education, health, clothing, food and nutrition, shelter	Donations and Sponsorship
119	Every Child Ministries(Ecm)	P.O Box 28080-Kampalagayaza	471435337	Gulu,Wakiso,Kampala	33	29	61	Education, health, clothing, food and nutrition	USA, International funders/sponsors in ECM
120	Save The Children in Uganda	P.O Box 593 Gulu	471432483	Gulu, Amur, Pader, Oyam, Lira, Apac, Kitgum, Dokoro			200,000	Education, health, food and nutrition, child protection. psychosocial support, mitigation of impact of conflict, socio-economic support, care and support	Norad, Dfid, Italy, Netherlands, Sida, Gou, Danida
121	Gusco		772700614	Gulu, Amur.	76	67	143	Education, health, child protection, shelter, child protection	UNICEF, Danida, European Union, Nurep
122	War Child Canada	P.O Box 275,Gulu	772310856	Gulu, Kitgum Pader, Lira				Child protection, legal support, strengthening capacity of others	
123	War Child Holland	P.O Box 1046,Gulu	471432950	Gulu, Amur, Kitgum, Lira, Pader				Education, mitigation of impact of conflict	Holland, UNICEF, European Union

124	House of Hope	P.O Box 1191 Gulu	774043270	Gulu	17	16	23	Education, health, food and nutrition, shelter, child protection. psychosocial support, mitigation of impact of conflict, socio-economic support, care and support	Individual donors from USA
125	St. Jude Children's Home	P.O Box 200 Gulu Pope Road	772895435	Gulu, Kitgum, Pader, Nebbi, Masindi, Apac, Abim, Amuru, Kumi	195	65	260	Education, food and nutrition, shelter, child protection. psychosocial support, mitigation of impact of conflict, socio-economic support, care and support	TDH/NA, friends of St. Jude, Mageta group in Italy
126	SOS Children Village Gulu	P.O Box 615 Gulu	772787804	Gulu, Lira, Kitgum, Pader Amur Masindi	190	221	411	Provision of clothing, child protection care and support	International SOS, national office in Entebbe individuals like Mahdvani & Mukwano donation boxes in supermarkets, banks & petrostations

3. Examples of Service Delivery Strategies in Core Program Areas (CPAs)

This section aims to show strategies on how services for particular CPAs can be delivered. The data is derived from the organizational assessment. The organizations given as examples were selected because of availability of good descriptions of how the services of a particular CPA are delivered, based on organizational responses to the in-depth assessment questions and the program documents provided. They were not chosen because they are the best or most promising practices. (For discussion of promising practices see section 4.2.5.) Out of these descriptions, detailed case studies were written (see Appendix 4). In the description below, some extracts from the case studies are shown in the boxes.

CPA I: Socio-economic support

The most common socio-economic strengthening provided by organizations to vulnerable children is income generating projects given to families. The next is apprenticeship and vocational training, which sometimes includes provision of start-up kits of tools. Some organizations train families in business skills and IGAs. One organization mentioned community empowerment.

Tigers Club provides income-generating activities (IGAs) to street kids. UWESO Masaka, Good Care, and Family Support established village savings and loans associations. Uganda Orphans and Rural Development provide IGAs to caregivers of vulnerable children. CAWADISA provides socio-economic support under NAADS[6], BRAC[7] and through IGAs. TASO reports socio- economic security, seed grants and IGAs as part of its vulnerable child services.

Box 3 below describes how UYDEL provides socio-economic support to vulnerable children through vocational training.

[6] NAADS is the Uganda National Agricultural Advisory Services which provides farmers with information, knowledge and technology for profitable agricultural production.
[7] BRAC is a microfinance program that provides loans for small scale business, agriculture and construction.

Box 3: Uganda Youth Development Link (UYDEL)

The Uganda Youth Development Link (UYDEL) has between 2008 to date received 706 participants, of which 462 are girls and 244 are boys. These participants have been trained in the following slots.

1. Electronic slots: 60 participants
2. Carpentry: 25 participants
3. Plumbing: 56 participants
4. Hair dressing: 296 participants
5. Motor bike mechanics: 70 participants
6. Tailoring: 108 participants
7. Welding: 46 participants

This training lasts for six months emphasizing practical skills because some of the participants are not able to read and write. The majority of the participants are trained at Masoli centre. After training, the participants go through internship for three months after which most start work. On top of the vocational skills, the centre offers other packages to the participants which include counseling sessions of one hour per day for ten sessions, business skills, sports and recreation, music and drama and horticulture at Masoli centre. It also provides accommodation for participants that they find cannot be rehabilitated within the communities they live. This accommodation is for 6 months during which the organization traces their relatives. The purpose of all this is to offer an integrated package that has rehabilitation and business skills. UYDEL has received funding from USAID through the CORE Initiative and the Civil Society Fund.

CPA II: Food and nutrition

Food and nutrition support is provided using a variety of approaches including direct feeding such as by Tigers Club, Kampiringisa, and Tooro Babies Home. There is also the indirect approach of supporting the family to produce their own food such as UWESO, Masaka who report having given out seeds and animals and established kitchen gardens (Box 4).

Box 4: Uganda Women's Effort to Save Orphans (UWESO)

UWESO Masaka has established school gardens and educated the community on food security through the use of improved farming techniques. School gardens have been used to provide lunch to vulnerable children who are at school to reduce absenteeism. Overall, 51 school gardens have been established as demonstration centers in 51 primary schools in the project area. It is reported that a total of 3,238 orphaned children and 13,544 non-orphaned children benefited from the school feeding component.

Training in nutrition and food security has also been implemented in a number of communities in partnership with the district agricultural authorities. Prior to the training, a training needs assessment was conducted to ensure that the training addresses the unique needs of each community. The training package included tips on modern farming techniques, vegetable growing including kitchen garden concept, and preparation and use of composite manure. All training topics were backed up by practical demonstration. A total of 507 community members (103 males and 404 females) benefited from the food security training.

At the household level, participants were able to set up their own kitchen gardens using sack moulds and composite manure. To enable households with vulnerable children to have sufficient seeds at the beginning of each planting season, a revolving seed fund was implemented. Starting with 600kg of beans which were initially distributed for planting to 60 households with vulnerable children, every recipient was expected to pay back an equivalent amount of seed to enable other members of the cluster to receive their share of seeds without breaking the cycle. UWESO receives funding from a variety of sources including UN HABITAT and USAID/PEPFAR.

CPA III: Care and support

According to the guidelines for interpreting national quality standards of care for OVC (MGLSD 2007), CPA-II (Care and Support) refers to programs aimed at meeting the basic physical, cognitive and psychosocial needs of vulnerable children and their care givers. A number of the basic needs necessary for care and support of vulnerable children are covered under specific CPAs as follows: Food Security and Nutrition (CPA-III), Education (CPA-V), Health (CPA-VII). However, other basic needs are not covered under specific CPAs and are thus the focus of CPA-II: Care and Support. These needs include shelter, clothing, bedding, water, sanitation and specialized care for children and caregivers with disabilities.

UWESO Masaka provides care and support in the form of building water tanks for families with vulnerable children. TASO provides care and support in the form of water vessels and mosquito nets. Clothing is provided to vulnerable children by organizations including Tigers Club, UWESO, Masaka, Kampiringisa and Tooro Babies. Tigers Club, Tooro Babies Home and Kampiringisa provide shelter through an institutional care approach while UWESO, Masaka builds houses for families in need through funding from UN-HABITAT. Box 5 describes how Tigers Club provides care and support to children living on the streets.

Box 5 Tigers Club/ RETRACK

The children are persuaded to move from the urban streets because they are in a state of danger. The organization through social work intervention helps the children to realize their potential, cultivate self-esteem and resettle them with their relatives or foster caregivers in the rural areas. At the centre the children are provided with education, health, food, shelter, protection, legal, and psychological support. The centre works with youth justice support to intervene on behalf of the children who may be in conflict with the law. They also have a transitional centre for rehabilitation purposes. In addition, the centre conducts monthly inter-NGO meetings and partnerships for information sharing and referral of children.

CPA IV: Mitigation of the impact of conflict

The guidelines for interpreting national quality standards of care for OVC (MOGLSD 2007) describe CPA-IV (Mitigation of Impact of Conflict) as efforts to ensure social services reach children affected by conflict. These social services are the focus of a number of the other specific CPAs such as Education, Health etc. But CPA-IV has a focus on the following areas:

- ensuring that conflict affected and displaced children are resettled into non-conflict areas or alternative care;
- family tracing and reintegration services;
- counseling for conflict affected children on the psychological trauma of violence;
- and community education on minimizing the impact of conflict on children.

The data from the organizational assessments shows that a number of different services are provided to mitigate the impact of conflict. These include community sensitization about conflict and peace building as well as counseling of children and affected families. Home visits and praying with affected homes was also mentioned. Other services mentioned included provision of food and resettlement packages as well as placement of some children into SOS homes. Box 6 illustrates how SOS Gulu, an organization based in the conflict affected zone of northern Uganda provides services to mitigate the impact of conflict on children.

Box 6: SOS Gulu

SOS Children's Village in Gulu town was started in 2002 and serves the district of Gulu. It was initiated in response to children being abused, neglected and stricken by poverty and the war that ravaged northern Uganda in the 1990s. Services provided include institutional care, educational support, provision of shelter, legal support, health care, social economic security care and psychosocial support. In 2008, 40 children consistently attended the day care centre; child rights activities were conducted in two schools; and 152 children had their school fees paid for.

SOS children village Gulu provides a permanent home, security, medical care and education to children or families living in difficult circumstances. Each child is cared for by a full-time SOS mother and lives with other children in a natural family setting. The home permanently houses 150 children in a fully fledged children village. An additional 600 children from the most vulnerable families in Gulu municipality continue to receive care in their own families through the SOS Family Strengthening Program.

Sources of funding include individual donors through Stanbic bank, Shoprite supermarket drop-in box and SOS Kinderdorf International. According to records there is no indication that USAID, CDC and PEPFAR have provided SOS with funds for care and support of vulnerable children.

CPA V: Education

Education is the most common form of support provided and is done so in a variety of ways. Some organizations target entire communities such as Uganda Orphans Rural Development Program based in Tororo which serves 44 communities in Tororo, Busia, Butalejja, Manafwa and Mbale districts with early child development support. Others have a narrower focus such as organizations providing institutional care such as Tigers Club, Tooro Babies Home (Fort Portal) and Kampiringisa National Rehabilitation Centre where education is part of the basic services provided to the children. The merits and de-merits of organizational approaches such

as targeting whole communities or focusing on institutional care are discussed in section 4.2.5 under promising practices in organizational approaches.

While some organizations like Good Care and Family Support (GCFS) based in Mbarara and TASO support children through to the end of secondary school, others such as UWESO in Masaka and Tigers Club in Kampala support vulnerable children all the way through University.

The most common type of educational support provided is the payment of school fees for primary and secondary school. This is followed by the provision of scholastic materials including pens, books and mathematical sets. The next most common form of educational support is in the area of vocational training and apprenticeship in skills such as tailoring, knitting, carpentry, plumbing, mechanics and crafts. Examples of organizations providing vocational training and apprenticeship include UWESO in Masaka, UYDEL, Rubaga Youth Development, TASO, Tigers Club and CAWADISA.

Organizations also reported providing some form of sensitization to communities about the importance of taking children to school as well as mobilizing and supporting the children psychologically to go back to school. With regard to disabled children, the educational support included wheel chairs, hearing aids, Braille reading and writing as well as the use of sign language. Some organizations have established and operate their own schools such as CAWADISA in Mubende. Other educational support included placing some vulnerable children in boarding schools; the supporting of schools to grow their own food; provision of life skills and psychosocial training.

Box 7 includes an extract from the TASO case study which illustrates how TASO provides education support to children of people living with HIV/AIDS who are TASO clients.

Box 7: TASO

In 2007 TASO supported 2,150 children with formal education. This includes school fees and scholastic materials for secondary and primary schools children and sometimes higher institutions of learning. On average a total of 150 children per center per term have benefited over the years. TASO has eleven centers in the country. TASO supports children to complete school either directly through the education program or empowering households to ensure sustainable livelihood towards school completion. TASO does not run its own educational institutions but supports the children to access established institutions that follow a curriculum established by the government of Uganda.

TASO is an organization that specializes in providing HIV/AIDS care and support as well as preventive interventions. The choice of vulnerable children depends on whether they are linked or related to a registered TASO HIV-positive client or if the children are themselves HIV-positive. To each vulnerable child TASO provides the following support: education support; health care; food and nutrition; child protection; referral to other organizations for legal support; psychosocial support through counseling; care and support in the form of provision of water, vessels and mosquito nets; and social economic security through

apprenticeship, seed grants and other IGAs. TASO receives funding from USAID, CSF, CDC, TRICKLE UP and partnerships like BB[8].

CPA VI: Psychosocial support

Psychosocial support is provided by half of the organizations reviewed and mostly takes the form of counseling through teachers (Uganda Orphans and Rural Development Program) or dedicated counselors seeing individuals and families (UWESO Masaka, GCFS and Family Support). TASO provides psychosocial support to vulnerable children through individual counseling as well as through peer support groups and child care centers.

In a recent study (2008) conducted by the CORE Initiative on psychosocial support services for vulnerable children it was reported that these services are being provided using the following approaches: Recreational activities; Counseling; Rehabilitation; Youth Mentoring; Life skills training and; Psychosocial assistance related to illness and death, especially due to AIDS (will writing, succession planning, prevention of stigma and discrimination).

The current situation analysis showed that apart from counseling there is the formation of youth clubs. In these youth clubs there are group interactions, exchange of information and skills building and peer support. There is also child care centers attached to adult care facilities in organizations such as TASO where children infected or affected by HIV/AIDS play and interact with peers. TASO also conducts workshops to equip children with skills for successful transition into adulthood and for HIV prevention.

CPA VII: Health

The approach to health care provision differs widely. For example, Kampiringisa and Tooro Babies Home provide health care as part of the package of institutional care. Uganda Orphans and Rural Development Program in Tororo states that the children access medicines through the Early Childhood Development (ECD) program. Good Care and Family Support (GCFS) in Mbarara provides health care using the hospital on whose premises it is located.

The most common form of health care provided for vulnerable children is when the organizations operate their own clinics where they provide a number of services including HIV testing and counseling, childhood immunization, family planning services, curative services and nutritional supplementation. The next most common service is to provide treatment at the organization in a form of first aid for simple ailments with referrals to health facilities for further treatment. Some organizations mentioned taking sick children to hospitals while others mentioned provision of sanitary towels, home-based care, outreach clinics, and corrective surgery for physically disabled children.

[8] BB refers to Breaking Barriers which is program implemented by Plan International in central and eastern Uganda. The program employs community based and institution based approaches to provide education, psychosocial support and community based care to OVC and their families. The program is implemented as a partnership among several organizations.

The needs of children with HIV are reasonably addressed. These children have been given free education, treatment/ medical care, food and counseling. The community has reacted to the children by counseling them, giving them parental support and care and taking them for care at HIV care facilities such as TASO, JCRC, Mildmay, PIDC and MJAP.

CPA VIII: Child protection

For child protection, organizations should encompass the need to protect those children that are at risk, i.e. those who are physically, emotionally, psychologically abused, children who are at risk either in terms of health, education, shelter and even care and support. This however goes hand in hand with the advocacy of these rights especially to policy makers and raising awareness in the community about these rights of vulnerable children.
Tigers Club and Kampiringisa provide child protection as part of their institutional care. Caritas are providing child protection in Fort Portal and are hoping to extend it to other districts. Tigers Club provides protection in a comprehensive manner as each child benefits from more than one CPA including education, medication and shelter and skills training of their choice. This aims at preparing the child to resettle back home in a gainful and meaningful way. Tigers Club also works with youth justice support to intervene on behalf of the children who may be in conflict with the law and have a transitional centre for rehabilitation purposes. Box 8 shows how Caritas Fortportal contributes to child protection through education of the community about child rights and avoidance of child abuse.

Box 8: Caritas Fortportal

Caritas Fortportal develops jingles and radio programs on Child Rights and protection services. In 2008, the group played 350 jingles and held 4 discussions and 23 pupil meetings. In addition, they carried out13 parents meetings and bought material to support children at 4 schools. A total of 23 meetings with Parent Teachers Associations (PTA) civic and religious leaders were also carried out. Five performances of music, dance and drama were also held to sensitize the public about Child Rights and protection services. Child protection services are provided alongside educational support, shelter provision, clothing provision, psychosocial support, and food and nutrition support. Caritas Fortportal receives funding from PEPFAR for vulnerable child care.

The police have a crucial role to play in child protection, however they are often limited by scarce resources (Box 9).

Box 9: The Police Family and Child Protection Unit, Kampala

The family and child protection unit at the old Kampala police station was established in 1996 to respond to the number of children that were being brought to the police station who were minors and without any offence. Most of them were reported as missing or abandoned children.

The family and child protection unit does not receive any donor funding. It therefore does not have facilities to cater for these children, and has no food, shelter, clothing, and sanitary requirements for these children. For feeding the children they rely on hand outs from

relatives of suspects that are being held at the police station and sometimes they share the little that the police eat.

The condition of the children is very pathetic. They live around the police station and at night sleep at the police counter or in the vehicles that are packed at the station, without any bedding. The police woman in charge of the unit gets her own money and buys them a little piece of bar soap so that they can bathe. The worst scenario is that of the girls. Some of them have reached puberty but there is no facility for sanitary towels and some of them do not even have knickers. These girls are at great risk because at night anything can happen to them. While at the police station, the unit tries as much as possible to extract information from the children as a way of trying to trace their relatives. In cases where relatives could be traced, the unit lacks transport. The only motor cycle it had broke down and even when it was working it lacked fuel.

Institutional care

A number of organizations provide institutional care for vulnerable children. These include Kampiringisa, Tooro Babies Home, SOS Gulu, Rubaga Youth Development, UYDEL and TigersClub. The minimum age of the children in these institutions is 1 day (Tooro Babies) while the maximum is 25 years (SOS) and the length of their stay ranges between six months (UYDEL) and 23 years (SOS). The institutions have varying capacities ranging from 120 (SOS) to 2000 (UYDEL). It is the community leaders and other organizations that usually identify the children to be admitted to the orphanages. The organizations themselves also identify orphaned and destitute children. Few organizations like SOS and UYDEL admit children whose parents died of AIDS. Currently, three out of the seven organizations that responded to this question are housing children in orphanages. They are SOS, Tooro Babies and UYDEL. On leaving the orphanage, the children are re-integrated back into the community, either to their families or caregivers.

This data shows that although community care is the predominant model of care for vulnerable children, there still remain several institutions providing residential care to children under certain circumstances. For example in the case of abandoned babies, Babies Homes are important in ensuring immediate care and shelter until such a time as a foster parent is available for the child. In addition, data from the police respondents shows the need for institutional care for children who have been abused in their households and either run to the police or to an NGO. These children need a form of house where they can be accommodated until they are either reconciled with their family or alternative accommodation is found for them. Hence, although institutional care is not the preferred option there are situations where vulnerable children need institutional care, at least in the short run, while longer-term arrangements are being made to settle them in the community.

CPA IX: Legal support

The most common form of legal support is the provision of lawyers to support vulnerable children either through legal aid projects such as the Federation of Women Lawyers (FIDA) (Box 10) or the use of volunteer lawyers or lawyers employed by the organizations. Other

approaches included networking or referral to police and LCs, the use of courts through probation officers or LCs and providing a preventive approach though advocating for child rights and against child abuse. APPCAN in Arua district supports orphaned children when their relatives attempt to take their inherited property and provides legal support when necessary.

Box 10: FIDA Uganda

FIDA Uganda provides legal support by representing vulnerable children and mediating in disputes which involves defending the rights of children and women and addressing child abuses. FIDA Uganda also carries out legal education through programs for paralegals, religious organizations, and law enforcement agencies. These are done to assist them in understanding the law and how to resolve issues. This is done through producing simplified materials which break down aspects of the law on women's rights and child rights. Government law enforcement agencies were sensitized on civil law as they are mostly familiar with criminal law. They reported that sharing of information, joint training of the public and law enforcers resulted in better coordination and communication between the work of police officers and FIDA.

Simplified materials on making a will, procedures for separation and divorce, children and family courts were produced in English and vernacular. Legal education within communities took place through drama and training of community volunteers to create awareness between communities and leaders to ensure rights are promoted. The community dialogue with members of parliament opened doors for continued interaction for feedback on legislation and presentation of community issues to parliament.

Paralegals were trained to resolve conflicts within communities to save the poor on transport and legal fees. This reduced backlog at the local council courts. The targeted communities have noted less domestic violence and grabbing of property that belongs to widows and orphaned children.

FIDA Uganda provides direct legal representation and counseling. 1538 civil cases and 119 criminal cases were handled involving maintenance of children, registration of marriages, birth, divorce, and administration of estates including the rights of children.

The main sources of funding for FIDA Uganda activities include Ford Foundation, AWDF, Plan International, TDH, AUF-A, NOVIB and UNIFEM.

CPA X: Strengthening capacity

Many of the major NGOs are providing capacity building to smaller organizations such as CBOs to enable them to effectively deliver high quality services for vulnerable children. Box 11 illustrates how TASO provides capacity building in the area of care for vulnerable children.

Box 11: TASO

TASO has a training centre which offers consultancy services to other institutions who express interest in their services such as training HIV counsellors and training of master trainers. Institutions that have received consultancy services include NUDIP/ACOW; UNICEF (volunteer counselors in the IDP camps in northern Uganda); LWF (Home based HIV/AIDS care and support) and EPOPA (AIDS care and orientation workshops). In 2007 a total of 239 (91 female 148 males) benefited from the consultancy services rendered to these institutions.

4. Case Studies of Organizations

Uganda women's effort to save orphans (UWESO)

UWESO (Masaka Branch): Is located in Masaka Town on plot No. 38. P.O.BOX 1313. Masaka Town on Herbert Street. It was started in 1996 in Uganda and Masaka branch covers Masaka, Ssembabule and Rakai districts. UWESO-Masaka branch got into business because of the need to rescue the needy children left parentless by the civil turbulence of the early and mid 1980's.

The services provided by UWESO, Masaka branch include: HIV/AIDS prevention and care, malaria control and prevention, education support for OVC, early childhood development, family economic empowerment, networking, lobbying, advocacy and artisan training/apprentice ship.

UWESO Masaka branch uses group leaders and local authorities like the LCs and staff members to identify beneficiaries. UWESO Masaka and UWESO in general are funded by IFAO, UN HABITAT and income generated by economic activities of UWESO. It gets no funding from USAID, CDC or PEPFAR for OVC support.

The Food and Nutrition program is particularly impressive working in three main areas; school gardens, community kitchen gardens and a livestock donation project. UWESO Masaka established school gardens and sensitized the community on food security through the use of improved farming techniques. School gardens provided lunch to vulnerable children who are at school to reduce absenteeism. Nursery beds were prepared in Butende. School gardens were established as demonstration centers in 51 primary schools in the project area with donations of maize and bean seeds, tools and fertilizers. A total of 3,238 orphans and 13,544 non-orphans benefited from the school feeding project.

The community project included training in nutrition and food security and was conducted in the 35 clusters of the project in partnership with the district agricultural and training centers and a private sector foundation. Training needs assessments were conducted to ensure that the trainings addressed the unique needs of each cluster. The training package included tips on modern farming techniques, seed preparation, planting, stages of growth of the crop and their relations with climatic conditions, pest control, harvesting methods, vegetable growing including kitchen garden concept, preparation and use of composite manure, food processing, preservation and the use of energy saving stoves.

A total of 507 cluster members benefited from the food security training. The participants also acquired skills to improve the nutritional status of families with vulnerable children. At household level, participants were able to set up their own kitchen gardens using sack moulds and composite manure. A revolving seed fund was initiated to enable households with vulnerable children to have sufficient seeds at the beginning of each planting season. For sustainability purposes, every recipient was expected to pay back an equivalent amount of seed to enable other members of the cluster to receive their share of seeds without breaking the cycle. By the end of the project, the seed revolving fund was largely managed by caregivers of vulnerable children together with other members. While many households were yet to benefit from the seed revolving fund, it proved to be a potentially sustainable food security initiative which requires monitoring to ensure beneficiaries do not default and break the cycle.

Goat Distribution and Payback. UWESO distributed female goats to beneficiary households, who in turn redistribute the offspring to other beneficiaries. Training on animal management and disease detection was provided so that beneficiaries are aware when they need to consult a veterinarian.

Table A1. Other services provided by UWESO

Core Program Area	Services
Socio-Economic Security	*Village savings and loan associations (VSLA) and training on business management skills.* A community-based trainer organized 10-25 parents/guardians into a VSLA to generate savings, provide loans to group members, and support group members through a self-financed provident (emergency) fund. The VSLA services started in May 2008. UWESO also provided training on enterprise selection, planning and management, and marketing of agricultural products at the cluster-level.
Education	*Monitoring Universal Primary Education (UPE).* Developed monitoring mechanisms, and organized and trained community support groups to monitor the implementation of the UPE program. This was a school level intervention to improve enrollment, retention and completion for students in the UPE program. *Primary Education Sponsorship.* Provided direct support to children for school fees, uniform, and materials. *Secondary Education and Vocational Training.* Sponsorship for students in formal secondary education programs, and vocational training at the Migyera UWESO Training Institute (MUTI). *Masulita Children's Village.* Abandoned children without alternative family care received comprehensive support at the Masulita children's village. Children stayed in homes, and are provided with clothing, food, medical care, psychosocial support, and artisan training. *Artisan Training.* Master artisans in the community trained out-of-school children for 12 to 18 months in trades such as tailoring, carpentry, hairdressing, motor mechanics, brick masonry, weaving, and knitting.
Health	*Water and Sanitation.* Helped construction of rain water harvest tanks, which provide access to clean water. *Pit Latrine Construction.* Provided demonstration on construction of pit latrines and training on basic hygiene practices. For the construction of water tanks and pit latrines, UWESO provided the knowledge, materials and equipment, while the communities provided labor for the construction work. *Psychosocial Training and Support.* Provided psychosocial training and support to caregivers and children through building awareness about HIV/AIDS, training on adolescent reproductive health, and promotion of school based clubs. *Growth Monitoring.* Supported growth monitoring and monthly screening for malnutrition among children under 5.
Strengthening Capacity and Resource Mobilization	*Advocacy.* Celebrated commemorative days for women and children, hosted radio talk shows on preventing violence against children.

The monitoring for the food and nutrition support is based on the MGLSD quality standards. UWESO field staff (volunteers) visit the districts where gardens are located and make sure seeds are given to the right beneficiaries. The UWESO branch staffs are helped by BEC members and the sub-county implementation feeds and caregivers of the vulnerable children.

The major challenges faced are: to establish more gardens, climatic changes such as extended drought, local leaders want to be the beneficiaries, and UWESO Masaka branch and UWESO as a whole is being politicized by the community because of having the first lady of Uganda being the patron.

Table A2. Distribution of Costs of Vulnerable Children Services at UWESO in 2008 by Core Program Areas (Percent)

Core Program Area	Personnel	Materials & Services	Equipments & Furniture	Building & Land	Transport	Utilities	Other
Socio-Economic Security							
Financial Services through VSLA	52	0	9	8	13	2	16
Food Security and Nutrition							
Farmer Field Schools and Seed Distribution	39	33	3	6	9	1	9
Kitchen Garden, Food Processing and Preservation, and Use of Energy Saving Stoves	50	17	2	8	9	4	10
Goat Distribution and Payback	22	59	2	6	7	1	4
Education							
Monitoring Universal Primary Education	69	0	2	6	7	2	14
Primary Education Sponsorship	69	0	2	6	7	2	14
Secondary Education & Vocational Training	27	57	2	6	3	1	5
Masulita Children's Village	35	28	14	7	7	4	5
Artisan Training	45	35	2	6	6	1	6
Health							
Water & Sanitation	36	34	2	7	16	1	4
Pit Latrine Construction	22	62	2	6	3	1	4
Psychosocial Training & Support	22	62	2	6	4	1	4
Growth Monitoring for Children Under 5	57	9	2	6	3	1	22
Strengthening Capacity & Resource Mobilization							
Advocacy	22	63	2	6	3	1	4
Column Percent in Total Cost	46	24	4	7	8	2	10

The AIDS Support Organization (TASO)

The national office of TASO is located in Wakiso District at old Mulago hospital complex. It was founded in 1987 by Dr. Noerine Kaleeba and fifteen other colleagues who were affected by HIV. At the time, TASO was a mutual support group for providing emotional support and encouragement to the members and other people infected and affected by HIV infection. Eventually the founders began to voluntarily and personally reach out to visit the AIDS patients, transport them to hospital, and provide material support and counseling. TASO now seeks to provide counseling, treatment of opportunistic infections and social support for infected persons and their families.

As a result of parents passing away due to AIDS, TASO inevitably had to find support for the children who had been left behind. These are referred to as affected members of the family. TASO only provides services to those households registered at one of its 11 Centers around the country from where it provides a continuum of care starting with health and including the following:

- Education support, vocational and life skills training
- Food and nutrition
- Child protection
- Referral to other organizations for legal support
- Care and support through counseling and treatment
- Provision of water vessels and mosquito nets
- Social economic support to households through apprenticeship, seed grants and IGAs.

Healthcare is provided at TASO's Centers and outreach clinics and includes HIV testing and counseling, laboratory tests, pharmacy and therapeutic feeding. By the end of 2006 over 20, 000 clients had been screened by TASO for ART eligibility, over 9,000 enrolled on ART and an additional 8,000 clients referred for ART from partner organizations. As of May 2009, there were 6,639 HIV positive children aged 0 to 18 years under care and treatment. The supported children receive on-going counseling and do not outgrow counseling support as they grow up since they transit to adult care services provided by TASO.

In 2007, TASO supported 2,150 children with formal education. This includes school fees and scholastic materials for secondary and primary school children and sometimes higher institutions of learning. On average a total of 150 children per center per term have benefited over the years. TASO also empowers households to ensure sustainable livelihoods to enable them to support school completion for their children. Once children leave school they receive vocational training, business management training and start up funds.

TASO provides "strengthening capacity" services through its training centre and consultancy services to other institutions which express interest in the services. Institutions that have received consultancy services include NUDIP/ACOW (training of master trainers); UNICEF (volunteer counselors in the IDP camps in northern Uganda); LWF (Home-based HIV/AIDS care and support) and EPOPA (AIDS care and orientation workshops). In 2007 a total of 239 (91 female 148 males) benefited from the consultancy services rendered to these institutions.

Table A3. Other Services provided by TASO

Core Program Area	Services
Food Security and Nutrition	*Nutritional support.* Distributed food aid supplied by other international agencies, and provided training and education on nutrition. *Sustainable livelihood (agricultural production).* Established linkages with partner organizations that provided training on crop farming, animal husbandry and establishing vegetable gardens to families registered with TASO.
Mitigation of the Impact of Conflict	*Vocational training in Northern Uganda.* Implemented vocational training and apprenticeship services for vulnerable children under a project funded by the UNICEF in the conflict affected areas in northern Uganda. Unlike other services delivered by TASO, services under this project were not centered around a TASO-clinic.
Psychosocial Support	*Youth Clubs.* Supported establishment of clubs in schools and communities by adolescents, where they learn social and leadership skills through training and group interactions, receive peer support, and obtain information and materials on HIV/AIDS prevention. *Child Care Center*. Each TASO-clinic operated a child care center where children infected and affected by HIV/AIDS play and interact with peers. TASO staff also educated children about personal hygiene and adherence to medication. *HIV/AIDS counseling.* Counselors provided psychological support to children through individual and group sessions. They also provided information on nutrition, adherence to medication, HIV/AIDS prevention, sexually transmitted infection, family planning, and prevention of mother to child transmission.
Strengthening Capacity and Resource Mobilization	*Advocacy*. Contributed to national policy agenda on HIV/AIDS prevention and care; increased awareness through drama festivals and World AIDS day commemoration. Also focused on capacity building among guardians/caregivers to respond to needs of vulnerable children, as well as building community capacity for HIV/AIDS prevention, care, and response to the challenges of the epidemic.

TASO's strength lies in their approach to service delivery which is community-based, household provision of comprehensive services. The biggest weakness is that it depends on donations to provide services. This has its constraint of mobilizing adequate resources for child support. This is also getting affected by the global financial crisis which may lead to donors changing their focus.

TASO receives funding from USAID, CSF, CDC, TRICKLE UP and partnerships like BB for their services targeting vulnerable children.

Table A4. Distribution of Costs of Vulnerable Children Services at TASO in 2008 by Core Program Areas (Percent)

Core Program Area	Personnel	Materials & Services	Equipments & Furniture	Building & Land	Transport	Utilities & Other
Socio-Economic Security	47	46	0	0	6	1
Vocational Training and Apprenticeship	43	36	10	5	6	1
Food Security and Nutrition						
Sustainable Livelihood	40	40	10	5	5	1
Nutritional Support	40	40	10	5	5	1
Mitigation of Impact of Conflict						
Vocational Training in Northern Uganda	17	66	9	5	0	2
Education						
Basic Education	40	40	10	5	5	1
Life Skills Training	40	40	10	5	5	1
Psychosocial Support						
The AIDS Challenge Youth Club	40	40	10	5	5	1
Child Care Center	30	42	9	5	0	14
HIV-AIDS counseling	72	3	9	5	10	0
Health						
Medical Care	54	24	9	5	7	0
ART	40	38	10	5	6	2
Strengthening Capacity & Resource Mobilization						
Advocacy	86	0	9	5	0	0
Column Percent in Total Cost	49	31	10	5	5	1

World Vision-Uganda

Table A5. World Vision Uganda

Core Program Area	Services
Socio-Economic Security	*Economic development (microfinance services).* WVU provided microfinance services (loans and savings) and training to families for micro enterprise development.
Food Security and Nutrition	*Agricultural services.* The organization provided seeds, livestock, farm equipments, farmer training, and extension services. *Emergency food support.* WVU distributed 5,180 metric tons of food items provided by World Food Programme to internally displaced and flood affected persons in northern Uganda. *Nutrition support.* The NGOdelivered seeds for kitchen gardening, trained mothers on child nutrition, and provided micro nutrient supplements to malnourished children.
Care and Support	*Support for individuals with disabilities.* WVU provided support to improve the quality of life for persons with disabilities. Its services included health care, assistive devices, special needs education support for children, vocational skills training, self determination training (train individuals with disabilities so that they can advocate for themselves and have more control and decision making power), and advocacy. *Relief in mine affected areas.* The organization provided mine risk education and aid to landmine victims in northern Uganda.
Mitigation of Impact of Conflict	*Psychosocial support and support to children of war.* WVU provided psychotherapy to children and adults with depression; trained community volunteers with skills in psychotherapy for groups; and developed a curriculum for training pediatric HIV/AIDS counselors. It also supported improvement in livelihood opportunities and promotion of reintegration for formerly abducted children and youth. *Peace building and conflict management.* WVU advocated for peace at the grass roots level, and promoted children's participation through peace clubs at school. The NGO also trained staff, adults involved with peace clubs, teachers and community leaders on conflict management and peace building;, and organized dialogues and rallies to promote peace building.
Education	*Education support and sponsorship management.* The organization provided school fees, uniforms, and school supplies for children attending primary and secondary schools through the sponsorship program. It also worked with communities to construct classrooms, laboratories, offices, latrines, and housing facilities for teachers. The NGO facilitated communications with sponsors regarding the selection and wellbeing of beneficiary children and families. *Relief in education.* WVU Constructed classrooms and latrines and implemented an in-school feeding program.
Health	*HIV/AIDS prevention and health services.* WVU created coalitions with community groups and health care providers to provide care for OVC and families affected by HIV/AIDS. The NGO trained faith leaders to respond to the HIV/AIDS pandemic. WVU partnered with faith-based organizations to provide life-skills training to

Core Program Area	Services
	children to prevent HIV/AIDS. The organization provided care, support, and treatment services to individuals living with HIV/AIDS. The NGO also extended immunization service, and support for reducing malaria prevalence among pregnant mothers and children under five. *Water and sanitation services.* WVU protected water sources and built shallow wells and pit latrines. The NGO also trained teachers, students, and community members in basic hygiene and sanitation.
Child Protection	*Advocacy.* WVU expended resources for capacity building of staff and communities so that to advocate for child rights to nutrition, education, health, and other basic needs. *Protection*. The NGO supported policies and initiatives to prevent children from dropping out of school to work.
Strengthening Capacity and Resource Mobilization	*Assessment and program design.* WVU conducted assessment of community resources and challenges to socio-economic progress as a first step to selecting communities for WVU services. After completing an assessment, WVU staff planned and designed programs to address community needs. The NGO also collected information to monitor the implementation of ongoing programs and to evaluate program output and outcomes. *Collaboration with local civil society organizations (CSOs).* The organization collaborated with local CSOs to implement WVU services. *Leadership development.t* WVU rained WVU staff and representatives of other community-based organizations in leadership, governance, and financial management.

Table A6. Distribution of Costs of OVC Services at World Vision Uganda in 2008 by Core Program Areas (Percent)

Core Program Area	Personnel	Materials & Services	Equipment & Furniture	Building & Land	Transport-ation	Utilities	Other
Socio-Economic Security							
Economic development (microfinance services)	30	18	1	1	3	0	47
Food Security and Nutrition							
Agricultural services	37	51	1	1	4	0	6
Emergency food support	37	46	5	1	5	0	6
Nutrition support	15	72	2	1	4	0	7
Care and Support							
Support for individuals with disabilities	31	59	1	1	3	0	5
Relief in mine affected areas	72	10	1	1	9	1	5
Mitigation of Impact of Conflict							
Psychosocial support & support to children of war	30	60	1	1	3	0	4
Peace building and conflict management	32	52	2	1	5	0	7
Education							
Education support and sponsorship management	46	33	3	2	6	1	10
Relief in education	55	25	4	3	7	1	6
Health							
HIV/AIDS prevention and health services	48	35	2	1	6	1	8
Water and sanitation services	37	50	2	1	4	0	6
Child Protection							
Advocacy	56	26	1	1	9	1	6
Protection	30	56	1	1	4	0	8
Strengthening Capacity & Resource Mobilization							
Assessment and program design	49	21	10	4	5	0	11
Collaboration with local CSOs	38	33	11	1	8	0	8
Leadership development	43	43	1	1	4	0	7
Column Percent in Total Cost	47	34	3	2	6	1	9

Note: Because of rounding, the percentages may not add up to 100.

Children and Wives of Disabled Soldiers (CAWADISA)

CAWADISA is located in Mubende, second link road to Mubende Fort Portal high way Mubende town council. It was started on 14 May 1999, and it covers Mubende and Kiboga districts. CAWADISA was a collective response to the unique challenges faced by families of disabled soldiers.

The services provided by CAWADISA include vocational services where 20 vulnerable children were trained in tailoring and garment cutting and 20 more in tree propagation and more in doughnut making and poultry keeping using local birds. 4,525 vulnerable children received educational support, 323 received health care, 12,000 received child protection services, 1,800 received social economic security, 12,000 received care and support, 12,000 received psychosocial support and 1,200 received mitigation of impact of conflict. Other services include the provision of clothing and food and nutrition.

CAWADISA's source of funding includes NAADS, ISP, BRAC, JCRC, ROTARY CLUBS and income from their own economic activities. There is also indication of CAWADISA receiving funds from USAID, PEPFAR, and CDC for the care and support of vulnerable children.

CAWADISA offers vocational training as part of a rehabilitation process leading to the resettlement of her members into a wider community and eventual integration. Apparently there are no referrals for children CAWADISA cannot support itself. CAWADISA staff monitor the children who are undergoing vocational trainings to ensure the correct children are receiving support. They also rely on updates from field officers.

The main challenge faced by CAWADISA is the overwhelming numbers of vulnerable children and limited funds to facilitate vocational trainings.

Caritas Fortportal

Caritas Fortportal is located near Virika Cathedral on Kasese road in Fort portal town. CARITAS covers the district of Kabarole, and it came into business of supporting vulnerable children after realizing the living standards of children need to be improved.

Caritas Fortportal provides child protection, educational support, shelter, clothes, food, psychosocial support and nutritional support. The organization provided 12,000 children with child protection services through raising awareness of children's rights..

Caritas Fortportal provides jingles and radio programs on child rights and protection. Parents' meetings have been conducted and materials to support children were bought and are awaiting supply to 4 schools. 23 meetings with PTA, civic and religious leaders, were carried out. 5 performances were made for sensitization through music, dance and drama. Child protection services target every child in 23 primary schools in the district.

Caritas Fortportal identifies its beneficiaries through local leaders, elders in the community and the staff and conducts verification itself. The local leaders and CDOs do the monitoring of the CARITAS activities and the facilitators of CARITAS make sure that the child protection services have reached the target audience.

The major challenges that had a greater effect on the child protection service were fuel crisis in Rwenzori region. Fuel shortage led to an increase in prices of both fuel and other commodities and it created some imbalances in the cost price of items. Secondly, Fort Portal being a multi-lingual society has several languages used. In some schools the communities use various languages making information flow from facilitators to the participants slow.

Currently, food and nutrition support, provision of shelter and provision of clothing has stopped due to lack of funding.

The sources of funding for Caritas Fortportal include UNICEF, VELMAR, and GLOBAL FUND. There is no indication of Caritas Fortportal receiving funds from USAID, CDC OR PEPFAR for OVC care and support.

Rubaga Youth Development Association (RYDA)

RYDA was established in 1992 as a Community Based Organization but transformed into an NGO in 1996 to fulfill material support. Among the reasons for its establishment was to make an intervention to the growing problem of street children, orphans and out of school youths. It offered vocational training, continued formal education, counseling and rehabilitative services. It also provided an environment to enable children to live to their full potential where their rights and responsibilities were fulfilled.

The association was initially located in Rubaga Division but later transferred to Kiwuma in Buloba Parish, Wakiso District where it constructed a permanent home. RYDAs geographical coverage includes Wakiso, Mukono and Kayanja but also has street children's activities carried out in Kampala District. Its centre in Namayumba Sub County in Wakiso District is rural while Rubaga in Kampala, Nasuti in Mukono and Buoloto in Kayanja are peri-urban. These areas are reached through family training and resettlement, child advocacy and community outreach, vocational skills training, documentation and research, community empowerment through capacity building, formal and non-formal education, and community health.

RYDA reaches other districts through networking with other stakeholders, partners and former beneficiaries of its services. The association previously supported children in education, health, food and nutrition, shelter and clothing when it received donor support but now concentrates on education by providing vocational training. Its centre at Buloba has facilities for both training and accommodation.

Currently there are 25 structures from Wakiso district (14 females, 11 male) and 9 from Mukono (3 females, 6 males). These students are admitted after primary 7, senior 4 and

senior 6. The courses conducted follow the ministry of Education curriculum and it's Directorate of industry training.

In the past, children at RYDA were recommended by councilors, Community Development Officers, Probation welfare officers but presently it receives them through networking with other organization that are involved with vulnerable children. These include; Vision for Africa, Meeting Point International, Dwelling Places and Good Help Uganda. These NGOs do not have vocational training facilities so they recommend their children to RYDA for rehabilitation and training.

The courses conducted are both Integrated and Comprehensive because its children are taught vocational and life skills and entrepreneurship. In addition the children stay at the centre for a reasonable period of time to acquire the skills, in a comprehensive way. The shortest period children stay at the centre is for 6 months and these follow a modular program. The courses taught at the centre include; Motor vehicle mechanics, Electrical installations, Brick laying, Carpentry, Tailoring and Catering.

The biggest challenge in helping the vulnerable children is the lack of adequate support. There is need for instructors, need to maintain the facilities at the centre and need for providing seed tool kits for those that complete training.

SOS Children's Village, Gulu

SOS Children's Village is located in Gulu town and it was started in 2002. SOS Children's Village—Gulu covers the district of Gulu. It got in business after seeing children were being abused, neglected and stricken by poverty and war that ravaged northern Uganda in the 1990s. SOS Children's Village–Gulu provides institutional care, educational support, provision of shelter, legal support, health care, social economic security care and psychosocial support.

- 40 children consistently attended a day care centre.
- Child rights activities are conducted in two schools.
- 152 children have had their school fees paid for.

SOS Children's Village–Gulu provides a permanent home for 150 children, security, medical care and education to children or families living in difficult circumstances. Each child is cared for by a full time SOS mother and grows up with other children in a natural family setting. An additional 600 children from the most vulnerable families in Gulu municipality continue to receive care in their own families through the SOS family strengthening program.

Beneficiares are identified by the local leaders and probation officer. SOS Children's Village–Gulu also carries out independent investigations through field visits for verification.

SOS Children's Village–Gulu uses the staffs, who are social scientists and local leaders, to make field trips and submit reports to SOS children village offices. Using these reports, it is

possible to tell how many OVCs have been provided with aspects of institutional care alongside being able to ascertain that children receiving these services are the right ones.

The only referrals SOS Children's Village–Gulu makes is on VCT where TASO-Gulu is referred to, Save the Children for logistics and Caritas-Gulu for child care trainings.

The major challenges facing SOS children's village-Gulu include limited funding because some donors ceased their support due to the economic crisis coupled with big numbers of orphans. Another issue has to do with females not being forthcoming. *"The challenge we face in bringing women and girls on board is girls fear to come up to tell their problems."*

SOS Children's Village–Gulu uses two approaches; the comprehensive approach where vulnerable children are provided with a full range of services as they reside in the home and another approach where some vulnerable children are supported to stay within the communities. The comprehensive approach is good in that it covers all the basic needs of life but the children get used to these comforts which makes it difficult to return them back to a rural community.

Sources of funding for SOS Children's Village–Gulu include individual donors through Stanbic bank, Shoprite supermarket drop-in box and SOS Kinderdorf International. According to records there is no indication that USAID, CDC or PEPFAR have provided SOS with funds for OVC care and support.

Uganda Youth Development Link (UYDEL)

UYDEL stands for Uganda Youth Development Link. It was founded in 1993 by a group of young professionals who cared about the plight of disadvantaged young people. It is located on Sir Apollo Kagwa Road, Kampala. At the time of its founding, there was an emerging phenomenon of street children. The numbers of these street children was increasing alarmingly hence the need to start interventions to help. UYDEL staff started street outreaches to: establish rapport with the street children to discover the causative factors; explore the possibility of integrating the children within their communities; and ascertain how to help them access health services.

In 1995, WHO identified UYDEL as a potential partner in a street children project that was going to be implemented in twenty sites across the globe. This was the Program on Substance Abuse (PSA). In 1996 UYDEL started a partnership with Good Templors, a Swedish organization that advocates for an alcohol and drug free world. UYDEL has been able to expand its interventions to include; alcohol and drug prevention, exploitation of young people, reproductive health, care and support to orphans and vulnerable children, and livelihood skills.

UYDEL has received support from organizations, institutions, and governments which include, UNICEF,UNDP, INFP, ICO, UNODC, UFPA, IOM, GOAL, Ireland, Global fund, WAF, NIDA, ICOMP,OAK Foundation, Tides Foundation, CORE Initiative, IFLD, WITO, IOGT and the Uganda government.

The current focal areas of UYDEL programs are in Kampala, Mukono, Kalangala, Busia and Wakiso districts. UYDEL started vocational training in 2003 and constructed its own centre in 2007 at Masoli in Gayaza road in Wakiso district. It operates 'drop-in' centers in Bwaise and Rubaga and has outreach posts in Mukono and Kalangala.

The organization identifies participants through the communities, local leaders, peer educators, some are referred to the organization by the police, and some participants are introduced by former beneficiaries of its training, while others are referred there by NGOs, the Ministry of Gender Labor and Social Development, Wakiso district and Faith Based Organizations. UYDEL, through the Civil Society Fund, receives support from the USAID, CDC and PEPFAR.

The organization has between 2008 to date received 706 participants where 462 are girls and 244 are boys. These participants have been trained in the following skills:

1. Electronics: 60 participants
2. Carpentry: 25 participants
3. Plumbing: 56 participants
4. Hair dressing: 296 participants
5. Motor bike mechanics: 70 participants
6. Tailoring: 108 participants
7. Welding: 46 participants.

This training lasts for 6 months and emphasizes practical skills because some of the participants are not able to read and write. The majority of the participants are trained at Masoli centre.
After training the participants go through internship for 3 months after which most are employed.

In addition to the vocational skills, the centre offers other packages to the participants, which include counseling sessions of one hour per day for ten sessions, business skills, sports and recreation, music, drama and horticulture at Masoli centre. It also provides accommodation for participants who they find cannot be rehabilitated within the communities they live in. This accommodation is for 6 months after which the organization traces their relatives. The purpose of all this is to offer integrated package that has rehabilitation and business skills.

The organization works closely with Nakawa Vocation Institute and the Ministry of Education for purposes of rationalizing the content of the curriculum they teach. However, the nature of some of the participants requires specially tailored curriculum because they have participants who cannot read and write. This calls for a practical centered approach. The centre receives children of all ages but for its purpose it takes children between 12 and 24 years especially those that will have completed UPE. The ones it cannot deal with it refers to other organizations like the Naguru teenage centre, the Babanbejja Project for teenage mothers, the legal aid clinic for legal services, health centers IVs for medical support and Baylor College for HIV/AIDS to ARV therapy.
In order to measure achievement of its participants UYDEL has data collection tools for participants' activities, registration forms, referral forms and profile on each child.

The organization has a number of challenges which include;

a. Overwhelmed by the big numbers with inadequate resources especially for participants who need accommodation. It can only accommodate 100 participants at a time. Previously it used to get food from the world food program but this has stopped.
b. For HIV positive children, it has to look for drugs, food and follow- up on some of them.
c. Drug users need detoxification which is expensive.
d. Rape cases need surgeon's examination and legal support.

FIDA Uganda

FIDA Uganda is located on Plot 2 Kanjokya Street Kamwokya, Kampala. FIDA Uganda was established in 1975 and got into business after realizing that the rights of women and children were being abused.

FIDA Uganda covers the whole of Uganda. with a range of services including access to justice, legal education, advocacy for law and practice, reform, and public interest litigation.The legal aid clinic has assisted 1,675 (203 men and 1,454 women) with direct representation and counseling.

FIDA Uganda provides legal support by representing vulnerable children and mediating in disputes which involves defending the rights of children and women and addressing child abuses.

FIDA Uganda also carries out legal education through programs for paralegals, religious organizations, communities and law enforcement agencies. These are done to assist them in understanding the law and how to resolve issues. This is done through producing simplified materials which break down aspects of the law on women's rights and child rights for community to understand more easily.

Government law enforcement agencies were sensitized on civil law as they are mostly familiar with criminal law. They reported that sharing of information, joint training of the public and law enforcers resulted in better coordination and communication between the work of police officers and FIDA.

Simplified materials on making a will, procedures for separation and divorce, children and family courts were produced in English and vernacular. Legal education within communities took place through drama and training of community volunteers to create awareness between communities and leaders to ensure rights are promoted .The community dialogue with members of parliament opened doors for continued interaction for feedback on legislation and presentation of community issues to parliament.

Paralegals were trained to resolve conflicts within communities to save the poor on transport and legal fees. This reduced backlog at the local council courts. The targeted communities

have noted less domestic violence and grabbing of property that belongs to widows and orphans.

FIDA Uganda provides direct legal representation and counseling. 1538 civil cases and 119 criminal cases were handled involving maintenance of children, registration of marriages, birth, divorce, and administration of estates including the rights of children.

There is no evidence of any reference on Ministry of Gender, Labor and Social Developments quality standards

FIDA Uganda refers vulnerable children it cannot support in education to FAWE, for health support to TASO, for provision of shelter to ACTION AID and for provision of clothes to Churches and child protection to ANCPAN.

FIDA Uganda works with the police and vulnerable children to identify vulnerable children in need of their assistance. FIDA uses the local leaders, documentation and field staff to monitor its activities.

The main sources of funding for FIDA Uganda activities include Ford Foundation, Willy Mutunga and Carla Sutherland, AWDF, Plan International TDH, AUF-A, NOVIB and UNIFEM.

FIDA Uganda faces the challenge of limited resources to facilitate its activities and does not have a shelter to accommodate abandoned child during the mediation of the family conflicts.

Old Kampala Police Station (Family and Child Protection Unit)

The family and child protection unit at old Kampala police station was established in 1996. It was established to respond to a number of children that were being brought to the police station even though they had committed no offence. Most of them were reported as missing or abandoned children. The station receives an average of four children per month. They are brought in by the 'good samaritans' who get concerned about their plight. The cases that are often received at the unit include:

- Typical orphans who have lost both parents and have been under the care of guardians who mistreat them and they decide to run away.
- One parent passed away and they live with a step parent who ends up mistreating them.
- Others go with their mothers when she moves into a new marriage but the step father ends up mistreating them.
- Some stay with relatives who subject them to starvation and corporal punishment leading to their going away.
- In some cases parents bring children saying they are fed up and request the government to look after the children.

The family and child protection unit does not receive any funding. It therefore does not have facilities to cater for these children- it has no food, shelter, clothing, and sanitary requirements for these children. For feeding the children receive hand outs from food brought

by relatives of the suspects that are being held at the police station and sometimes share the little that the police eat. Their condition is very pathetic. They live around the police station and at night sleep at the police counter or in the vehicles that are parked at the station without any bedding. The police woman in charge of the unit uses her own money to buy them a little piece of soap so that they can bathe. The worst case scenario is that of the girls. Some of them have reached puberty but there is no facility for sanitary towels and some of them don't even have knickers. These are at great risk and dangers because at night anything can happen to them.

This unit seeks permission from the probation and welfare officer to refer these children to some NGOs that look after vulnerable children. The homes that these children are commonly referred to include:

- Sanyu Babies Home for the very young ones.
- Missionary for the poor located in Kisenyi
- Kids in need in Musajalumbwa Rubaga
- UYDEL care home on Gayaza Road.
    - Naguru Reception Centre.

While at the police station, the unit tries as much as possible to extract information from the children as a way of trying to trace their relatives. In cases where relatives could be traced, the unit lacks transport. The only motor cycle it had broke down and even when it was working it lacked fuel. The family and child protection unit is central in helping children that find themselves in difficult circumstances but are from all sorts of back grounds. Some of them are petty thieves but are minors who require to be counseled.

It is therefore important that this unit receives due attention if it is going to play its role. There is need for a budget line for it in the police force. The networking it does by referring children to organizations that deal with vulnerable children is commendable.

Tigers Club/Retrak-Uganda

Tigers Club project was established in 1997 but later renamed RETRAK–Uganda. RETRAK has branches in Kenya, Ethiopia and Uganda. It aims at rebuilding lives, restoring dignity and realizing the potential of the children. It is located on Mengo Hill and is a non-governmental organization that seeks to rehabilitate street children. It admits only male children between ages of 7 years to 17 years. For a child to benefit beyond the age of 18, the child will have joined the program at a younger age and is actively involved in one of the project for example if this child is still continuing with further education.

The children are persuaded to move from the urban streets because they are in a state of danger. The organization through social work intervention helps the children to realize their potential, cultivate self-esteem and resettle them with their relatives or foster care in the rural areas.
While at the centre the children are provided with education, health, food, shelter, protection, legal, and psychological support. The project has children from the following areas where it focuses mainly on education.

Districts	Number of children	No of sub counties
Masaka	21	6
Mbale	11	4
Kabarole	4	2
Kiboga	4	1
Soroti	8	2
Kampala	31	5
Wakiso	42	8
Mpigi	26	6
Mbarara	10	6
Jinja	28	6

The services provided to the children are comprehensive because every child benefits from more than one CPA. For example, a child benefits from education, medication and shelter, then skills training of their choice with the guidance of RETRAK staff. This is an intergrated approach as it aims at preparing the child to resettle back home in a gainful and meaningful way.

The centre works with Youth Justice Support to intervene on behalf of the children who may be in conflict with the law. They also have a transitional centre for rehabilitation purposes. In addition, the centre conducts monthly inter-NGO meetings and partnerships for information sharing and referral of children. It collaborates with Off Mission, Don Bosco for school and long term residential care then Katalemwa Chechschire for medical treatment. The centre attaches children to schools that follow an established curriculum and the monitoring is done through follow-ups and case conferences.

The major challenge in the delivery of services is the lack of funding. Additionally, RETRAK struggles with some children who are reluctant to leave the streets and adapt to the different life-style.

5. Matrix of organizations receiving support from USG for service provision to vulnerable children (Source MEEPP Semi Annual Report 2008)

Name of PEPFAR Prime Partner	Number of Districts Served	Number of Service Outlets	Number of Vulnerable Children in First 6 months of 2008	Number of CPAs Provided
AFRICARE	1	93	10,534	7
AIDS Relief	11	20	3,815	3
AVSI	14	41	7,664	6
CHRISTIAN AID	4	15	8,456	7
CORE	4	91	6,783	9
Deloitte and Touche	14	22	12,974	7
DoD-UPDF	10	10	890	4
IRCU	20	41	11,752	8
JCRC	33	51	7,616	3
Mildmay	6	9	3,222	5
MJAP	2	2	1,531	5
Opportunity International UGAFODE	10	10	1,121	4
PEACE CORPS	7	18	1,527	5
PIDC	4	12	16,298	5
Plan International	7	294	22,526	4
REACHOUT	1	3	962	4
Salvation Army	11	94	19,531	7
STATE-IMC	1	15	798	2
STATE-IRC	2	2	339	4
STATE-Small grants	3	5	29	7
TASO	11	11	11,794	9
Walter Reed Kayunga	1	3	338	8
Total		**862**	**150,500**	

Summary of Matrix PEPFAR Funded Organisations providing VC Support N=22

	Number of Districts Served per region	Number of Service Outlets	Number of Vulnerable Children Served
Smallest Number	1	2	29
Average	8	39	6,840
Largest Number	33 (JCRC)	294 (Plan International)	22,526 (Plan International)
Total	177	862	150,500

Summary of CPAs provided by the PEPFAR funded organizations

Name of Organizations	Number of CPAs Provided	Name of Organizations	Number of CPAs Provided
AFRICARE	7	Opportunity International UGAFODE	4
AIDS Relief	3	Peace Corps	5
AVSI	6	PIDC	5
CHRISTIAN AID	7	Plan International	4
CORE	9	REACHOUT	4
Deloitte and Touche	7	Salvation Army	7
DoD-UPDF	4	STATE-IMC	2
IRCU	8	STATE-IRC	4
JCRC	3	STATE-Small grants	7
Mildmay	5	TASO	9
MJAP	5	Walter Reed Kayunga	8

Prime Partner Organization	Number of Districts Served per region	Number of Service Outlets (Implementing Partners)	Female Vulnerable Children Served	Male Vulnerable Children Served	Total Vulnerable Children Served	Types of services provided
AFRICARE	1 in West 1	93	5,775	4,759	10,534	-SES -Food -CS -Educ -PSS -Basic HC -Protect 7
AIDS Relief	2 in West 4 in North 1 in East 4 in Central 11	20	2,337	1,478	3,815	-PSS -Basic HC -HIV Care 3
AVSI	3 in West 5 in North 2 in East 4 in Central 14	41	3,937	3,727	7,664	-SES -Food -CS -Educ -PSS -Basic HC 6
CHRISTIAN AID	4 in North 4	15	4,102	4,354	8,456	-SES -Food -CS -Educ -PSS -Basic HC -Protect 7
CORE	4 in North 4	91	3,208	3,575	6,783	-SES -Food -CS -Conflict -Educ -PSS -Basic HC -Protect -Legal 9

Deloitte and Touche	3 in West 4 in North 4 in East 3 in Central 14	22	6,489	6,485	12,974	-SES -Food -CS -Educ -PSS -HIV Care -Basic HC 7
DoD-UPDF	2 in West 2 in North 1 in East 5 in Central 10	10	326	564	890	-CS -Educ -HIV Care -Basic HC 4
IRCU	5 in West 3 in North 6 in East 6 in Central 20	41	6,265	5,487	11,752	-SES -CS -Educ -PSS -HIV Care -Protect -Legal -Basic HC 8
JCRC	13 in West 7 in North 7 in East 6 in Central 33	51	4,046	3,570	7,616	-HIV Care -PSS -Basic HC 3
Mildmay	1 in West 5 in Central 6	9	1,735	1,487	3,222	-Food -Educ -PSS -HIV Care -Basic HC 5
MJAP	1 in West 1 in Central 2	2	791	740	1,531	-Food -Educ -PSS -HIV Care -Basic HC 5
Opportunity International UGAFODE	4 in West 4 in East 2 in Central 10	10	655	456	1,121	-SES -Food -Basic HC -Protect 4
Peace Corps	3 in West 1 in East 3 in Central 7	18	899	628	1,527	-Food -CS -Educ -PSS -HIV Care 5
PIDC	1 in West 2 in East 1 in Central 4	12	9,060	7,238	16,298	-Food -Educ -PSS -HIV Care -Basic HC 5
Plan International	2 in East 5 in Central 7	294	11,295	11,231	22,526	-Educ -PSS -Protect -Basic HC 4

REACHOUT	1 in Central 1	3	496	466	962	-Educ -PSS -HIV Care -Basic HC 4
Salvation Army	1 in West 8 in East 2 in Central 11	94	9,730	9,801	19,531	-Food -CS -Educ -PSS -Basic HC -Legal -Protect 7
STATE-IMC	1 in West 1	15	478	320	798	-Food -Educ 2
STATE-IRC	1 in West 1 in North 2	2	135	204	339	-SES -Food -Educ -PSS 4
STATE-Small grants	2 in West 1 in North 3	5	21	8	29	-SES -Food -Conflict -CS -Educ -PSS -HIV Care 7
TASO	3 in West 1 in North 4 in East 3 in Central 11	11	6,525	5,269	11,794	-SES -Food -Conflict -CS -Educ -PSS -HIV Care -Protect -Legal 9
Walter Reed Kayunga	1 in Central 1	3	171	167	338	-SES -Food -Conflict -CS -Educ -PSS -HIV Care -Basic HC 8
Totals		862	78,476	72,014	150,500	

Key: SES = social economic support; Food = food and nutritional support; CS = care and Support; Conflict = mitigation of impact of conflict; Educ = education support; PSS = psychosocial support; Basic HC = basic health care; HIV Care = HIV palliative care; Protect = child protection; Legal = legal aid.

Appendix 5: Additional Table from Household Survey

Background Statistics of Survey Population

Indicator	**value**
Number of households	2,551
Total survey population	13,915
Total number of children administered the vulnerable child tool	7,932
Urban/Rural	18% / 82%
Male/Female	50% / 50%
Average household size	5.3
Average number of children/household	3.0
Head of household under 19 years	0.4%
Head of household 19-24 years	4%
Head of household 60+ years	16.8%
Houses with earth floor	76.2%
Houses with roof of iron sheets	61%
Houses with thatched roof	37%
Households using public borehole for drinking water	34.5%
Households using protected well for drinking water	17.4%
Households using an open well for drinking water	17.4%
Households using covered pit latrine with no slab	50.8%
Households using covered pit latrine with a slab	17.1%
Households using firewood for cooking fuel	85.9%
Households with electricity	7.6%
Households with a mobile phone	39.5%
Households with employment income	23.4%
Households relying on subsistence agriculture	66.5%
Households with livestock	13.8%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