

The silent majority:

Child Poverty in Uganda

Most Ugandans living under the poverty threshold are children. Despite this, their perspective has not, until now, been incorporated in the so many poverty analysis which have been carried out.

The aim of this report is to contribute to the Uganda Poverty Participatory Assessment Project (UPPAP) 2 objective of “broadening and deepening the understanding of poverty and poverty trends”, based on a comprehensive and detailed analysis of the scope, scale and implications of child poverty in Uganda.

The report also reveals how children have a broad and rich understanding of the nature and causes of poverty. They also appear to place more emphasis on personal and family factors.

However the report also concludes that, despite progress in reducing consumption poverty over the past decade, there are sizeable and growing groups of children that are being left behind and for whom there is no effective provision or protection.

Children in Uganda have a valuable contribution to make to the poverty debate. They are eager to be involved and suggest ways themselves and others can address child poverty.

The silent majority: Child poverty in Uganda



The silent majority:

Child poverty in Uganda
compiled by Sophie Witter

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Save the Children

Save the Children UK has worked in Uganda since the 1950s. The main aim of our work is to utilize our resources for maximum benefit, providing the greatest impact for the greatest number of children and for their lasting benefit. The primary focus of our work is with the most marginalized and vulnerable children. Presently, Save the Children UK is implementing programmes in Social Protection, Health, HIV/AIDS and Food Security in the districts of Kampala, Kasese, Masaka, Hoima, Arua, Gulu, Moyo, Adjumani and Yumbe.

Drawing on practical experience, Save the Children UK seeks to influence policy and practice to achieve lasting benefits for children within their communities. In all its work Save the Children UK endeavours to make children's rights a reality.

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Acronyms

ABEK - Alternative Basic Education for Karamoja
ACAO - Assistant Chief Administrative Officer
AIDS - Acquired Immuno-Deficiency Syndrome
ARI - Acute Respiratory Infection
CAO - Chief Administrative Officer
CBO - Community Based Organisation
CDA - Community Development Assistant
CDO - Community Development Officer
CHH - Child Headed Household
CHW - Community Health Worker
CMR - Child (under 5) Mortality Rate
COPE - Complementary to Primary Education
CRC - Convention on the Rights of Children
CWD - Children with Disabilities
DFID - Department for International Development
DPAC - District Plans of Action for Children
EPI - Expanded Programme of Immunisation
FAO - Food and Agricultural Organisation
FCC - Family and Children Courts
FGD - Focus Group Discussant
FGM - Female Genital Mutilation
GDP - Gross Domestic Product
HIPC - Highly Indebted Poor Country
HPI - Human Poverty Index
HSSP - Health Sector Strategic Plan
IDPs - Internally Displaced Persons
IEC - - Information, Education and Communication
IHM - Intra-Household Model
IMCI - Integrated Management of Childhood Illness
IMR - Infant (under 1) Mortality Rate
KI - Key Informant
LC - Local Council
LGA - Local Government Act
LRA - Lord's Resistance Army
MoES - Ministry of Education and Sports
MoFPED - Ministry of Finance, Planning and Economic Development
MTCT - Mother-to-Child Transmission (of HIV)
MTEF - The Medium Term Expenditure Framework

NAADS - National Agricultural Advisory Services
NGO - Non-Governmental Organization
NRM - National Resistance Movement
ORS - Oral Dehydration Solution
PAF - Poverty Action Fund
PEAP - Poverty Eradication Action Plan
PHC - Primary Health Care
PMA - Plan for Modernization of Agriculture
PNFP - Private Not-For-Profit
PRSP - Poverty Reduction Strategy Paper
PTA - Parents Teachers Association
PWD - Persons with Disability
PWO - Probation and Welfare Officer
ROM - Results Oriented Management
SC (UK - Save the Children UK
SDSSIP - Social Development Sector Strategic Investment Plan
SPAC - Sub- County Plans of Action for Children
STD - Sexually Transmitted Disease
SWAP - Sector-Wide Approach
TBA - Traditional Birth Attendant
UAC - Uganda Aids Commission
UBOS - Uganda Bureau of Statistics
UDHS - Uganda Demographic and Health Survey
UGX - Uganda Shillings
UNDP - United Nations Development Program
UNHS - Uganda National Household Survey
UNHCR - United Nations High Commission for Refugees
UNICEF - United Nations Children's Fund
UNPAC - Uganda National Plan of Action for Children
UPDF - Uganda People's Defence Forces
UPE - Universal Primary Education
UPPAP - Uganda Participatory Poverty Assessment Project
USDC - Uganda Society for Disabled Children
UWESO - Uganda Women's Effort to Save Orphans
VAD - Vitamin A Deficiency

Preface

Save the Children (UK) has produced a very wide-ranging study of child poverty in Uganda, including the perceptions of children on what poverty is and what it means, and analysis of the effectiveness of current policies in relation to children.

As the lead ministry with responsibility for children's affairs, we, in the Ministry of Labour, Gender and Social Development, very much welcome the contribution which this report makes to the debate about poverty alleviation in Uganda. It particularly illuminates children's views and perceptions about poverty which have been missing in previous assessments and reviews. We commit ourselves, with partners in the field, to following up on the recommendations which are made – particularly on social protection and the development of participatory mechanisms and child-friendly policies.

I would also like to thank all of those who contributed to the first phase of this projects, including the children themselves, the adult key informants, SC UK staff and core group representatives from PMAU, UPPAP, my Ministry and academic institutions.

All agencies working in poverty alleviation in Uganda, and working with children, are recommended to read this report and to use it as a basis for future work. It is evidently clear in this report that the voices of children are important, loud and clear and can no longer be ignored.

The challenges, as we know, are great, but so is the potential for positive change and for benefiting our children and, through them, contributing to the strengthening of our nation.



Hon. Bakoko-Bakoru Zoe

**MINISTER
GENDER, LABOUR AND SOCIAL
DEVELOPMENT**

July 2002

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This study has been the product of many people's thoughts and hard work.

First and foremost, we would like to acknowledge with great gratitude the time given by children who participated in the field research in Clusters A and C in particular a girl of 14 years from Masaka district who drew the cover picture illustrating rich children going to school in a car while the poor walk to school and are at risk of being knocked down by the rich. Their enthusiasm and commitment is an inspiration to us. We also acknowledge the contributions of parents, guardians and official key informants, who were interviewed as part of the field work for Clusters A, B and C.

We are heavily indebted to the Save the Children Programme Director, Greg Duly, and the project director, Dr Hussein Mursal, who designed, developed and nurtured this pilot project through its various stages, providing support and advice to all of us.

The cluster team leaders were responsible for the bulk of the work, in terms of designing, implementing and analysing the primary research. Jenifer Bukokhe (SC UK) was team leader for Cluster A. Patience Alidri (SC UK) was team leader for Cluster B and Asingwire Narathius (Department of Social Work and Social Administration, Makerere University) consultant to Cluster B. P.T. Kakama (SC UK) was team leader for Cluster C. Sophie Witter was responsible for Cluster D (the literature review) and for putting together the final report. We would like to thank all the researchers who worked with them and who ensured that the studies were carried out to a high standard.

Our core group has worked hard to ensure that the cluster reports and final report make a contribution to the debate in Uganda. In addition to the SC UK staff mentioned above, members included Richard Ssewakiryanga (UPPAP), Rosetti Nabbumba (PMAU), David Kyadondo (Child Health and Development Centre) and George Beekunda (MoGLSD). Their constructive criticism has been invaluable.

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Executive Summary

Children under 18 represent the largest group of the poor in Uganda (62 per cent under the poverty threshold are children). Their perspective has not, to date, been incorporated in the many poverty analyses which have been carried out. The aim of this project was therefore to contribute to the UPPAP 2 objective of 'broadening and deepening the understanding of poverty and poverty trends' by carrying out a comprehensive and detailed analysis of the scope, scale and implications of child poverty in Uganda.

Four clusters of primary and secondary research were carried out between January and June 2002. Cluster A looked at children's and adult's perceptions of poverty. Cluster B looked at evidence of trends in various categories of 'vulnerable children', both from existing reports and interviews with parent and official key informants. Cluster C looked at the links between deprivation and criminal behaviour by children. Cluster D examined available literature on all aspects of children's welfare in Uganda. The results of all four are drawn together in this report. This report summarises the findings of the pilot phase of the project and suggests areas for further work by SC UK, in conjunction with its partners.

We ask first what children's perceptions are of poverty in Uganda, its causes and implications, and how these differ from the adults whom we interviewed. We find that:

- children have a broad and rich understanding of the nature and causes of poverty
- compared with adults, they appear to place more emphasis on personal and family factors
- adults in this study (mainly officials) have a fairly narrow, material understanding of

poverty, and see child and household poverty as identical

- children also see poverty as inherited, but not uniformly and inevitably; they identify ways in which 'rich' children can be poor, in a wider sense
- they have a positive view of their potential role in mitigating poverty and are enthusiastic to be involved
- they have very negative views about how society sees them, as poor children, and describe vividly the 'shame' of poverty
- some groups express strong negative emotions of despair
- their definitions of poverty are remarkably similar, across different groups of children.

The next section, which constitutes a situation analysis of issues of importance to children in Uganda, makes clear the scale of the challenges facing society. In terms of access to basic services, there remain major quality and costs issues. Despite the very significant progress which has been made under the current government, there are large and growing groups of children who require social support systems, which are not in place. The Ministry of Gender estimates that 5.5 million children and youth live in 'difficult circumstances' in Uganda. Attitude changes are also required to make children of all types and all socio-economic backgrounds feel a valued part of the society.

Looking at current policies for children and their effectiveness, we conclude that:

- children have not been seen as a vulnerable group in their own right up to now, though that may be about to be addressed by the Social

Development Sector Strategic Investment Plan (SDSSIP). A coherent social protection policy is needed, covering vulnerable children as well as other groups.

- Implementation has lagged behind planning (which has been of a high quality). Key constraints are the weakness of the lead ministry (the MoGLSD); underfinancing of social protection measures; lack of priority given to vulnerable groups, particularly at the local level; and an absence of clear targets, information and indicators relating to children's welfare.
- Children, key informants and LC officials themselves agree that the LCs do not meet children's needs adequately. Poor attitudes, lack of funding, corruption and lack of understanding of children's concerns are some of the factors underlying this.
- Children have many suggestions for priority actions by government and LCs. These include the development of mechanisms of participation, including representation and involving children in monitoring the use of public funds.

We then compare the children's indicators with indicators which are currently used to monitor poverty eradication, and find that while some domains are well covered, there is an almost total lack of information on others. The main gaps identified are:

- all indicators relating to emotional, personal and spiritual factors
- figures for child abuse cases, of various kinds
- quality of parental care
- participation indicators
- access and quality of life indicators for the

disabled

- figures on vulnerable groups, including street children, child workers, and child-headed households
- in-depth studies of the intra-household distribution of goods and resources

Finally, we make a number of recommendations for policy-makers and SC UK.

- We call for systematic thinking on social protection in Uganda.
- We emphasize the need to develop and use more child-sensitive indicators.
- Based on the children's suggestions, we make some recommendations of ways in which policy-makers could involve children in public life in a meaningful and appropriate manner.
- We make suggestions for how government, particularly at the local level, could be made more responsive to children's concerns.
- We suggest that the definition of child poverty be broadened beyond resources and services to include: 'a political, cultural and social environment which fails to recognize children's needs, to respect and consult them, and to enable them to fulfill their potential'.
- We make suggestions about the research agenda in the next phase, including looking at the cost-effectiveness of interventions to improve children's lives.

I Introduction

I. The study rationale

Uganda has made great strides in reducing consumption poverty from 56 per cent of the population in 1992 to 35 per cent in 2000 (Population Secretariat and UNFPA, 2001). The government, with donor support, has established exemplary poverty monitoring systems and put poverty eradication at the heart of its policies.

Evidence of this includes, inter alia:

- the Poverty Eradication Action Plan (PEAP) – in place since 1997 – which emphasizes four pillars of sustainable economic growth; good governance and security; increased ability of the poor to raise their incomes; and enhanced quality of life for the poor
- the Poverty Action Fund (PAF), which pools debt-relief monies, donor contributions and government budgets and channels them directly to poverty-targeted schemes
- the Poverty Monitoring and Analysis Unit in the Ministry of Finance, Planning and Economic Development (MoFPED), which issues a series of poverty status reports, reviews the Poverty Reduction Strategy Paper and acts as a focal point for poverty monitoring initiatives
- intersectoral coordination is the focus of the Uganda National Poverty Eradication Steering Committee, which reports to the Office of the Prime Minister
- the Poverty Monitoring Network provides a forum for all key stakeholders, from government, donors and civil society
- the Uganda Participatory Poverty Assessment Programme (UPPAP), implemented by Oxfam, with donor support, but reporting to the MoFPED, which contributes qualitative

- information on perceptions of the poor and grassroots feed-back on government policies
- quantitative information is contributed by a regular series of demographic, health and education household surveys, conducted by the Ugandan Bureau of Statistics (UBOS)
- equity is given priority in sectoral policy-making – for example, in the launching of Universal Primary Education in 1997, or the abolition of user fees in health centres in 2000.

The focus on poverty is sophisticated, disaggregating by gender, by region, by occupational group. Some may therefore say that there is no need for additional studies. However, there is one major group which appears to have been left out of view. What is missing is the perspective of children.

Many might argue that this is an insignificant gap. The arguments for this view go as follows:

- children's poverty is the same as household poverty. If a household is rich, then the children in it are rich. If a household is poor, then its children will be poor
- it follows that policies to address household poverty will automatically benefit children (a 'trickle-down' effect)
- children are not independent economic agents – their perspective and views are therefore not relevant.

The rationale for this study is based on a challenge to these three assumptions:

- we question whether we know enough about intra-household dynamics to be able to say that a rich household means rich children. Our

research findings bear out that children's interests are not always synonymous with those of adults'

- we question whether general poverty reduction methods will in practice meet the needs of all children. We find that there are significant sub-groups of children whose welfare appears to be deteriorating, rather than following the trend of general poverty reduction
- we dispute the 'economic insignificance' of children. Our research reveals that children are very much part of the economic fabric in Uganda – both in terms of the growing number of child-headed households and the contribution of working children to the household economy. Consultations with children show that children have their own take on poverty and want to be part of the solutions.

In addition, there are some very important reasons why we should look at children's poverty in its own right:

- children under 18 represent the largest group of the poor in Uganda: 62 per cent under the poverty threshold are children (Ministry of Gender, Labour and Social Development, May 2001)
- children are unheard, with inferior status. Whereas gender, for example, has become a relatively mainstream concern in reports and programmes, children are not usually isolated for consideration. None of the major poverty documents (eg MoFPED, 2001a) identify children as a priority group in its own right. In the traditional culture, children are 'seen, but not heard'
- children have acute developmental needs. The importance of conditions prenatally and in the

first few years of life is now widely acknowledged (see, for example, *The State of the World's Children*, UNICEF, 2001a, which focuses on early childhood development)

- investments in children will generate future benefits for society (put the other way round: the costs of inaction today will be high tomorrow)
- children have a legal right to participate and be listened to (set down by the Convention on the Rights of the Child, which Uganda has ratified).

2. The study aims, objectives and questions

The initial phase of study development in September to December 2001 involved consultation with the main public bodies engaged in poverty work in Uganda – particularly the PMAU, UBOS and UPPAP – as well as with donors such as DFID and the head office of SC UK. It was concluded that no-one has looked specifically at child poverty in Uganda and that doing so would contribute to the current UPPAP round, which aims to 'deepen the understanding of poverty and poverty trends' (MoFPED, 2002a).

The overall aim of this study, then, is to contribute to the broadening and deepening of understanding of poverty and poverty trends, by developing a comprehensive and detailed analysis of the scope, scale and implications of child poverty in Uganda.

More specifically, its objectives are to:

- inform national policies on poverty reduction
- inform the development of sector strategies
- inform SC UK's programming

In order to do this, we address the following questions, which also dictate the structure of this report:

- what are children's perceptions of poverty, its causes and implications, in Uganda? Do they differ from adults' (Chapter 3)?
- what do we know, or not know, about trends in child poverty? Which groups of children are most vulnerable (Chapters 4 and 5)?
- what are the existing policies relating to children, and how effective are they? Do they meet children's priorities (Chapter 6)?
- what indicators should we use to monitor child poverty? What are the major gaps at present (Chapter 7)?
- what conclusions and recommendations arise, for child poverty alleviation and future research (Chapter 8)?

This is seen as a pilot phase, to test different methods of involving children in poverty monitoring, to develop tools and indicators for use in on-going poverty monitoring efforts, and to highlight future priorities for SC UK's work, in collaboration with its partners.

3. What do we mean by child poverty?

There is a growing international literature, looking at definitions and measurement of poverty.

The simplest, and narrowest approach, interprets poverty as a material lack. Measurements then focus on income, expenditure or consumption by households. The most commonly cited definition of poverty is produced by the World Bank: people living on less than \$1-2 per day in low income

countries are considered to be 'absolutely poor', by which we mean that they cannot afford the minimum basics of life.

There are many ways of measuring absolute poverty – by constructing minimum baskets of goods which a family needs in that society, by measuring proportion of disposable income spent on food etc.

But poverty exists in richer societies, and people feel poor if they cannot afford what they see their neighbours enjoying. So another variant on the material poverty approach is to look at 'relative poverty'. If you live on or below half the national average income, for example, then you can be defined as poor, in relative terms.

These measures usually focus on the household level, but less is understood about how resources are distributed within households, and, in particular, what factors affect the well-being of children. There have been studies of child poverty in industrialised countries (eg Bradbury and Jantti, 1999), but these still rely on aggregate figures for households.

Many have pointed out, too, that being poor means more than just having inadequate income. It can also mean being unskilled, despised, uneducated, marginalized, without power, without self-respect. The broader approach sees poverty as multifaceted. It emphasises not only household assets, but also social features, such as education systems or community support networks.

This distinction between the material and wider aspects of poverty explain why, for example, real

growth in the economy in Uganda, and a fall in consumption poverty over the past decade (during which income inequality has been fairly stable), have been accompanied by the perception amongst many in the community that poverty has increased (MoFPED, 2002a).

Similarly, if increased incomes should lead to increased access to basic services, why have key health indicators for children in Uganda stagnated at the same time as incomes increased (see chapter 4 for further discussion of this issue)?

In Uganda, poverty assessment has developed over time, thanks to progressive thinking by the MoFPED and contributions by UPPAP and other organisations. It already takes a multidimensional approach. However, while some facets are captured by existing indicators – for example child mortality, malnutrition, enrolment rates, literacy – other very important issues for children are ignored by existing statistics. We look in this study at what those issues are, and how they might better be incorporated into official analyses.

Definitions, causes and effects of poverty tend to get mixed up, which is not surprising given the circular relationship between many aspects of poverty. For example, conflict tends to lead to material impoverishment, and impoverishment often encourages conflict as a response. Adults and children in this study used definitions, causes and effects interchangeably, and we have reflected this in our discussion of the results.

Framework for children's well-being

There are many different frameworks for conceptualising children's (and indeed adult's) well-being. These are taken from international literature and are not specific to Uganda.

The most commonly cited framework is the UN Convention on the Rights of the Child of 1989 (see www.unicef.org/crc). This emphasises four main principles:

- non-discrimination
- the best interest of the child
- the right to life, survival and development
- respect for the views of the child.

Another framework is laid out by Harper and Marcus (Harper and Marcus, 1999), who suggest that the following immediate factors are likely to result in children living in poverty:

- households without adequate resources and capabilities
- communities which lack the cohesion to be able to support and nurture children
- having inadequate opportunities for human development.

These immediate factors are, of course, profoundly affected by macro level factors.

The psychologist, Maslow, wrote about a 'hierarchy of needs', in which a person is free to worry about the next level of needs once they have been satisfied in the more basic ones. The categories are useful, even if the hierarchical nature of the needs can be disputed.



All these categories are arbitrary, in that they ignore the linkages between different aspects of a child's life, but categorisation is unfortunately necessary.

In this report we have not started with a pre-conceived framework, but have used the themes which emerge from the children's responses. The responses fall into 6 broad areas:

- emotional, personal or spiritual factors
- social and family factors
- political factors
- physical factors
- financial and material factors
- environmental factors.

There is no implied hierarchy between these. We will come back to these groups in chapter 3, and when we look at developing more sensitive indicators, in chapter 7.

2 Methodology

1. Introduction

After the consultation and design phase between September and December 2001, the field work for this project started in January 2002. Four research teams (clusters A to D) ran in parallel. A core group, led by Dr Hussein Mursal, the project manager, and involving representatives of UPPAP, MoGLSD, MoFPED and the Child Health and Development Centre, as well as SC UK staff, met regularly to review progress and advise on the project development. A workshop to disseminate findings and get feed-back from stakeholders was held before the cluster reports were finalised.

This report is a synthesis of the findings of all four clusters.

2. Objectives of the four clusters¹

Cluster A focussed on children's perceptions of poverty.

More specifically, it asked:

- what are children's perceptions and understanding of child poverty?
- what hopes and fears do poor boys and girls have?
- how do children and society perceive poor boys and girls?
- what are children's views on the effectiveness of local councils in them access basic services?
- how far are children involved in planning and monitoring activities relating to them at local and district level?
- what recommendations are made by children to reduce child poverty?

Cluster B investigated trends in child poverty in Uganda, using secondary material and interviews with adults (parents and officials working with children). The aim was to identify and investigate sub-groups of particularly vulnerable children.

Its objectives were:

- to describe the distribution and trend of orphaned children, child headed households (CHH), children as victims of war, children with disabilities, street children, children living in households headed by single parents and children whose parents/guardians cannot support them (see annexe 1 for definitions of these terms)
- to identify and explain characteristics of child poverty and its causes from adult perspectives for those same groups of vulnerable children
- to identify the strengths and gaps in, and the implementation of, various national legislation and policy frameworks which are pertinent for the survival, development and well being of these children.

Cluster C investigated the level of deprivation amongst children convicted of criminal offences, their characteristics and how these might link to petty criminal behaviour.

The study collected basic information on the child and family, including:

- housing characteristics and conditions
- access to food by the child
- access to play and recreational facilities
- parental care, relations and support networks
- peer relations, influence and role models
- extent to which basic needs are met, and what children do to meet such needs when they are not provided within the household

- the offence committed by the child and the motivation
- the child's access to, and the workings of the juvenile justice system
- policy issues implicit in the findings.

Cluster D was a literature review of materials relating to child poverty in Uganda.

The objectives of this cluster were:

- to incorporate the main findings from other studies, in terms of child poverty in Uganda, its nature, scope and implications
- to identify any significant gaps in the literature.

3. Methods and tools

Cluster A

Methods

Data was collected using qualitative techniques. Child-focused participatory methods were developed and tested to gather children's responses. These included role plays, spider diagrams, children's drawings, visual stimuli, large group discussions, individual interviews, gallery walks and case studies.

An interview guide was used to gather in-depth information from adult key informants for purposes of comparing with information collected from children.

Sampling

In the first step, sub-counties or divisions in 5 districts of the country (Kasese, Gulu, Masaka, Kampala, and Arua) were purposively selected for three major reasons. First, SC UK works in these

districts and has established good working relationships with the local authorities. It was therefore easy for the research teams to penetrate the communities and talk to the children and adult key informants. Secondly, SC UK project staff in these areas had already been trained in tools and techniques for child participation. Thirdly, it was hoped that the information collected would feed into existing and future programmes in these districts.

Within each sub-county, children were invited to participate, working through local councils, teachers, probation officers, community development assistants (CDAs), community based organisations (CBOs) and child rights advocates. A total of 662 boys (54 per cent) and girls (46 per cent), aged 10-14, from the 5 districts volunteered to participate in the study. The children came from different socio-economic backgrounds (not all were poor). This age group was chosen because the children were thought to be old enough to have formed views on issues relating to poverty, but were well below the youth group (18-30), which already has formal representation and consultation (through youth representatives and youth councils) in local and national policy-making. A breakdown by sex and vulnerable group is given in table 2.1.

Table 2.1 Children interviewed (Cluster A), by sex and vulnerable group

Category of children	Sex	
	Boys	Girls
General category	22%	20%
Children with disabilities	3%	6%
Child headed households	5%	3%
Double orphans	5%	4%
Children from single parent Household	3%	4%
Children whose parents/guardians cannot support them	5%	5%
Children affected by HIV/AIDS	3%	2%
Street children	6%	1%
Children affected by war	2%	1%
Total percentage	54%	46%

Adult key informants (95) were also identified by the nature of their position and their role in relation to children. They included members of local councils, NGOs, CBOs and district government officials.

Cluster B

Methods

Cluster B had two parts: a review of secondary sources, and primary data collection. For the primary data collection, two main tools were used:

(a) Key informant interviews using semi-structured questionnaire

These were held with district leaders, technical officers and civil society organizations that work

with children, using semi-structured questionnaires

(b) Focus group discussions (FGD)

An FGD guide was developed and administered to caregivers, who included parents and guardians of children, as per this study's selected child categories, and Local Council (LC) 1 councillors.

Sampling

Table 2.2 Study areas for Cluster B

Region	Selected District	Selected Sub-county/Division
Central	Kampala	Makindye Nakawa Kampala Central
Northern	Gulu	Odek Oyam Pabbo
Southern	Masaka	Kingo Buwunga Nyendo-Senyange
Western	Kasese	Bwera Kyondo Mariba

The main criteria for selection of the above districts were:

- districts where SC UK had a presence, rendering it easy to conduct the pilot phase of the study in a cost-effective manner
- being representative of the four regions of the country
- the likelihood of finding sufficient numbers of children in the various categories

Within each district, 3 sub-counties were selected from which the targeted respondents were sampled. The criteria used for selecting sub-counties included accessibility and availability of the study participants.

The key informants were largely purposively selected by virtue of their direct involvement with

children or importance of their services to children. The Probation and Welfare Officer (PWO), as well as civil society working in the district, were instrumental in identifying respondents. Respondents were selected from the district, sub-county and village levels.

The selected sub-county local governments assisted in selecting LC 1 (village councils), whose secretaries participated in the focus group discussions.

Parents and guardians of children were selected in liaison with civil society, and PWO/CDOs in the respective districts. Use was made of LC 1 in the identification of the families.

This study's sample comprised of at least 6 technical staff both at district and sub-county levels, and 6 local government officials at both district (LCV) and sub-county (LCIII) levels. This brings the total number of key informant persons in all the four selected districts to 48.

Six focus group discussions of (on average) 8 participants each were held with parents/guardians of children in each sub-county. One focus group discussion composed of 6 LC I secretaries for children. Education, health and persons with disabilities focus group discussions were held in each of the three sub-counties selected per district. In total, 216 persons from all the four districts in this study participated in the focus group discussions.

Lastly, interviews were held with a representative of each of the 15 CBOs/NGOs sampled from the four districts covered by this study.

Cluster C

Methods

Structured questionnaires were developed for face-to-face use with three groups: children, parents/guardians, and key informants working in the juvenile justice field.

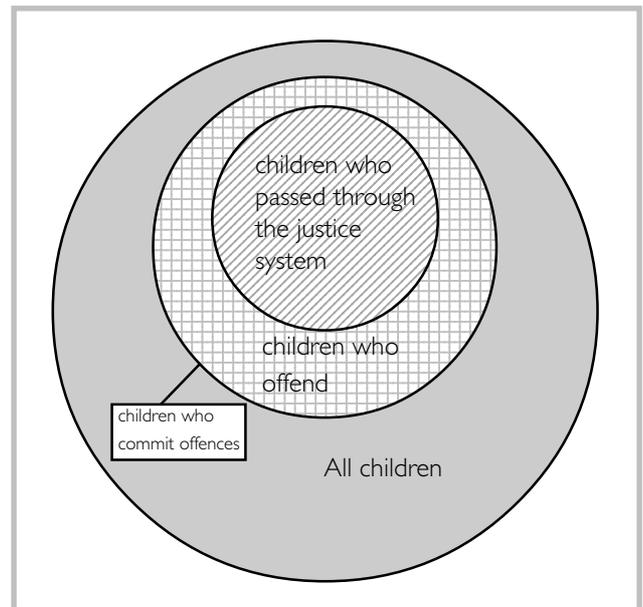
Sampling

The study was conducted in the three districts of Gulu, Hoima and Masaka. The selection of these districts was based on the fact that SC UK was already involved there in implementing juvenile justice programmes. Consequently, there was an easily accessible list of children who had passed through the justice system and a more developed follow-up mechanism. This facilitated quicker identification and tracing of the respondents.

The study cohort was:

- children (aged 10-19) who have been in conflict with the law and have passed through the formal justice system and been released. These were children who have been in the system since 2000
- children who are still in the justice system and currently serving their orders at the National Rehabilitation Centre at Kampiringisa
- additional information was collected from parents/guardians of the sampled children, teachers, LC officials, religious leaders, police officers and judicial officers. This information helped to cross-check information provided by the child for consistency and completeness and also provided some adult perspectives on the subject.

A total of 116 children and 71 guardians/parents



were sampled, taking into consideration gender, geographical distribution and rural /urban mix. Response rates were 97 per cent for children and 79 per cent for parents/guardians. 21 officials were also interviewed (16 male; 5 female). The breakdown of respondents by type and district is shown in Table 2.3

Cluster D

Cluster D is a synthesis of key findings from studies on child poverty and studies related to children's well being in Uganda, including official publications, agency reports, journals and website materials.

4. Training and ethical issues

All of the clusters trained researchers in use of the research tools. Skills in participatory methods and sensitivity to ethical issues are particularly important when working directly with children.

Table 2.3 Number of children, parents and officials interviewed by district (Cluster C)

District	Children	Parent	Officials
Gulu	31	26	4
Hoima	25	22	9
Masaka	30	23	8
Kampiringisa ²	30	0	
Total	116	71	21

In Cluster A, in the initial stages of the study, an orientation workshop was held for all the field researchers to acquaint themselves with tools to reduce the degree to which children personalize the issue of being poor. Asking children about what it means to be poor is a very sensitive undertaking.

During the development process it was made explicit that children had to be asked for their consent to participate in the research. All expressions of dissent had to be respected. Where possible, parents/carers/guardians had to be asked to consent to their child's participation in the research. In advance of choosing to participate in the research, children were informed about the purpose of the research, how it will be used and its possible outcomes. All researchers agreed to be personally responsible for:

- protecting children's anonymity
- ensuring that no child suffers harm as a result of the research
- respecting children's privacy
- ensuring confidentiality
- not exploiting adult power

- respecting each child's age, maturity, level of experience and knowledge
- always keeping promises made to children
- recognizing the moral obligation to seek support/protection for any child who is placing him or herself at risk.

Supervision by the cluster leader ensured that these agreements were fully implemented.

5. Study limitations and lessons learned

Limitations

One of the main limitations for clusters B and D, which relied more on secondary information, was the absence of documentation on some topics. These gaps have been highlighted in chapters 4 and 5.

For Cluster C, the main constraint was the absence of a control group with which the findings could be compared. This decision (motivated by time constraints and considerations of practicality) limited our ability to generate more than suggestive conclusions about the degree to which the deprivation identified may have led to criminal activities.

The research was carried out in areas where SC UK has been supporting programmes. While this facilitates access, it also means that the findings – for example, in relation to satisfaction with the justice system – may be unrepresentative. It might be advisable in future studies to compare across areas where outside support has and has not been made available.

Observations and lessons learned

One of the main issues in carrying out research with children is keeping interaction lively and varied and not expecting children to concentrate for too long. One issue which arose in relation to Cluster A was that the number of questions being investigated was considerable, which was quite demanding of children's time and concentration. This is something to consider carefully in designing future research.

The questions covered in this research deal with sensitive issues, and so every effort must be made to avoid distress to participants, and also to allay fears. For example, Cluster C participants were naturally concerned that the interview related in some way to being taken back into the criminal system. Similarly, others, such as their parents, hoped that some sort of assistance might be forthcoming. All research of this type has to be take care not to arouse false expectations or unnecessary anxieties.

For reasons to do with the distribution of SC UK projects, the research sites for the clusters only partially overlapped. For the purposes of comparing and triangulating data, it would be preferable in the next phase to coordinate the areas visited.

¹ For more details, please see the full cluster reports, available from the SC UK office.

² The children interviewed from Kampiringisa came from Mukono, Mubende, Soroti, Kampala, Kotido, Luwero, Mbale, Mpigi, Wakiso, Jinja and Kabale districts.

3 How do children perceive child poverty? What does it mean for them?

1. Introduction

There is a growing body of literature on how to define and measure poverty, which we introduced in chapter 1.

In this chapter we look at the following issues, based on the results of the four clusters:

- how do children perceive child poverty in Uganda?
- how do their views fit with or differ from those of adults?
- what does poverty mean for children, in terms of their sense of self and the way society sees them?
- what do children and adults identify as causes and implications of child poverty?

2. Definitions of poverty³

Children's views – broad and rich

The first striking conclusion is how broadly children define child poverty. Table 3.1 gives the main factors listed by children.

Many of the aspects are inter-related. For example, children described polygamous family structures as 'poor'. They gave two types of reasons for this. First, a father with many wives/extra-marital relations usually cannot afford to meet the needs of all of their children, including those of food and accommodation. According to the children in the study, the more wives/extra-marital relations a man takes on, the greater the hardships of his children (new and previous). Secondly, they spoke of the lack of love, understanding and co-operation that exist among children, parents,

step-mothers and others who live in this situation. As examples, children cited jealousy between wives, and mistreatment of children by step-mothers as common occurrences which create an environment of child poverty. The financial/material and the emotional are intertwined.

Contrary to the assumptions of many, the children's understanding of poverty is also highly developed. They talked, in relation to resources, not just of lack of money, but also lack of jobs and access to loans. They recognised that many adults are unaware of resources which could help them to be more productive, or are barred by discrimination relating to their appearance, illiteracy and lack of self-confidence.

One of the interesting contrasts which emerged from the clusters was between the views of the children and those of parents and officials on what it means to be poor.

Key informants in Cluster A, for example, gave most emphasis to lack of material and financial assets, such as money, clothing, employment, shelter and food, though a few also mentioned a lack of parental love and care as a kind of child poverty. Similarly, in Cluster B, parents and officials focused on the following categories:

- education
- feeding
- accommodation and shelter
- medical care
- clothing
- social support services.

In addition to these areas, the children (in Cluster A) often described child poverty in terms of

Table 3.1 Children’s definitions of child poverty: summary from 5 districts (Cluster A)

Personal, emotional and spiritual

- lack of parental guidance, care and love
- not having the means to get what one wants
- inability to solve daily problems, both as a result of lack of money as well as lack of initiative and innovation that results from financial poverty (“poverty of the mind”)
- lack of acceptance by others (especially rich people) because you smell, wear dirty clothes, etc.
- being dependent on others
- lack of religious grounding
- discrimination and deprivation (eg Kasese girl with disability, who is hidden and not allowed to be with other children) and not receiving care from those who are supposed to provide it

Family and social

- lack of one or both parent
- alcohol abuse by parents
- being forced to live on the street because parents cannot support all/any of their children
- family breakdown
- polygamous family
- households which have many children and do not use family planning
- inability to enroll in school or to pursue studies as a result of lack of school fees, uniform, books, pens, etc.
- lack of protection from abuse, exploitation

Political

- lack of freedom of speech
- living in a war-affected area
- lack of security

Physical

- lack of access to health care (medicine, immunization)
- vulnerability to disease, especially HIV and malaria

Financial and material

- lack of money, clothing, food, accommodation, material goods such as bicycles, books, bedding, cooking utensils and domestic animals
- lack of land
- lack of skills
- lack of opportunities for credit for parents and children
- lack of employment opportunities and sources of income
- child labour exploitation
- lack of access to transport and communications

Environmental

- living in an area susceptible to land slides, floods and drought
- lack of clean and safe water
- lack of latrines

personal, emotional, spiritual, and family well-being. They spoke frequently of what one child called “poverty of the mind” - the inability of an individual to think creatively, to solve problems and to become self-reliant. Children felt that this kind of child poverty was the most debilitating of all because it inhibits an individual’s ability to change his or her situation.

It may be that the narrow focus of adult key informants in this study reflects their official status, which leads them to tend to view all constraints as material, and to emphasise their need for additional resources. In view of the facts that these officials are responsible for development work and child protection, it should be a priority to broaden their understanding.



Drawn by a girl of ten years from Gulu District.

Children as actors in development

Children do not appear to share the fatalism of adults about addressing the many problems which they identify. They highlight numerous ways in which they could be involved.

For example, in discussing the causes of child poverty in Cluster A, children identified factors such as:

- **lack of employment for children.** Children want to be involved in suitable light work to supplement family income.
- **children not owning property,** such as domestic animals and land of their own. Children feel parents do not respect their need for separate income-earning opportunities and often feel that parents take the products or the money a child has earned. In Masaka, children mentioned their unsuccessful efforts to sell tomatoes and onions because their parents continually took them and used them for cooking. The children felt that parents did not respect their property, but saw everything the child owned as automatically theirs (because in some sense, they ‘owned’ the child).
- **getting used to receiving free things (children living in camps in Gulu):** Children felt that people begin to lose their motivation and sense of innovation when they become accustomed to having everything they need given to them.
- **‘treating children as children’** and not allowing them to do suitable tasks and develop their own skills. Children mentioned that they are capable of doing certain jobs according to their ages. They believe they have knowledge and some skills and can be innovative. Some

worry that parents do not teach their children how to look after themselves and therefore, when they encounter difficulties, they are unable to solve them on their own.

This contrasts strongly with the views of key informants in Cluster B. They are clear that children are dependent, that children lack knowledge and means, that only adults can address the issue of child poverty.

“A child is a dependant. Children do not work; if a household is not doing well then you will expect a child to be poor.” (KI, Gulu)

“The adult makes the children to live in poverty. Basically, the child lives under poverty because the parent cannot afford or is too old, divorced, terminally ill or dead.” (NGO staff, Gulu)

“The only difference between child and adult poverty is that children are more vulnerable, because they lack knowledge and resources.” (KI, Gulu)

Children are aware that adults are unwilling to consult them. Many boys and girls mentioned that poor children do not share their needs and concerns with the wider community because they do not think that they care about them. For example, in Kampala, children said they were reluctant to tell their community leaders their problems because they feel that to do so will only expose them to ridicule and humiliation and cause them more problems. Children in Arua mentioned that the local leaders do not allow them to attend community meetings because of

the assumption that they have no brilliant ideas to contribute and that their parents can talk for them.

Same definitions, different implications

One of the striking findings of Cluster A is that children of many different regions, income levels and backgrounds appear to have similar definitions of poverty. Although children were interviewed in different groupings (eg AIDS-affected children, children with disabilities etc.), their responses were very similar and have therefore been amalgamated in this report.

Where children saw differences was in the implications of poverty. So, for example, children in conflict zones were affected differently, as were boys and girls (see section 5 below).

Rich house, rich child?

Key informants in Cluster B were categorical that child poverty and household poverty are synonymous:

“Poverty among children stems from the general household poverty.” (FGD, Kampala)

“A child is child. At home, the condition of the child reflects the general condition of the family.” (KI, Kasese)

The children also argued that poverty is likely to be inherited, but they saw ways in which rich children could be ‘poor’ in a wider sense.

Table 3.2: Bad things that can happen to a rich child according to children (Cluster A)

- die when very ill even with access to medical care
- fail to concentrate at school, ignore/neglect studying and drop out of school
- be disorganized when parents die
- misbehave, become undisciplined
- not have the interest to work for self
- get accidents because they move in cars
- be charmed
- love money and become a thief
- defile young girls
- be abducted
- be bitten by snakes because of moving at night to discos
- plan to kill the father to inherit the wealth
- despise the poor and they gang up and rob him/her
- become a drug addict
- be short sighted
- tell lies to get money
- set grass thatched houses on fire and be arrested (Arua)
- become a “beyond control child”
- eat from the dust bin when money is over and he/she is orphaned
- fail to get a career after death of parents
- become naughty and lazy
- become careless
- organize strikes at school and be expelled
- develop diseases of rich people, too fat
- get diseases like hypertension, heart attack, kidney and liver problem and HIV

*Drawn by a girl of ten years, Masaka District*

The importance of being educated

One of the striking research findings is the way in which education is viewed as a key resource, often over and above other more ‘basic’ goods, such as food and shelter. In Cluster C, for example, when children were asked to rank the most important things in their life, education was listed as most important by twice as many children, compared with the next one down (food) and way above the third one (shelter).

Table 3.3: Children’s ranking of what is most important for them (Cluster C)

Important things	% choosing this as most important
Education	50%
Food	24%
Shelter	7%
Clothing	5%
Money	4%
Parental care	3%
Bicycle	2%
Leisure	2%
Beddings	1%
Car	1%

The adults in that cluster have a very similar ranking, and other reports support the view that education is highly valued in Ugandan society (MoFPED, 2000a; Meinert, 2001).

“Everybody can be rich according to the way they use their minds.” (boy, 13 years, Kampala)

It seems that being uneducated is a key indicator, as well as being a cause and a consequence, of poverty.

Despair – absence of social networks?

Many of the children who participated in the research spoke of the humiliation and lack of self-respect that accompanies being poor, but some groups seemed to feel particularly desperate. For example, many children in Gulu and Kasese (areas affected by conflict), and street

children in Kampala, Masaka and Arua, referred to the desire of poor children to die or commit suicide, and their wish that they had never been born. Children said these feelings of helplessness and despair described child poverty itself: boys and girls in the study said that individuals who feel this way are “poor”, even when they have money.

We can only speculate why these groups expressed particularly extreme feelings. It may be that they are living in situations where social networks are weakest, if not non-existent. Street children, for example, are not only not supported by society, but are seen as an active threat. This is an area which merits further investigation. Children are very aware of the degree to which family support networks are under strain these days.

“When parents die many relatives don’t care, they say that one time they will also die and no one will look after their children.”
(girl orphan, 10 years, Kasese)

3. Poverty indicators

Table 3.4 How can you tell if a child or household is poor?

Household indicators	Child indicators
<p>Personal, emotional and spiritual</p> <ul style="list-style-type: none"> • always wandering around with nothing to do • submissive to those with more • lack of dignity because of having to give sex for money • always worried and never happy, may be crying all the time • has mental problems • low self-esteem • plays in soil and sand because nowhere else to play • having no time to spend with friends • feeling overwhelmed by problems, feeling miserable and even “regretting why one was born at all” • having no peace of mind • feeling inferior • does not pray or go to church 	<p>Personal, emotional and spiritual</p> <ul style="list-style-type: none"> • members having no access to health information • young members of the household appearing very old • members being idle • members being ignorant • children having nowhere to play
<p>Environmental</p> <ul style="list-style-type: none"> • living in an area susceptible to landslides, floods and drought • lack of clean and safe water • lack of latrines 	<p>Environmental</p> <ul style="list-style-type: none"> • having dirty compounds • having flies around the house • living in a swampy area • living far from the main road
<p>Political</p> <ul style="list-style-type: none"> • living in a war-affected area, including being displaced and abducted 	

Table 3.4 continued

Household indicators	Child indicators
<p>Physical and intellectual</p> <ul style="list-style-type: none"> • ever sickly • child with disabilities who cannot look after her/himself • has a big head compared to the rest of their body • unable to think clearly • has AIDS • swollen stomach 	<p>Physical and intellectual</p> <ul style="list-style-type: none"> • members suffering from diarrhoea and cholera • members having poor personal hygiene • children having jiggers, long dirty nails and long hair • pregnant women at a high risk of dying • having no access to medical care • malnourished children • infested with mosquitoes • very thin children • stunted children • having blind parents led by children
<p>Financial and material</p> <ul style="list-style-type: none"> • stealing from other people to survive • eating from the dustbin • sleeping anywhere, including under people's cars, in people's latrines • living by begging • wearing torn and dirty clothing • doing hard child labour • searching for housework • having no bedding • not having enough food to eat • working as a prostitute 	<p>Financial and material</p> <ul style="list-style-type: none"> • having one-roomed grass-thatched house • keep moving from one place to another leaving rent debts behind • children lack bedding • having no land, cattle • cultivating on borrowed or hired land • children crying of hunger • not having enough food • girls bringing men in the house for money (child headed household) • having no electricity, solar energy • having no cooking utensils • having no kitchen • living by hunting (Kasese) • children and parents doing casual labour e.g. digging for rich families to get food • members of the family stealing • father defaulting tax

A sample of the indicators suggested by children for identifying child and household poverty is given in table 3.4 (see annexe 2 for a fuller list). The main difference between child and household indicators is that some categories are more detailed – eg environmental factors feature more under household poverty than child poverty. Compared with the indicators suggested by adult key informants in Clusters A and B, these lists are more detailed and pay more attention to social and personal issues.

In chapter 7 we consider the extent to which these indicators are reflected in current poverty monitoring systems in Uganda.

4. Causes of poverty

Key informants in Cluster A lay the causes of poverty almost exclusively at the hands of parents and what they deemed poor parents' lack of awareness of children's rights and the value of education. It was asserted by many that parents do not know what they are supposed to provide for their children, and as a result choose not to educate their children or do not discourage their children from dropping out of school. The implication of many of these comments was that parents, no matter how poor, have a choice to educate their children – UPE schools are free. Disdain and disillusionment with parents' lack of foresight was common among key informants, who also attributed poverty to parental laziness and lack of initiative.

Key informants also identified large families as a cause of poverty, explaining that most poor adults do not plan their family size and have

more children than they can afford to care for. Many also commented that although unemployment is high and poor wages are common for those with jobs, the limited financial means of the family does not usually result in the reduction of family size. Many key informants went on to add that a lack of parental love and care for children results in boys and girls feeling unwanted and a burden. This rejection sometimes leads them to run away from home and end up on the streets.

With respect to orphaned children, key informants suggested that property-grabbing on the part of relatives leaves many parentless boys and girls destitute. They commented on the particular vulnerability of children in this situation, and others (such as those living in single-parent households) who require significant levels of support from members of their extended family and community. In Kasese, one individual pointed out that there are growing numbers of children in need and decreasing numbers of individuals able or willing to assist them.

“Today, many people are not interested in supporting children who are not theirs because there is no guarantee that this child will pay back in one way or another.”
(KI, Kasese)

It is striking that while officials appear to concentrate on parents' responsibilities, children name a wider range of causes, including property ownership, conflict, environmental issues, corruption and employment issues.

5. Implications of poverty

Table 3.5: Bad things that can happen to a child just because s/he is poor.... according to children (Cluster A)

- | | |
|---|--|
| <ul style="list-style-type: none"> • die when sick because of lack of medical care • be tempted to steal in order to eat • be subject to abduction • do hard labour with little or no pay • drop out of school • get pregnant because of lack of advice or being forced into sex • be orphaned because parents lack of medical care • go mad • be hit by landmines when going to the bush to look for food | <ul style="list-style-type: none"> • become a street child • become a prostitute • join the army when still young • starve to death • develop septic wounds • get diseases like malaria and HIV • commit suicide because of lack of basic needs and overwhelming sadness • “ be buried like a dog” |
|---|--|

Children mention a wide range of problems which poor children face. One theme is the sense of being unloved, despised. In all 5 districts, children mentioned the psychosocial and mental suffering they experience as a result of being poor and the humiliation that they feel. Constant teasing about being smelly and dirty, coupled with a sense that they are less intelligent and experienced than children with more money, often leads them to live isolated and self-limiting lives. They often

“fear to pass by people’s offices because [they are] never smart and in most cases officers chase such children before they know what they have to say.” (boy, 11 years, Kasese).

Similarly, children forced into sex work are not only at physical risk, but feel isolated and treated with disdain. Children living with non-natural

parents feel obliged to act in a submissive manner, feeling always at risk of being thrown out. The story of Achan, aged 13, living in Arua, is typical of the ‘second class’ status of many orphans.

Some of the implications mentioned by children are gender-specific. For example, both sexes felt that boys were more likely to steal in order to survive, and to end up in prison. The proportion of boys to girls in the juvenile justice system (examined in Cluster C) bears out this generalization.

The pressures in relation to marriage differ too. Girls are more likely to be married young, in order to bring in bride price (sometimes to pay for their brothers to marry). On the other hand, boys mentioned being married young in order to bring extra labour into the household (both in the form

The story of Achan

“My aunt is a terrible drunkard, she mistreats me and has refused to pay for me school fees so that I can go back to school. When I ask her for school fees she uses abusive language that leaves me in tears and regret. She normally tells me this “did your dead father leave me money to educate you?”

I'm given very little food to eat and I eat only once a day. She insults me several times before she finally gives me her food. Some times she chases me away from home and I eat and sleep at the neighbours who sympathize with me.

I have only one dress that is as torn as you can see. My aunt only buys clothes for her children. She tells me that one day she will die and her children will suffer. During daytime my aunt sends me to sell green vegetables and peas at the roadside while she goes to drink. After I have sold I come back home and do the housework. I fear telling people how I am being mistreated because if my aunt comes to know about it she might kill me.”

of the daughter-in-law and of grandchildren). Unfortunately, for many poor girls early marriages mean early suffering because of domestic violence.

“If they don't have a short life span then they will have a long life span of suffering.”
(girl, 13 years, Kasese)

Children further noted that poor girls are viewed as unworthy of education because they will get married and their husband will benefit from their education, not their parents/guardians. Some people even come to tell the parents not to give school fees to their daughter for this reason.

Children in the research also mentioned that child poverty to poor girls may mean being seen as women from a very young age and therefore being given the responsibilities and hard physical work of women. They also mentioned the problem of domestic violence.

In war situations, boys and girls are affected differently – though both in very serious and negative ways. Boys are more likely to be forced to join the rebel groups.

“The poor must learn how to use the gun for looting material things such as food, clothing, money, medicines, etc, learn how to be brave and kill by use of machetes instead of wasting a bullet and learn sex by forcing young girls who are captives into sex.”(boy, 14 years, Kasese)

“The day I was abducted, I was forced by the rebels to kill one of the children who had failed to walk because of walking for a long distance. You are initiated from day 1 to be brave and obey the orders. Failure to do so, you face death. One day, when we were returning from what seemed to be a successful loot, we were ambushed by the UPDF soldiers and there was cross fire, some of our friends who were also

children were killed, we got scattered. I and another boy got the opportunity to escape in that process.” (boy, 12 years, Gulu)

Children involved in the study commented that poor girls have limited mobility because they are afraid of being abused and exploited.

“They don’t go to cinemas and other social places for evenings because they will be raped, they are also scared to be in the house alone.” (boy, 13 years, Kampala)

Surprisingly, children of both sexes believed that boys have fewer economic opportunities than girls and consequently boys tend to feel less valued than girls. In children’s minds, housework represents the bulk of available paid labour for children, and this domain is almost exclusively open to girls. Boys said that their greater difficulty in contributing to the household income meant that they had less respect and less of a voice in their family and household. This conclusion is supported by another recent study in Soroti (Community Development Resource Network, 2002). This found that boys were seen as a liability, as guardians were expected to provide them with land, and were more likely to be neglected. Girls were seen as more useful in performing household chores, and also more in need of protection. These findings differ significantly from the commonly held assumption that girls are less valued than boys in the Ugandan household and that boys have greater access to the job market than girls.

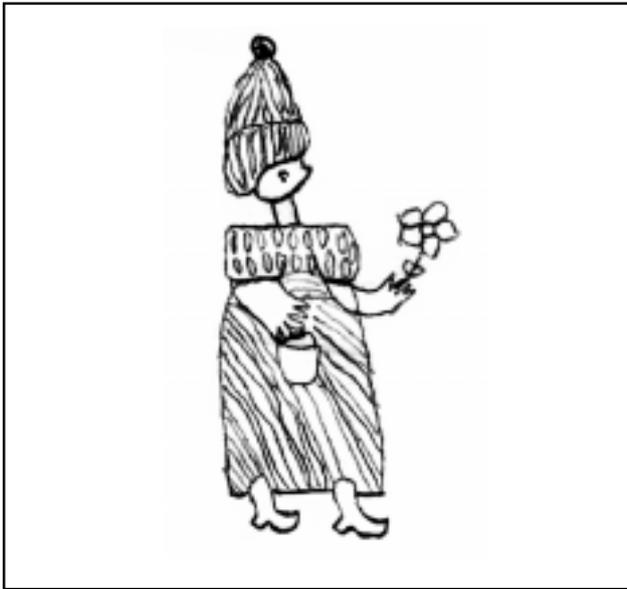
These economic opportunities are, of course, a double-edged sword for girls, bringing them into

the workforce early in life. This is reflected in comments by girls that they ‘become women’ early on, and are given a woman’s workload, even though they are young. Similarly, in describing their roles, it was interesting that boys listed ‘play’, whereas girls did not.

The children were asked about their hopes and fears. Some of their responses are given in Table 3.6

Table 3.6: What does a poor child hope for? (Cluster A children)

- a good person to come my way to offer support
- to go to school and complete
- to get a good job
- to grow up, get married, produce children that they can look after
- that God will bless their parents to become responsible, to love and care for him/her; take him/her to school and provide him [or her] with every thing he needs to make him happy”
- to get money and buy a car and dress smartly
- to go to the bush and get a gun
- to be better than my parents
- to be able to support other orphaned children in the community
- to return home (if displaced by war)
- to begin cultivating and grazing animals (3 rural areas - not Kampala)
- to start saving money
- to get off the street
- to remain healthy and never to contract HIV
- to have fun



Drawn by a girl of 13 years, Kampala District

6. Poor children – how they are seen, and how they see themselves

Table 3.7: Role and status of poor children in society

Some words poor children use to describe the way society sees them...

- | | |
|--------------------|-----------------|
| • Insulted | • a disgrace |
| • Underpaid | • harassed |
| • Disliked | • uncared for |
| • Exploited | • submissive |
| • Looked down upon | • unappreciated |
| • rejected | • useless |
| • falsely accused | • worthless |
| • abused | • overlooked |
| | • overworked |

Poor children feel unwanted by society, and by many of those around them (see table 3.7). Some categories of children feel particularly despised – for example, children with HIV/AIDS, disabled children and orphans. Many children face multiple and overlapping types of disadvantage, as the case study of a 12-year-old girl, Akello, in Kitgum, illustrates:

The story of Akello

“One day the LRA rebels attacked our home and killed my parents by cutting them into small pieces. This was done in my presence and thereafter our houses were set on fire. All the people who had come to pay us a visit were also chopped into pieces. My sisters were not at home the time the incident happened so they survived death. I feel the rebels spared me because of the disability [her right arm and leg are damaged]. In the first place they knew I was useless and secondly may be they wanted me to be tortured for the rest of my life by cutting my parents into pieces in front of me. I wished to die too but none of them could kill me. This makes me cry every time I reflect on the painful death my parents and the family friends had to go through. I regret why I was born at all. This left us total orphans with no one to care for us and none of us had a chance to go to school. I have personally faced many problems because of my disability. Even before my parents died they used not give me the same treatment with the other children because every body looked at me as a curse to the family and clan and wished me death.

When my elder sister got married, I immediately moved to her new home to live with her but still life

The story of Akello continued...

is very difficult for me. I'm confined at home, I can't do any small business to support myself because I don't have any source of income, I entirely depend on my sister who also depends on her husband. I'm always insulted by people in the village that I'm a weakling with too many spare parts that are useless, they don't allow their children to play with men because they think I have bad omen and people spit after me. When I request for a lift to the health centre, people with bicycles tell me their bicycles are not for charity. I get humiliated, not respected and appreciated.

My desire is to acquire some vocational skills, learn how to work, be independent and earn a living. I hope to be rich in future. I don't hope to marry because with my state of disability no man will accept to love and take care of me. But will only satisfy their desires and abandon me with children in case I give birth.

I feel government and NGOs should sensitize people to take care of orphans, children with disabilities and those affected by war because they never wished to be orphans/disabled. They should come and counsel us and give us guidance on how to work for ourselves. They should train us children in vocational skills and give us sewing machines, diary cows and loans. I'm determined one day I will be the richest woman around".

The view of society is not shared by these children. They want love, respect, skills and appropriate responsibilities in their families. They do not see themselves as 'worthless' and 'useless', but as an underused resource, with huge potential to help themselves, their families and communities. They are optimistic, even in difficult circumstances.

As one child in Arua said,

"Every child can be rich, according to the way they use their hands." (boy, aged 13, Arua).

Their suggestions for ways of combating poverty are discussed in chapter 6.

Summary

- Children have a broad and rich understanding of the nature and causes of poverty.
- Compared with adults, they appear to place more emphasis on personal and family factors.
- Adults in this study have a materialist understanding of poverty, and see child poverty as identical with household poverty. As the KI are mostly government officials with some responsibility for children, it should be a matter for concern that they are not more sensitive to children's particular needs and interests.
- Children also see poverty as inherited, but not uniformly and inevitably; they identify ways in which 'rich' children can be poor, in a wider sense.
- They have a positive view of their potential

role in mitigating poverty and are enthusiastic to be involved.

- They have very negative views about how society sees them, as poor children, and describe vividly the ‘shame’ of poverty.
- Some express strong negative emotions of despair, especially street children and children affected by conflict.
- Their definitions of poverty are remarkably similar, across different groups of children.

³ For more detailed responses, please see the cluster report, ‘Understanding child poverty in Uganda: children’s perceptions of child poverty, its causes and implications’ by Jenifer Bukokhe, SC UK, June 2002.

4 Child poverty trends in Uganda: Sectoral analysis

I Introduction

This chapter summarises the main issues affecting children's well-being in Uganda today, based on existing studies and also the primary research carried out in this study (especially Cluster B). The aim is to identify the main trends, and areas where we have insufficient data or understanding, from a policy and planning point of view.

As children define poverty in a very broad way, we provide an overview of a wide range of topics. It is clearly hard to draw a line around areas which concern children. Indirectly, all the issues which affect adults – eg tax rules, governance, agricultural systems – impact on children too. These, however, have been covered in other reports (such as the current round of UPPAP (Ministry of Gender, Labour and Social Development, May 2001), and our focus here was on studies which explicitly relate to or include information on children.

This chapter summarises key points along traditional sector lines. The following chapter looks at information on particular sub-groups of children, considered to be potentially most vulnerable.

2. Income and consumption

Summary

- Uganda is a poor country (ranked 21st out of the poorest countries by UNDP in 2001).
- It has large regional disparities of income – the North being most underdeveloped, largely as a result of long-term conflict. Rural/urban gaps

persist. Income inequality is high and relatively stable.

- Poor children form the bulk of the poor (62 per cent)(Ministry of Gender, Labour and Social Development, May 2001), but are not seen as a target group for poverty alleviation efforts in themselves.
- Income poverty, and its implications, is a key concern for children and adult key informants in this study.
- On current trends, the proportion of the population in absolute poverty will fall in the future, though the absolute number (given population growth) may rise (USAID, 2002).
- Given the multi-dimensional nature of poverty, it is possible (as has happened over the recent period) that economic growth will be accompanied by perceptions of increased poverty among the poor.
- Poverty research and monitoring is very advanced in general, but certain areas have been neglected. There are few income statistics on vulnerable categories of children (such as CHH or street children) and few studies on intra-household distribution of resources.

General statistics

According to the latest figures (Population Secretariat and UNFPA, 2001), 35 per cent of Ugandans live in absolute poverty. Children under 15 make up 52 per cent of the population, and 59 per cent of the absolutely poor. Children under 18 make up 62 per cent of the absolutely poor (Ministry of Gender, Labour and Social Development, May 2001).

The overall proportion has been falling over the past decade – from 56 per cent in 1991 to 44 per cent in 1995, and now 35 per cent (in 2000). Average GDP per capita has correspondingly been rising slowly over the 1990s, from \$251 in 1991 to \$350 in 2000. This amounts to an average annual growth rate of 4.3 per cent per capita over the decade. However, if we take a longer perspective, the average Ugandan's income is still lower in real terms than it was in the 1960s. 1965-80 saw an average annual growth rate of -2.2 per capita (UNICEF, 2001a).

By rural/urban

Urban areas experienced greater growth - 42 per cent, as against 15 per cent for rural over the 1997-2000 period. 96 per cent of the poor lived in rural areas in 2000. Consumption poverty in Uganda is therefore essentially a rural phenomenon. Urban poverty fell to 59 per cent of its 1997 figure by 2000, whereas rural fell only to 80 per cent.

This income poverty contributes to and is reinforced by wider 'poor performance' by rural areas in Uganda. The UNDP produces an index of

human poverty (HPI), which is based on life expectancy, illiteracy rates and standard of living indicators (UNDP, 2000). The index ranges from 0 for no poverty to 100 for total deprivation. Rural areas in Uganda scored 43 in the exercise, compared with 21 for urban areas (UNDP, 2000). See table 4.1 for a summary of some key rural/urban disparities. Uganda as a whole has a HPI of around 40 per cent, compared with 30 per cent for its neighbours, Kenya and Tanzania.

By region

There was average growth of 22 per cent in mean real consumption per capita between 1997 and 2000 (Appleton, 2001; Wakhweya, Katerega and Konde-Lule, 2002), but this was not equally distributed across different regions. 67 per cent of the population in the North are living below the poverty line, a rise of 8 per cent over the period. This can be attributed to continued conflict, linked to decayed social and economic infrastructure (MoFPED, 2001a). The regional per capita GDP of the Northern area is around half that of the central region (UNDP, 2000). The gap between the North and the other regions has increased, and might have been even worse if the

Table 4.1 Rural/urban disparities in poverty indicators in Uganda

	Rural	Urban
People born today who will not survive to age 40 (%)	38	27
Adult illiteracy rate	43	16
People without access to safe water (%)	57	23
People without access to health services (%)	57	5
Children under 5 who are malnourished (%)	27	15
HPI-I	43	21

Source: UNDP, 2000

war-ravaged Northern districts of Gulu and Kitgum had been included in the analysis (Okidi and Mugambe, 2002).

On UNDP's HPI, the Centre scored 29; the East 34; the West 36 and the North 39. Ranking by district showed Kampala to be best-off, with Moroto and Kotido at the bottom of the table (UNDP, 2000).

The factors behind the relative disadvantage of the North are many. They include:

- less fertile soils (semi-arid in parts)
- high proportions of displaced persons
- continued civil conflict
- historic use as a labour pool to serve other, more developed regions
- ethnic factors, such as the warrior traditions of the Karamojong
- lack of basic social services
- lack of employment opportunities and economic infrastructure.

By income group

Income inequality has remained high but stable over the past decade. It decreased slightly between 1992 and 1997, but then rose again after 1997. The top decile (10 per cent) increased its average income by 20 per cent, as against 8 per cent for the bottom decile. The Gini coefficient increased from 35 per cent in 1997 to 38 per cent in 2001 (MoFPED, 2001b), ending at the same level as in 1992.

Appleton's decomposition of changes in poverty suggest that the downward trend in the 1990s was largely due to growth rather than redistribution. His results suggest that 87 per cent of the fall in

the headcount index were due to growth, compared with 12 per cent due to welfare distribution (Appleton, 1999).

By sector

A desegregation of national poverty trends by sector suggests that manufacturing and trade made the greatest gains in the 1990s, followed by cash crop farming. Households focussing on food crops experienced a decline in poverty, but to a lesser extent than other sectors (Okidi and Mugambe, 2002).

By age group

There is no special emphasis on collecting information on children's income or expenditure. This reflects the general assumption that children reflect the economic status of their household and are not independent economic agents.

However, we do know that children constitute 62 per cent of the people living in absolute poverty – the largest group of the poor (Ministry of Gender, Labour and Social Development, May 2001).

The elderly are also highlighted by participatory exercises as being a vulnerable group – especially elderly women and widows who neither own nor control resources. The poverty profile of the MoFPED notes that the poorest 20 per cent in urban areas includes a large number of elderly women (MoFPED, 2000b).

By gender

Poverty has a gender angle, in that the majority of the poor people engaged in agriculture are women (Appleton, 1999). Women lack control over land and other assets, and also have a traditionally

subordinate role in the household. Disparities in income, and other factors such as lower access to education, mean that the human development index (HDI) for men in Uganda is higher than for women: 0.536, compared to 0.487 (UNDP, 2000).

Byethnic group

Although poverty is seen, in the Ugandan context, as being more related to factors listed above, such as regional or household characteristics, there are some tribal groups which face particular problems. The Batwa, for example, in Southwest Uganda, are a traditional forest-dwelling group, whose home is now a national park and who have been evicted and ‘resettled’. They do not have land; they do not have permanent homes; they have no access to social services; they are looked down on by other groups in the region; and live primarily off begging, according to the UPPAP report (MoFPED, 2000a).

Causes and characteristics

The major causes of poverty, according to participants in UPPAP (MoFPED, 2000a), were ranked as follows:

- poor health and disease (67 per cent)
- lack of access to markets (63 per cent)
- excessive alcohol consumption (56 per cent)
- lack of access to financial assistance and credit (50 per cent)
- ignorance and lack of information (44 per cent)
- idleness and laziness (42 per cent)
- lack of cooperation (42 per cent)
- large families (42 per cent)
- insurgency (40 per cent).

The MoFPED (MoFPED, 2000b) outlines the

following factors as affecting the incidence of household poverty:

- geography (the North and East are poorer on average than the West and especially central regions)
- ill-health
- living in an area affected by insurgency
- having lack of access to markets
- households headed by orphans and widows
- being landless
- having sick parents.

Another report, in 2000 (MoFPED, 2000b), found the following characteristics among the poor:

- large families, with high dependency ratio
- low levels of educational attainment
- rural subsistence farmers (mostly women) and urban unemployed

It also noted that female-headed households – both poor and non-poor - tended to exhibit better welfare status than their male counterparts (supporting the argument that women’s income is more likely to be spent on the welfare of household members).

Interestingly, owning your home is not an indicator of prosperity in the Ugandan context. The majority – 79 per cent - of Ugandans own their homes, and this ownership increases with poverty (presumably because this is mainly a rural phenomenon). 95 per cent of the chronically poor were homeowners in 1997, whereas 65 per cent of the urban non-poor rented their homes (Okidi and Mugambe, 2002).

In another report (MoFPED, 2001c), indicators are tested for their correlation with consumption poverty. The results suggest that:

- the proportion of children below 15 years in a household is highly correlated with poverty (but sex of household head, divorced head and widow are not)
- educational indicators are predictive, including number of years of education of household head and spouse, and adult literacy
- health indicators performed poorly (the only ones which come close are stunted and wasted children, though even these are not strong)
- income and expenditure indicators, unsurprisingly, are highly correlated. Subsistence farming is positively correlated with poverty.
- productive assets do not appear to be highly correlated, which is surprising. Owning land is the exception, but here there is a positive correlation with poverty, presumably because of rural/urban differences. For non-productive assets, on the other hand, such as appliances and furniture, there is a strong correlation with prosperity
- dwelling indicators, such as types of floor or walls, and numbers of members per room, were found to be highly correlated with poverty (and one another, so that the use of one or two would be adequate to categorise a household)
- ownership of a blanket, or two sets of clothes, or a radio, were found to be linked with prosperity
- social network questions (membership of women's savings groups) and questions about being affected by strife or attacks appear not to be systematically related to poverty
- similarly, community indicators to do with distance to roads, access to banks and schools etc. did not perform well
- location indicators were found to be very

important (rural/urban, living in the centre or the North)

- community shock indicators, such as drought or cattle rustling, were more location specific.

Note that this study does not imply that other indicators are not significant to households as a measure of welfare, but merely that there is no close general relationship between them and consumption poverty at the household level. It is also significant that the study found it hardest to find suitable indicators for the poorest 20 per cent than for the rest of the population. The authors conclude that indicators should be monitored individually, as they sometimes move in different directions (some improving, some deteriorating), and that a slimline version based on 36 poverty indicators was not reliable enough to replace the larger household survey.

Community-level studies of poverty have also concluded that categorising according to simple indicators is not easy. One study in Rakai district (Concern Worldwide, 2002), for example, found that poor households did not fit with prior expectations - eg very few were female-headed – and that they were quite different from one another.

In another study which tracks a group of households through the 1990s (Okidi and Mugambe, 2002), the authors conclude that while the majority move in and out of poverty, all the panel households that experienced persistent poverty for at least five years were engaged in agricultural self-employment as their main economic activity.

While annual growth was over 5 per cent in the 1990s, the target for reducing income poverty to 10 per cent by 2015 is 7 per cent per annum, which is ambitious. Current government strategies for achieving this include attracting a high rate of Foreign Direct Investment; increasing the competitiveness of the export sector; promoting the domestic financial sector; and encouraging a move from subsistence agriculture to modern commercial animal and crop husbandry.

3. Health

Summary

- Overall health indicators in Uganda are poor, and they have been worsening since the mid-1990s.
- Indicators of child mortality – IMR and CMR - have been stagnating, presumably as a result of the AIDS epidemic, falling vaccination rates and the ongoing high burden of diseases such as malaria, ARI and diarrhoea
- Common risk factors emerge, include low levels of education, teenage pregnancies, location (rural areas and the North generally have worse indicators) poverty, access to water and sanitation, and number and spacing of children
- Fertility and population growth rates remain high, and have been increasing, especially for the poor, those living in the North and those with no education. This presents a major challenge for poverty reduction efforts. Unmet demand for contraception appears to be rising.
- Despite impressive efforts at health sector restructuring at national and district level, health service delivery at grassroots level

remains poor, in terms of quality, and users face considerable costs (travel, drugs, informal payments, long waiting times). The removal of user fees has apparently improved access for the poor, but many barriers remain.

- The bulk of health expenditure is private and the cost of illness to households is high. These include, for example, chronic treatments, in the case of AIDS; frequent treatments for illnesses such as malaria; productivity lost to illness; and interrupted attendance at school.
- Ill health, its effects and costs to the household, is a key concern for children and the poor.

General health indicators

Life expectancy has fallen over the past decade, from 48 years in 1991 to 42 in 2000. There are also regional disparities in life expectancy, with the average Northerner living 6 years fewer than someone in the Central Region (UNDP, 2000). Shockingly, the average life expectancy appears to be the same now as it was in 1960 (UNDP, 1996).

For infant mortality rates (IMR), there was first an improvement (from 122 per 1,000 in 1991 to 81 in 1995), and then a deterioration, to 88 by 2000. The same pattern is seen in under-5 mortality rates, which first fell from 180 (1989) to 147 (1995), and then rose to 151 in 2000 (Uganda National Bureau of Statistics, 2002a) (see the table 4.2). This is largely connected to the rise in IMR. Although we have seen an improvement in the long term (the child mortality rate (CMR) in 1960 was 224), Uganda remains close to top of the international CMR table – 32nd out of 187 countries (UNICEF, 2001a).

Table 4.2 Mortality trends, Uganda 1995-2000

	1995	2000	GOU target (2005)
Infant mortality (per 1,000 live births)	81	88	68
Under 5 mortality (per 1,000 live births)	147	152	103
Maternal mortality (per 100,000 live births)	527	505	354
Deliveries assisted by skill health workers	38%	39%	50%

Source: MoFPED, 2002b

The regional picture varies, with the North having the highest level of CMR (178), followed by the West (176), the East (147) and the centre (135).

Childhood mortality rates are substantially lower in urban areas, compared to rural. A rural child has a 60 per cent higher chance of dying before the age of 5, and an 80 per cent higher chance of dying between birth and 1 year old. Under-5 mortality is also strongly negatively correlated with wealth (the lowest quintile having almost twice the risk of dying, compared to the top quintile) and education (a child born to a mother with secondary education is half as likely to die by age 5 as one born to a mother with no education, and the same differences hold to a lesser extent for primary education) (Uganda National Bureau of Statistics, 2002a). That income is not the only important determinant is shown by the fact that IMR has risen sharply in the West while income poverty has fallen there (MoFPED, 2002b). Other risk factors for early childhood mortality identified in the UDHS are:

- early and late pregnancies (between 20 and 29 are the safest years; IMR is 20per cent higher for babies of teenage mothers)
- first babies
- lacking access to clean water and sanitation

(households using surface water have an IMR twice as high as those with piped or tap water, while those with no access to toilets have an IMR 50 per cent higher than those with access)

- boys (their risk of mortality is 14 per cent higher for neonatal and 7per cent higher for post neonatal periods)
- short birth intervals (a child born less than 2 years after the previous one is twice as likely to die before 5 than a child born 4 years after the previous one)
- low birth weight babies (though figures for this are less reliable as most births do not take place in facilities and weights are therefore not recorded systematically)
- mothers who are not able to participate in decision-making were also found to have more at-risk babies, particularly in the first year of life. Similarly, women who thought that wife-beating was acceptable had children with a higher IMR than those who did not.

Low birth weight babies are both a symptom of poor maternal health and a predictor of poor infant health. According to the 1995 DHS data, 12.9per cent of babies were low birth weight in Uganda.

A study for the MoFPED (Sunshine Projects, 2002) found that maternal risk factors (age, fertility, marital status) ranked highest in contributing to infant mortality in Uganda, followed by the region of residence, whether they had ever used modern contraception, maternal education, place of delivery, immunisation and duration at current place of residence. It should be noted however that income and the impact of HIV/AIDS were not modelled in this study.

Coverage of services

1992-2000 saw an increase in the use of health facilities by the population as a whole (Uganda National Bureau of Statistics, 2002a), but this was mainly in the private sector. Money continues to be a major barrier (see table 4.3). 43 per cent of rural sick (and 36 per cent of urban) did not seek health care because of lack of money.

Infrastructure is also important. Only 43 per cent of parishes have any health facilities. The average distance to the nearest health facility has increased

from 4 to 5 km from 1996-2000. Only 49 per cent live within 5 km of a health facility. Access is predominantly a rural problem: 99 per cent of urban residents live within 5km of a health facility, compared with 42 per cent of rural (International Fund for Agricultural Development, 2001). Not surprisingly, rural women, women in the North, and women with no education or employment are more likely to cite problems than urban women.

In the UNHS of 1999/2000 (Uganda Bureau of Statistics, 1999), 30 per cent of the sample reported sickness for the 30 days preceding the survey. The most common response to illness was to visit a private clinic (29 per cent - higher in urban areas), followed by home treatment (23 per cent), and then visiting a government hospital (13 per cent). 8 per cent took no action.

The Ministry of Health aims to have one level II health centre for every 5,000 people (see Table 4.4), but at present the figure is just over 29,000

Table 4.3 Problems perceived by women in accessing health care

Factor	Percentage reporting
Getting money for treatment	63%
Distance to facility	44%
Having to take transport	43%
Negative attitude of provider	42%
Not wanting to go alone	21%
Lack of a female health provider	17%
Getting permission to go	8%
Not knowing where to go	7%
Total: facing any of the above problems	85%

Source: Uganda National Bureau of Statistics, 2002a

Table 4.4: Some health care infrastructure indicators, and their target levels

Indicator	Current level (figures for 2000)	Target level set by government
Doctor:population ratio	1:18,600	1:5,000
Health centre:population ratio (level II)	1:29,225	1:5,000

Source: Population Secretariat and UNFPA, 2001

(Population Secretariat and UNFPA, 2001). Travel time is particularly an issue for women, who are the main care-givers and also work an average of 17 hours per day (as against 9 for men).

It follows that massive investment will be required to reach target levels for public health care infrastructure and to support these new services at an adequate level of quality.

One factor behind the rise in IMR and CMR may be the fall in immunization in the late 1990s. Once again, a pattern of gains and then relative decline was shown: full immunization coverage for 1-year-olds was 31 per cent in 1991; 47 per cent in 1995 and 38 per cent in 2000. According to WHO statistics (WHO/UNICEF, 2001), coverage increased quite slowly in the early 1980s, then dramatically over the second half of that decade. In the 1990s, it increased gently until 1994, and then declined gently to the end of the decade.

First order births and urban children are more likely to be immunised, as are children in the Eastern and Western regions, and children from higher quintile households. Again, education has a positive effect: primary education increases the proportion of children fully immunised, and

secondary education has an even stronger effect, almost doubling the proportion immunised, compared with mothers with no education.

Vaccination rates in 2000 for 1-year-olds were: 83 per cent for TB; 54 per cent for DPT; 55 per cent for polio; 53 per cent for measles; and 49 per cent for tetanus for pregnant women. Use of oral rehydration solution (ORS) was 49 per cent (UNICEF, 2001a).

Women's status (measured by three questions relating to decision-making, wife beating, and justifications for refusing sex) appears to be correlated with children's access to health care (such as likelihood of being fully immunised, or being taken to a health provider when they have diarrhoea) (Uganda National Bureau of Statistics, 2002a).

A number of studies have been commissioned into why key health indicators have stagnated or deteriorated during a period in which many of the determinants of health have been improving (eg access to clean water and sanitation; income levels; proportion of absolute poor; AIDS prevalence and maternal literacy and education) (Muhakanizi, 2002; Ministry of Health, 2001). The lag in AIDS deaths; falling immunisation levels (due to lack of

public support, declining donor support and also the reorganisation of services under the decentralised system); and barriers to use of services – especially by women - are all suggested as causes.

Antenatal attendances by pregnant women were relatively high - 94 per cent having at least one check-up during pregnancy in the 2001 household survey. However, the comprehensiveness and quality of this care may not be very high. For example, only 42 per cent of women received two doses of tetanus toxoid immunisation. Older women, women with their first pregnancy, women in the Central Region and better educated women tended to get more comprehensive antenatal care (Uganda National Bureau of Statistics, 2002a).

Births in health facilities remained low, at around 38 per cent throughout the decade. This suggests either that women have strong preferences for non-health worker attendants (such as TBAs, or relatives), or have concerns about access, quality or costs of attended births. Older women, women with subsequent pregnancies, rural women, uneducated women, women who have not had antenatal check-ups and poorer women are less likely to deliver in a facility. This also means that they are less likely to receive postnatal care. 92 per cent of women reported not receiving any postnatal care.

Similar factors influence who attends the birth. According to UDHS figures, 4 per cent of births involved a doctor; 35 per cent were assisted by a nurse, midwife or other trained health professional; 18 per cent by a TBA; 28 per cent by a relative or friend; and the remaining 15 per cent were unassisted.

Causes of death

The lead causes of deaths in children are malaria (18 per cent of deaths in health centres and 30 per cent of deaths in 2-4yr olds); diarrhoea (9 per cent), and acute respiratory infections (ARI) (UNICEF, 1999). AIDS is the fourth leading cause of death among under-5s (Uganda AIDS Commission, 2001).

Malaria is not only the highest cause of mortality, but also of morbidity, and makes a significant contribution to malnutrition in children. Despite the high incidence of malaria, only 13 per cent of households have bednets and only 7 per cent of young children and women reported sleeping under a bednet (Uganda National Bureau of Statistics, 2002a). Children in higher quality houses and in urban areas are more likely to possess and use a mosquito net. Only 3 per cent of these had been treated in the 6 months prior to the survey.

The incidence of diarrhoea in the U5s dropped for all age groups between 1997 and 2000. In 1995, 23.5 per cent of under-5s had suffered from diarrhoea in the two weeks before the survey. This reduced to 20 per cent by 2000, which is still high (Uganda National Bureau of Statistics, 2002a). One factor influencing this is the presence of soap, water and a basin in the household. Only 4 per cent of households has all of these things. Water is more common in urban areas and the Central Region (less than 1 per cent of Northern households has water). Proper disposal of stools is also important. 76 per cent of mothers use proper disposal methods. The usual variations are found, with urban, Central, educated households, and

those with access to water and toilet facilities, less likely to have children with diarrhoea. 92 per cent of households had some knowledge of the use of ORS for treatment of diarrhoea, and 53 per cent had been treated with ORS, recommended home fluids or increased fluids.

In a UNICEF survey (UN Special Session, 2002), 27 per cent of children under 5 were reported to have suffered from ARI in the previous two weeks, of whom 61 per cent had been taken to a health provider. This is a high rate of reporting. The figures from the UDHS are similar: 23 per cent reported cases, of which two-thirds were taken for treatment (Uganda National Bureau of Statistics, 2002a). The highest risk is for children between 6 and 11 months. A number of familiar risk factors emerge. Sex does not affect the prevalence of ARI, but birth order does (the higher the number of children, the more likely is ARI), as does residence (rural children are at higher risk). Regions (Central Region reports slightly lower rates), smoking and education have a slight effect (the latter two in the predictable direction). The same relationships hold for the likelihood of seeking treatment.

As AIDS raises a wider range of issues than just health ones, it is discussed in the next chapter on vulnerable groups.

In terms of deaths from neonatal tetanus, Uganda ranked 16th globally, with an estimated mortality of 2.2 (per 1,000 live births).

Looking at reporting of all types of illness over the past decade, a rise was seen between 1992 and 1997, presumably largely because of HIV/AIDS (MoFPED, 2001a), and then a decline. Interestingly, there appears not to be much difference between income groups (which may be partly linked to differential reporting).

Reproductive health

Communities (MoFPED, 2000a), children in our study and statistics indicate that there is a link between large families and poverty. Most poor households have over 6 members. The average number of children for the poorest quintile in Uganda is 8.5, which is more than twice that of the richest quintile (4.1). Hence the popular saying, 'the rich get richer, and the poor get children' (MoFPED, 2002b).

Table 4.5: Selected recent trends in Ugandan population indicators

Indicators	1995	2000
Total fertility rate (children)	6.9	6.9
Unmet need for contraception (%)	29	35
Total 'wanted' children	5.6	5.3
Contraceptive prevalence rate (%)	15	23
HIV prevalence rate (%)	14	6.1

Source: MoFPED, 2002b

Despite population programmes, fertility is still high and not declining (see the table 4.5). The population growth rate was 2.6 per cent between 1970 and 1990, and increased to 2.8 between 1990-99 (UNICEF, 2001a) – the opposite of the trend in sub-Saharan Africa over the period, where it declined from 2.8 to 2.6 per cent. Total fertility was 7 in 1999. This compares with a sub-Saharan average of 5.4 (and a global average of 2.7). Within Uganda, fertility is highest in the North (7.9) and lowest in the centre (5.7). Women with secondary education also have much lower fertility (3.9 children) than those with none (7.8 children) (Uganda National Bureau of Statistics, 2002a). The poorer the household, the more its fertility level has increased over the recent period of 1995-2000 (Møller, 2002).

This high fertility is partly due to the continued demand for children as part of the household support network. Another reason is poor access to contraception and the low status of women in reproductive decisions (in the UDHS, women's ideal family size was 4.8 children, while men wanted 5.6). Some traditional and religious beliefs also deter people from using contraception. Early marriage is also a factor: despite 18 being the minimum legal age for marriage, more than half of girls are married by this age.

The contraceptive prevalence rate is low, but has been rising, from 5 per cent in 1988 to 23 per cent in 2000 (Population Secretariat and UNFPA, 2001). As such, it is bang on the average for sub-Saharan Africa (UN Special Session, 2002). The Health Sector Strategic Plan (Ministry of Health, 2000) aims at a target of 30 per cent. Unmet need for family planning is currently estimated at 35 per cent.

There are regional and socio-economic differences, with rural women and uneducated women less likely to be using contraception.

Abortion is illegal, which means that unsafe abortions are carried out by a variety of private practitioners.

For men, condom use has been rising, from 10 to 17 per cent (Uganda National Bureau of Statistics, 2002a), but remains low, and there is resistance to other methods, such as vasectomy (Population Secretariat and UNFPA, 2001).

The high level of population growth affects all sectors, increasing the difficulty of providing adequate coverage and quality of public services, especially for the young, who will continue to form the bulk of the population.

The average age at first sexual intercourse is 16, and by 19, 61 per cent of teenagers are already mothers (Uganda National Bureau of Statistics, 2002a). Teenage pregnancies are closely correlated with education (or lack of it), so keeping girls at school and sex education are obviously important. Adolescent childbirth is associated with greater risks to the mother and poorer survival chances for the baby, as well as limiting girls' education and employment prospects.

Participants in Cluster B saw poverty and low levels of education as factors behind teenage pregnancies:

“Because of poverty, girl children are driven into sex and end up with unwanted pregnancies, becoming girl mothers.”
(female KI, Gulu)

One in three women in Uganda is in a polygynous relationship, though the likelihood is lower for young women. The overall proportion appears to have increased (from 30 per cent in 1995 to 33 per cent in 2000). Interestingly, women in urban areas are more likely to be in a polygynous relationship and educated women are just as likely to have two or more co-wives (Uganda National Bureau of Statistics, 2002a).

Health sector reforms

Uganda has implemented a sector-wide approach (SWAP) in the health sector, whereby donors shift from project funding to budget support of agreed plans and priorities.

As a consequence of this, and of the HIPC debt alleviation initiative, government funding for the health sector has increased. However, in absolute

terms, public spending on health remains low at \$5 per capita (which is 10.5 per cent of the government budget this financial year (MoFPED, 2002b)). Donor funds add \$3 per capita. The HSSP requirements are \$28 per capita per year. The result is that households fill the gap, contributing the bulk of health expenditure (an estimated 60 per cent) in out-of-pocket payments for drugs and treatment (Ministry of Health, 2000).

“Lack of money has led to the death of some of our children, it is so painful to see your child sick and yet you cannot do much. In Mulago where services are supposed to be free, doctors prescribe drugs, which we cannot afford. The patient cannot even afford to spend a night at the hospital.” (Female parent, Kampala)

Recent reforms include removal of user fees for public facilities, decentralisation, the introduction of the Minimum Health Care Package, and increases in health worker pay. As a result, there have been some recent improvements, including an increase in posts filled by skilled health workers (from 40 to 47 per cent), and an increase in outpatient utilisation rates. There have also been successes in the Guinea Worm Eradication Programme and revitalisation of the malaria and TB control programmes (MoFPED, 2002b).

Despite this, issues of access and quality remain. Families in our study talked of not being able to afford the right drugs, of taking inadequate doses, of depending on local herbs, of having to borrow to pay medical bills, and of having property confiscated for failure to pay hospital bills.



Drawn by a boy of 13 years, Kampala District

Impact of poor health

The direct impact of illness and death on individual and household welfare is fairly obvious. It is worth noting, however, that ill-health also comes top of the list of factors identified by communities as causing poverty, both in the first and second rounds of the UPPAP (MoFPED, 2000a; MoFPED 2002a). People talk about the need to borrow or sell assets in order to treat the sick. They emphasize how ill-health cripples people's productive capacity and highlight the scourge of AIDS. This is confirmed by the adults and children consulted in this study. Ill-health is seen as a cause, indicator and consequence of poverty.

4. Nutrition

Summary

- Uganda's poor are food insecure.
- Malnutrition indicators have improved but are still high.
- Access to food is one of the top concerns for the poor, both in this study and others.
- For children, lack of access to a sufficient and varied diet is particularly detrimental, retarding physical and intellectual development.

According to the UDHS (Uganda National Bureau of Statistics, 2002a) 39 per cent of Ugandan children under 5 are classified as stunted (low height-for-age); 4 per cent of children under 5 are wasted (low weight-for-height); and 23 per cent are under weight (low weight-for-age). Stunting is common (51 per cent) in children age 16-23 months, and increases with age. Boys are

slightly more affected than girls: 40 per cent, compared to 36 per cent of girls. The UDHS report also revealed that children living in the rural areas and in the Western region and whose mothers have had no education are more likely to be stunted.

Between 1992 and 2000, the proportion of children who were stunted dropped from 52 per cent to 43 per cent for the poorest decile, and from 44 per cent to 22 per cent for the richest. Overall, the proportion of stunted children fell from 51 to 40 per cent (which is still very high).

Anaemia and vitamin A deficiency (VAD) are also serious health issues for Ugandan children. 64 per cent of children aged 6mths – 5 years were anaemic, and 28 per cent were VAD, according to the UDHS. The incidence was higher in the North and in rural areas, and amongst the poorer households. There is also some positive correlation between maternal anaemia (which is estimated at 30 per cent) and child anaemia.

What are the factors behind nutritional problems for children? District participants in a study (National Council for Children, Uganda 1994) suggested the following:

- many families favour cash crops over food crops, leading to inadequate food intake by children
- poor knowledge by mothers of the need for vitamin-rich foods, such as fruits and green vegetables
- long working hours for women, leaving little time or energy for feeding their children
- culture of women and children eating less than men and the elderly (orphaned, fostered and

disabled children getting the least). Some food taboos on protein-rich food for women and children aggravate this situation

- childhood illnesses such as diarrhoea, ARI and measles may decrease nutrient uptake through malabsorption and loss of appetite. Intestinal worms are also a significant issue. Infections and malnutrition are a vicious circle, making the child more prone to illness etc.
- many babies start out underweight
- although breastfeeding is nearly universal, many mothers have to stop early, especially in urban areas, when they return to work
- school food is often inadequate. Many children miss breakfast, and not all have lunch at school or take lunch with them.

Breastfeeding is still solidly practiced. 70 per cent of babies are still exclusively breastfed for the first 3 months; 64 per cent are breastfed with complementary foods at 6-9 months; and 40 per cent are still breastfed at 20-23 months (UNICEF, 2001a).

Surveys in 3 districts in 2001 (Apili, 2001) suggest that food insecurity (defined as households consuming less than 80 per cent of the minimum requirements set by FAO standards) is not improving, despite the reduction in households below the poverty line. This study finds that 23 per cent, 25 per cent and 72 per cent of the population is food insecure in Apac, Soroti and Mbale respectively. Increases in cash crops commonly result in households selling more and consuming less themselves.

A study by SC UK of household economies in Moyo District (Muhangi, 2002) found that 50 per

cent of the households faced chronic food insecurity. They were unable to meet their energy requirements, and were more dependent on sale of labour and natural resource exploitation than the richer households, who owned more land, as well as more fertile land, and were able to live off their own production. Feeding is a key indicator of poverty, mentioned by adults and children. Taking one meal per day (or less) and having a monotonous diet are indicators mentioned by participants in Cluster B, while children in Cluster C talked about being driven to beg, borrow and steal to try to meet their hunger. This is consistent with the results of UPPAP studies.

Implications

A child who is malnourished is much more likely to contract respiratory infections, diarrhoea, measles and other preventable diseases, and less likely to receive needed health care (UNICEF, 2001a). Stunting weakens immunity, impairs learning capacity and work performance and affects overall quality of life. For girls it presents an additional risk: it is associated not only with low adult height but also with small pelvic size, increasing the risk of obstructed labour and thereby of maternal mortality (UNICEF, 1997). Severe wasting is closely linked to mortality.

A poor girl is more likely to marry young and have a child early, who in turn is more likely to be underweight. So poverty carries over into the next generation.

5. Water and sanitation

Summary

Half of households in rural areas have no access to safe disposal of waste. Only 2 per cent of rural households have tapped water. Access to these facilities would not only improve health, but would also remove a heavy work load from women and children.

Despite improvements over the last decade, 40 per cent of the population remains without access to safe water (Population Secretariat and UNFPA, 2001). The problem is more severe in rural than urban areas. Only 2 per cent of rural households have access to piped water (Uganda National Bureau of Statistics, 2002a). Many have to travel far to reach sources. Whereas in urban areas, median time to collect water is 9 minutes, in rural areas the equivalent is 30 minutes. Despite investment, maintenance is poor: some 30-40 per cent of boreholes were thought to be non-operational in 2001. Water that has been clean at the point of collection is also frequently found to be polluted by poor hygiene practices.

1 in 6 households have no toilet facilities of any kind. Again, regional disparities exist. By 2000, only 51 per cent of rural households were said to have access to safe disposal of waste. 43 per cent of the population were using the bush in the North (compared with 96 per cent using latrines in the West and 95 per cent in Central regions). This exposes households to the risk of diseases like dysentery, diarrhoea and typhoid fever.

The government plan is to ensure that sustainable, safe water supply and sanitation facilities are within easy reach of 65 per cent of the rural population and 80 per cent of the urban population by the year 2005 (and full coverage by 2010 for urban areas and 2015 for rural) (MoFPED, 2001b). Investment has risen dramatically in recent years, though it is not equally distributed (urban areas getting disproportionate funding [MoFPED, 2002c]) and maintenance by communities continues to be a problem.

The absence of safe and close water sources impacts particularly on women and children. It causes increased health problems and takes up productive time, for women, and time spent in education, for children.

6. Education

Summary

- Education comes out as one of the highest priorities for children and parents in our clusters. It is seen as a route out of poverty and one for which families will make great sacrifices.
- As with health care, concerns focus on issues of cost and quality. Reducing costs for poor households and increasing the value of attendance are important.
- Government has given a high priority to education, and this emphasis should continue and be taken forward.
- UPE has resulted in large increases in attendance at primary level, with particular gains for girls and children from poorer households. These gains have yet to be carried over

into secondary education, where boys and children from the top quintile dominate.

Literacy rates

Educational indicators have been improving on the whole over the last decade, assisted by government policies such as Universal Primary Education (UPE - see chapter 6 on government policies). The literacy rate was 54 per cent in 1991; 62 per cent in 1995; and 68 per cent in 2000 (Population Secretariat and UNFPA, 2001).

It has however fallen in recent years in the Northern region (from 54.4 per cent in 1996 to 47 per cent in 2000 (Uganda Bureau of Statistics, 1999). Female literacy is also lower than male: 51 per cent, compared with 77 per cent. In the rural areas as a whole, female literacy is 47 per

cent. The poorest figures are for women in the North, who have only 27 per cent literacy.

Adult literacy affects children in a number of ways – not only in terms of parent’s employment prospects, but also children’s health and their likelihood of achieving in schools.

Pre-school attendance

Only 8 per cent of children in the 3-5 year age bracket are in pre-school institutions (Uganda Bureau of Statistics, 1999), most of these in urban areas. One KI in our study mentioned lack of pre-schooling facilities as an indicator of poverty in their area.

Table 4.6: Net primary enrolment rates, by sex and quintile, for 1992, 1997 and 2000

	1992			1997			2000		
	All	Girls	Boys	All	Girls	Boys	All	Girls	Boys
Poorest quintile	50.8	47.3	53.8	78	74.9	80.9	68.7	67.5	69.8
Richest quintile	74.4	71.9	77	91.2	90.4	91.9	79.5	77.3	81.6
All Uganda	62.3	59.9	64.7	83.8	82.6	85	76.5	76.3	76.8

Source: Deininger, 2001

Table 4.7: Net secondary enrolment rates, by sex and quintile, for 1992, 1997 and 2000

	1992			1997			2000		
	All	Girls	Boys	All	Girls	Boys	All	Girls	Boys
Poorest quintile	4.9	3.2	6.3	3.8	3.0	4.3	3.8	3.6	3.9
Richest quintile	17.7	16.1	19.4	34.1	32.2	37	28.3	27.9	28.8
All Uganda	10	9	11	11.1	11.2	11	12.4	12.9	12

Source: Deininger, 2001

School attendance

According to the UDHS (Uganda National Bureau of Statistics, 2002a), 15 per cent of eligible children are in preschool and 90 per cent in primary school. More than 25 per cent of females over 6 years have never been to school, compared with 15 per cent of males. In every age group, males are less likely to have had no education and more likely to have attained secondary education. However, for the age groups 6-9 and 10-14 the proportion with no education is the same for girls and boys, reflecting the successes of the UPE programme, introduced in 1997 for children under 15.

The proportion of people who have never attended school rises with age. Thus, 80 per cent of women over 65 have not attended, whereas a girl of 10-14 has only a 5 per cent probability of non-attendance.

There are also rural/urban and regional differences in attendance. Urban areas have higher proportions with primary and secondary education, and a higher median number of years of schooling. The Central Region performs the best for both men and women. In the North, men's attendance is not significantly worse than, for example, the West, but women do especially badly, with 40 per cent having no education.

Primary enrolment

Primary enrolment increased dramatically under UPE. 2.3 million were enrolled in 1991; 2.6 million in 1995 and 8.8 in 2000 (Population Secretariat and UNFPA, 2001).

The figures table in 4.6 show a number of important trends over the decade. First, that primary enrolment overall has gone up substantially, though there has been a decline in the past few years, which is worrying. (This may relate to a perceived fall in quality as a result of the big increases in attendance.) Secondly, the increase has been higher for the poorest quintile and for girls, which from an equity point of view is a positive development.

There remain regional disparities, however. While 83 per cent of primary age children in the country as a whole are attending primary school, the figure for the Northern region is only 71 per cent (Ministry of Gender, Labour and Social Development, May 2001).

Secondary enrolment

Compared with primary enrolment figures, secondary shows a fall in enrolment over the same period for the poorest quintile (see table 4.7). Most of overall growth and, in particular, the growth in female enrolment comes from the middle and richest quintiles.

The top income quintile is estimated to be occupying 63 per cent of all secondary places (MoFPED, 2002b).

The government's aim is to increase transition rates from primary to secondary schools. At 12 per cent, enrolment in secondary schools remains low.



Drawn by a boy of 14 years, Masaka District.

Factors affecting access

What are the reasons why children fail to enrol, drop out early (an estimated 5 per cent from primary schools) and fail to gain maximum benefit from schooling? There has been quite a lot of work in this area.

In a survey of reasons for dropping out or never attending primary education (Uganda Bureau of Statistics, 1999), the cost of attendance came highest overall (37 per cent), though not for the Northern region (lack of interest was most significant here: 53.6 per cent). Calamity in the family was also significant (16 per cent); lack of interest (26.1 per cent); need to work at home (7.1 per cent); transport problems (2.6 per cent); orphaned (1.4 per cent) and low school quality (0.4 per cent).

Similarly, in the 2001 Uganda DHS EdData Survey (Uganda National Bureau of Statistics, 2002b), cost came out as the highest factor both for non-enrolment and for dropping out once enrolled. Distance, not surprisingly, emerged as more important in rural areas, where children face longer journeys, and are consequently twice as likely to start school late. This may also influence the age of starting school, as it may be difficult or unsafe for younger children to walk long distances to school. Rural children were also more likely to have been absent from school, compared to urban, and poor pupils more absent than wealthier ones.

The following reasons were given for not attending school, in a national survey in 2000 (Uganda National Bureau of Statistics, 2002b):

- school too far - 24 per cent
- monetary cost - 23.3 per cent
- labour needed - 19.6 per cent
- considered too young - 17.6 per cent
- disabled-16.8 per cent
- no interest - 11.7 per cent
- travel to school unsafe - 6.6 per cent
- school not important - 4.4 per cent
- poor school quality - 0.9 per cent
- no secondary school places - 0.8 per cent
- no good jobs for graduates - 0.2 per cent
- other reasons - 11.2 per cent.

The most significant factor for rural areas was distance (24 per cent), but in urban areas, the most important issue by far was cost (48.3 per cent).

(1) Costs of education.

UPE has reduced the costs of tuition to 5,000 UGX per child – but there remain many extra

costs, including for lunch, books, travel and clothes. Expenditures of up to 20 per cent of household income are quoted by UPPAP (MoFPED, 2000a). Children report being sent home if they lack the uniform or money to pay for extra charges (building funds, test fees etc.) which still exist in many areas. Participants in our study have many stories of being charged for utilities, for PTA funds etc. The household survey data suggests that between 5 per cent and 10 per cent of household expenditure is allocated to education. Most costs (over 70 per cent) in public schools are already borne privately by parents and guardians (Lewin, 2002).

According to the EdData 2001 survey (Uganda National Bureau of Statistics, 2002b), households spent an annual average of 27,000 UGX on primary school pupils attending public schools, compared to 128,000 UGX for those attending private schools. The cost of secondary education is even higher, but here public schools emerge as more expensive than private - an average of 411,000 UGX for public secondary school pupils, as compared to 352,000 UGX for private ones.

Families commonly use boarding schools, both to reduce costs of travel and lodging, but also because these are thought to provide a better environment for learning. The impact on family life and the child's emotional development are not generally considered.

(2) Quality issues

The policy of UPE has increased intake in schools, but has also exacerbated problems of quality. The average pupil: teacher ratio in 2000 was 65:1. PI

and P2 were even higher (82 and 75 respectively). This ratio had increased in most areas since UPE. It is however improving with recent recruitment drives and now stands at 58:1, approaching the government target of 54:1 (MoFPED, 2002b).

The pupil:classroom ratio is high, though falling. Figures for 2001 suggest an average of 98:1, which is down from 125:1 in 2000 and 137:1 in 1998/9, but still higher than the target, which is 55:1 by 2003. Adjusted for the quality of classrooms, the estimate for 2001 was 135:1 (MoFPED, 2002c).

The national pupil:textbook ratio is now around 4:1 (but many of these textbooks are now out of date, since the introduction of a new curriculum). The target is 1:1 by 2002/3.

Other quality issues include:

- Low teacher pay and delays in payment
- Lack of training (33 per cent of teachers were unqualified in 2000 [UNDP, 2000])
- Difficulty of recruiting in rural areas
- Poor facilities. The Education Management Information System Census in 2000 suggested that only 66 per cent of schools were meeting their minimum quality standard requirements. Only 22 per cent of school buildings were thought by the community to be in good condition, and only 12 per cent of furniture in good condition, with worst ratings in the North (Uganda Bureau of Statistics, 1999). In many places, children sit outside, which is problematic in the rainy season. Poor hygiene facilities are thought to be a deterrent, especially to girls who have started menstruating (MoFPED, 2002b).
- Declining standards. Some test results in

English and Maths at primary level have deteriorated (92 per cent pass in English in 1996 fell to 52 per cent in 1999; in maths from 48 per cent to 31 per cent), no doubt partly as result of the success of UPE in increasing enrolment. In some areas, parents complain that children are automatically promoted, irrespective of whether they have passed exams. This is seen as undermining their motivation to work

- Development of a two-tier system, with those who can afford buying higher quality in the private sector, leaving the poor to use government schools (if any).
- Late arrival of funds and misuse of funds.
- Irrelevance of the curriculum to practical life skills – a point raised by some of the parents we consulted:

“My children have all gone to school, but none of them can even make a small chair! What are they learning?” (male parent, Kampala).

(3) Other barriers.

- Gender – many families still question the value of educating girls, who will marry out, and also place a heavy burden of household labour on girls. Early marriages, teenage pregnancy and sexual harassment in schools are also factors deterring girls from enrolling and pursuing their studies. The gap between female and male enrolment increases the higher up the education system you go – i.e. it is much higher in tertiary than in primary institutions. Having said that, attitudes may be changing. Parents and guardians questioned in the EdData 2001 survey (Uganda National Bureau of Statistics, 2002b) appeared to have the

same attitude to girls as boys in terms of the value of education.

- Language is also an issue. Most children do not have English when they arrive at school, but all of the texts are in English. Many of the teachers do not speak the local language, so communication is hard.
- Distance to school. 2 km is considered reasonable (MoFPED, 2000a), but further than that leads to late enrolment and increased dropout rates. Children are also more tired and hungry and less able to work. The current average is 1.37km (MoFPED, 2001a).
- Insecurity. This increases the danger of long journeys and hence unwillingness to travel far to school.
- Poor nutrition at school, leading to decreased performance by children.
- Disability. Less than 1 per cent of school age children with disabilities are able to study, according to the MoES White Paper of 1992.

Government resources

The budget for education went from 12 per cent of public expenditure to double that after UPE (UNDP, 2000). It currently receives the biggest proportion of public funding of any sector. Moreover, the share allocated to primary education rose from 20 per cent of the education budget to 70 per cent today. However, shortages of teachers, facilities and books illustrates how far the funding gap remains, if children are to receive a high-quality education. Decentralisation (72 per cent of government resources are now provided through the districts) has also led to some problems, such as managing the payroll so that staff are paid on time.

Implications

Educational attainment, especially primary education, is one of the key determinants of a number of other 'goods'. It has been revealed that raising the average educational level of workers in a household by one year of primary education raises household incomes by 4.3 per cent. Moreover an average extra year of primary education for the household head raises agricultural productivity by 5 per cent (MoFPED, 2001b). Another study suggests that achieving universal primary education would add 15 per cent to agricultural production (Deininger and Okidi, 2001).

Similarly, educational levels have strong implications for health levels in communities (as discussed in the health section). For instance, the educational level of a mother is inversely associated with infant mortality. The UDHS revealed that infant mortality for children whose mothers had primary education was 17 per cent lower than that of infants whose mothers never had education. Children born to a mother with at least secondary education have by far the lowest mortality (Uganda National Bureau of Statistics, 2002a). In terms of malnutrition in Uganda, 45 per cent of children born to mothers with no education are stunted, compared to only 28 per cent of those born to mothers with secondary or above education.

Mothers' education is also strongly correlated with the chances of children receiving immunization (Uganda National Bureau of Statistics, 2002a): 51 per cent of children whose mother had secondary education, were fully immunized, compared to 28

per cent of children whose mother had no education. The implication of this is that investment in education should continue to be a high government priority, especially in relation to girls, and that there should be more focus on increasing quality and reducing barriers to access, which are still considerable for poor families.

7. Housing, bedding and clothing

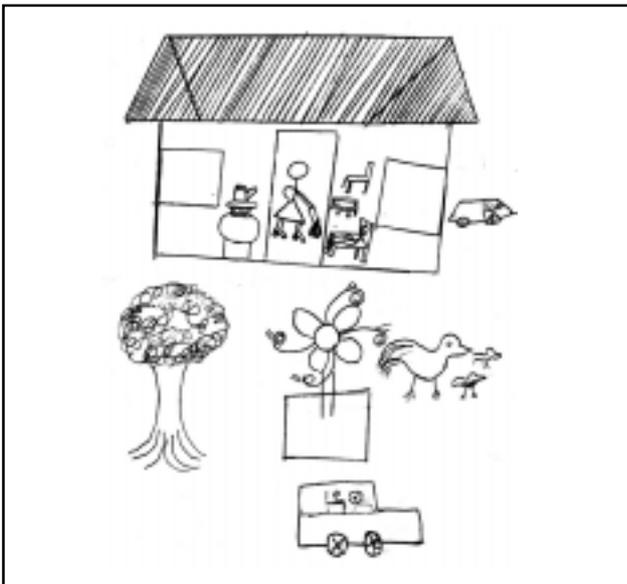
Summary

Housing and belongings are key indicators of poverty. Poor households lack the basic conditions to live a safe and comfortable life. Apart from the physical problems that this poses – keeping clean, avoiding disease, protecting your property – it also leads to lack of stimulation and affects children's self respect.

Overall, in the past half-decade, there has been some improvement in housing stock. The proportion living in houses with iron roofs, brick walls and cemented floors has increased from 10 per cent in 1996 to 16 per cent in 2001 (MoFPED, 2001a), but most of these improvements have been in urban areas. 90 per cent of rural households still have earth or dung floors.

Overcrowding and lack of privacy are important concerns expressed by study participants. They also emphasise having to sleep on the floor, and not having anything to cover themselves with at night (Cluster C).

Housing and belongings (or lack of them) are key indicators of poverty. Children's pictures speak volumes about the physical differences between



Drawn by a girl with disabilities, 12 years, Kampala District.

rich and poor households. Rich houses have fences around them (security is a major concern expressed by the children). They have latrines. They have gardens with flowers in them. They have several rooms. They have cups which are clean. They have electricity. They have boreholes. They have cars in the compound. They contain children who watch television, play with toys and wear shoes.

The home environment of poor children fails to provide stimulation. Of the children interviewed in Cluster C, only 3 per cent mentioned having play and recreation at home, compared with 51 per cent at school and 47 per cent in the neighbourhood. Children in Cluster A also associated arguments and conflicts with a household which lacked facilities.

Being clean and well presented is a key concern of the poor – children and adults in our study both gave vivid examples of the ill-treatment and shame

that comes from 'looking poor'. Washing facilities, soap and decent clothes (not too old and torn; not just one set; not always second-hand) are important for the self-esteem of poor children.

In terms of energy sources, only 9 per cent of houses have access to electricity (Uganda National Bureau of Statistics, 2002a). Most of these are in urban areas (44 per cent have electricity, compared with 2 per cent in rural areas). 80 per cent of rural households use tadooba (a small paraffin candle) as their lighting source (Appleton, 2001). This has been linked to respiratory tract problems.

Firewood is still overwhelmingly used as fuel by households in rural areas (96 per cent of rural households (Appleton, 2001). In urban areas, only 20 per cent use firewood: here charcoal is the main cooking fuel. This poses a problem of sustainability as the natural resource base is being eroded.

8. Justice

Summary

- The legal changes introduced by the Children's Statute have been positive, but there remain considerable challenges in terms of extending knowledge and changing attitudes.
- Funding and infrastructure are lacking.
- Cultural assumptions about discipline are an issue.
- Our study (Cluster C) suggests that physical and emotional deprivation is a factor behind juvenile crime (especially theft). This needs to be addressed in terms of general poverty alleviation. It also raises the agenda of

investigating general parenting patterns and supporting parents in positive parenting roles.

The Constitution states that a juvenile shall be kept separate from adult offenders.

The Children Statute (1996) has introduced some new measures.

- It states that juvenile cases should be handled quickly.
- It restricts the time that may be spent on remand to 6 months for capital cases and 3 months for other offences.
- It provides alternatives to detention, such as close supervision, and states that detention should be a measure of last resort.
- It establishes LC1 courts as the court of first instance for specified minor offences involving children.
- It decriminalises the offence of 'idle and disorderly' for children.
- It places maximum time limits on trials of 3 months for minor offences and 12 months for capital ones.
- It establishes Family and Children Courts (FCC) to handle most juvenile cases.
- It establishes the age of criminal responsibility (age 12 and up).

However, the UNPAC review (National Council for Children and UNICEF Uganda, 2001) and a number of reports published by SC UK (Save the Children UK and UNICEF, 2000; Save the Children UK 1999; Kakama, 1997) highlight important problems which have arisen in practice. These include the following:

- Many of the FCCs are not fully operational; in most areas children are being tried in adult

courts and following the same procedures as for adults. In most cases this is as result of a short age of magistrates with jurisdiction to preside over the FCCs.

- Deadlines of 3 months for dealing with minor cases and 12 months for capital offences are not being met.
- Children on minor cases are still sometimes remanded in adult prisons.
- Police appear to be failing to make use of alternatives to detention. Viewing all cases as major, they seem insufficiently aware of the principle that contact with the criminal justice system can be damaging in itself for children. 73 per cent of children detained in the National Rehabilitation Centre at the time of an SC UK study had been convicted of theft. Only 2 per cent had committed serious offences. Some of the sentences exceeded the statutory maximum lengths for that offence. Others were there without a court order, which is contrary to the Children Statute.
- Cases of ill-treatment, beatings and abuse of children during arrest and detention have been discovered. Over 50 per cent of children interviewed in the SC UK study reported poor treatment while under arrest, including beatings, being tied up, being handcuffed, and being pressured to admit guilt. Nearly 60 per cent said they had been threatened, either by police or inmates.
- Police sometimes inflate children's age in order to detain them alongside adults. Of the sample investigated by the SC UK study, 3 per cent of those convicted were under 12 years of age. Similarly, in Cluster C, four (out of 116) children were below the age of criminal

responsibility, although they had already passed through the justice system.

- The offence of defilement, which was the second largest category of offences after theft in this study, is problematic. It is a capital offence to have sex with a girl aged less than 18. This offence does not differentiate between consensual sex between adolescents and rape of underage girls. Consequently it is enforced in a partial way, which does not necessarily serve the interests of justice, or of the young people themselves. The mere fact that defilement is a capital offence means that children wait for a long time on remand or under trial, due to the infrequency of High Court sittings.
- Correct procedures are not always followed. For example, children are supposed to be escorted by a Probation Officer when charged, and parents should be informed as early as possible after arrest, but this is not always done. This is probably due to shortages of staff and lack of coordination between PWO and police.
- Although encouraged by the Children Statute to caution and release children where possible, cautions are rarely used, even for minor cases like theft. This leads to children spending long periods on remand, unnecessarily.
- Similarly, the rule that children should be brought before the courts within 24 hours was rarely observed, largely due to constraints, rather than lack of awareness.
- Some children in need of ‘care and protection’, such as the mentally handicapped, are held in remand centres without proper medical care
- bail is generally used where children have overstayed the statutory remand period, rather than being used to weed out the less serious cases at the start.

- While on remand or in detention, the majority of children had no contact with their families. In one study (Save the Children UK, 1999), 88 per cent reported having no contact with parents or relatives. PWO were also not visiting children.
- Corruption is an issue – for example, when defilement cases are used as a way of extracting money or as another weapon in neighbourhood disputes.

These studies highlight a number of contributory factors:

- The justice system is overburdened.
- The Probation and Social Welfare Officers, in particular, suffer from ‘understaffing, negative community attitudes and inadequate funding’. Consequently, they often fail to follow up children on remand, to appear in court and to prepare social inquiry reports on time.
- There is a lack of appropriate places to detain children, leading to them being treated in the same way as adults; similarly, in the absence of female officers, female offenders are sometimes placed with male officers, which again contravenes the Children Statute.
- Apart from some offenders in Kampala who benefit from the Legal Aid Clinic, most juveniles do not have any legal representation.
- There is a lack of accountability of enforcement agencies.
- LCs are unaware of their role in handling trivial cases, leading to referral to the police where this could have been avoided.
- More generally, there is a lack of awareness of the provisions of the Children Statute on juvenile justice.
- There are few NGO activities in this field. The absence of external support and advocacy

Table 4.8: Relationship with parents, as reported by the children in Cluster C

Question	Never	Sometimes	Always	Don't know	Total
Do you obey your parents or teachers?	8.0%	18.8%	72.3%	.9%	100.0%
Do you feel loved by your parents/ guardians?	15.2%	19.7%	62.5%	2.7%	100.0%
Do your parents converse with you?	36.6%	42.0%	20.5%	.9%	100.0%
Do your parents tell you stories?	44.6%	34.8%	19.6%	.9%	100.0%
Are your parents/guardian interested in what you do?	24.3%	51.3%	18.0%	6.3%	100.0%
Do your parent/guardian get you what you want?	32.1%	49.1%	17.9%	.9%	100.0%
Do your parent/guardian buy you clothes of your choice?	55.9%	26.1%	17.1%	.9%	100.0%
Do your parent/guardian play with you?	67.0%	17.8%	13.4%	1.8%	100.0%

affects staff morale and commitment, as does the paltry resource allocation by districts to community service departments.

- Negative community attitudes to juvenile offenders are reported, as well as a hostility to the idea of ‘children’s rights’, as being an imported notion. There were fears of ‘mob justice’ against juvenile offenders, though the evidence suggests that victims of mob justice are mostly adults.

On the positive side, the researchers found that LCs were resolving many disputes relating to children at the community level, without resorting to the formal justice system, and that Secretaries for Children Affairs were active in most areas.

The information on children who have offended is also revealing. The findings (Save the Children UK and UNICEF, 2000) suggest, not surprisingly, that most come from low income earning families. There is no support for the idea that they have no homes, in that most had living parents and had been living with them prior to offending.

However, the fact that parents and guardians were among the main complainants against children suggests problems of parenting.

In Cluster C, lack of access to basic needs emerges as a factor behind juvenile petty crime. 70 per cent of the convicted children said that they stole to meet their needs (mainly food). 79 per cent of those who admitted carrying out a crime said that they knew it was wrong, but nearly half (49 per cent) said there was no way they could avoid the offence. When asked what they would do if they did not have enough food, 23 per cent of boys and 14 per cent of girls said they would steal food or money to buy something to eat.

“My brother and I went to town and pretended to be mentally retarded, deaf and dumb and begged money from shops and passers by. That day, we were at least able to raise something to eat.” (girl, 14 years, Gulu)

Parental care also appears to be an issue. 44 per cent of the children were orphans, and only 27 per

Case study: Samson

Samson is an orphan whose father and mother died in 1989 and 1994 respectively. He originates from Alero sub-county in Gulu district. He has 3 sisters.

When Samson's father died, he left the children under the care of their mother, who later died and the children were handed over to their paternal aunt, who also died in April 2000. On the death of their aunt, the grandmother took over custody and care of the children. Unfortunately she also died some time in 2000.

When Samson's grandmother died, their uncle sold all the properties that had been bequeathed to the children and he chased them away. At that time Samson was only 15 years. His sisters were 16, 13 and 11 respectively.

With no means of support, the elder sister eloped with a soldier; their brother rented the other two sisters a room and Samson moved to live with a distant relative. The same uncle who had sold off the children's property followed Samson where he had relocated, and threatened with death the relative who had allowed Samson to stay. The relative was compelled to chase Samson away.

Samson started living on the streets and acquired bad habits, including stealing goats, chicken, shop-lifting and

other vices. Whenever he did not have anything to eat on the streets, Samson would sneak to the home where he had been chased by the uncle and prepare something to eat if the uncle was not at home. His uncle would react by telling people in the neighbourhood that Samson had stolen food from the house and money. However, according to the neighbours, the uncle never had any money to steal.

In June 2001, Samson was arrested together with his sisters and others. Samson was charged with theft while his sisters were charged with prostitution. Samson and some of his colleagues had broken into a house and stolen household items. The children were taken to the police, where they were cautioned and handed over to the probation office for guidance and counselling. Until Samson's death, in January 2002, he had not been involved in stealing again.

When Samson said he was going to report the matter to the probation office, the uncle is said to have started scheming for his death.

On the night of 14th January, Samson's uncle allegedly mobilised people, who beat Samson to death, claiming that he was armed and was terrorizing the area. This was amidst protests by the villagers of Samson's innocence, since he was no longer in bad company and had refrained from stealing.

cent were living with both parents. This is around 50 per cent of national average: according to the UDHS figures (Uganda National Bureau of Statistics, 2002a), 58 per cent of children were living with both parents. Figures for Gulu were

worse in almost all categories. Only 10 per cent, for example, were living with both parents. The children were asked about interaction with their parents/guardians (see table 4.8). While the majority (72 per cent) obeyed their parents and

felt loved by them (62 per cent), most parents only ‘sometimes’ converse their children (42 per cent), never tell them stories (45 per cent), never play with them (67 per cent), never buy clothes of their choice (56 per cent), and are only sometimes interested in what their children do (51 per cent).

As we do not have a control group to compare with, we do not know how representative these results are – whether these children are more emotionally deprived than those who do not commit crimes, or whether they are representative of normal home conditions. What is suggested, however, by these results is that for this group the parent-child interaction seems to focus around material concerns and a relationship of obedience by the child. Discussion, play, stories, and showing interest in the child’s concerns have low priority, at least according to the children. Parents were asked the same questions, and gave themselves slightly higher marks, but a large minority agreed that they ‘never played’ etc. When asked about role models, neighbours (15 per cent) and teachers (12 per cent) were ranked more highly than mothers (11 per cent) or fathers (10 per cent).

When parents were asked about the reasons why their child stole, the most frequently cited factor was lack of parental care (43 per cent). It also appears that the parents themselves receive little support from other family members, neighbours etc. 45 per cent of parents reported receiving no support. This corroborates other evidence of social and family support systems being stretched to breaking point.

When questioned about satisfaction with the handling of their cases, the majority of children in

Cluster C (68 per cent) were happy. This may however be biased by the SC UK’s ongoing programmes in juvenile justice in the research sites. It may also be influenced by the low level of awareness of what options are laid down for handling children’s cases.

Some of the adult KI were more critical, pointing to delays, remanding in adult prisons and excessive force used by the police.

“The law is good but it has not correspondingly been followed by necessary infrastructure and attitude change.”
(KI, Masaka)

“A demoralized police force will not improve the juvenile justice system. Frustrated with lack of logistics, they end up not catching the criminals and thrive on bribes. This undermines their standing and respect.”
(KI, Masaka)

One of their complaints related to the banning of caning. It was seen as a weakness of the juvenile justice system that measures such as caning were to be replaced with ones like counselling, seen as ineffective and over-protective of children (this was mentioned by 42 per cent of the parents).

“LCs handle cases softly. They should be using tougher means. Otherwise, the child will not feel the impact of the punishment.”
(parent, Masaka)

Most of the suggestions made by children as to how the handling of juvenile cases could be improved were already catered for in existing statutes. The two most frequently mentioned ones

were not beating children in police cells (which is already illegal) and not referring cases to the police (which is already the policy for minor cases). It is therefore clear that putting policy into practice is the key to progress. Samson's death was allegedly instigated and planned by his uncle. All the land, including the hut in which Samson was sleeping, had been sold.

Recommendations for the juvenile justice sector include the following:

- Continued training for police, probation officers, judiciary and LCs on juvenile justice principles and alternative justice approaches, including in tackling the practice loopholes that have been identified. This training should focus not on higher level officials, but on those handling cases day-to-day.

“Some of the LCs who are suppose to know and help us to get legal information and advice are themselves not aware of the laws governing children” (parent, Masaka)

- More remand places are needed to ensure that children are not kept with adults, as the majority now are.
- Further, only children charged with serious offences or those who have failed to benefit from community-based measures should be kept on remand.
- Capital offences should be tried by the Chief Magistrates Court, rather than the High Court, in order to reduce the back-log of cases.
- Record-keeping on children in the justice system is inadequate and should be improved by all parties so that the juvenile justice system

can be properly monitored.

- Proper funding and staffing is required for the major institutions (police, probation, and courts).

9. Employment

Summary

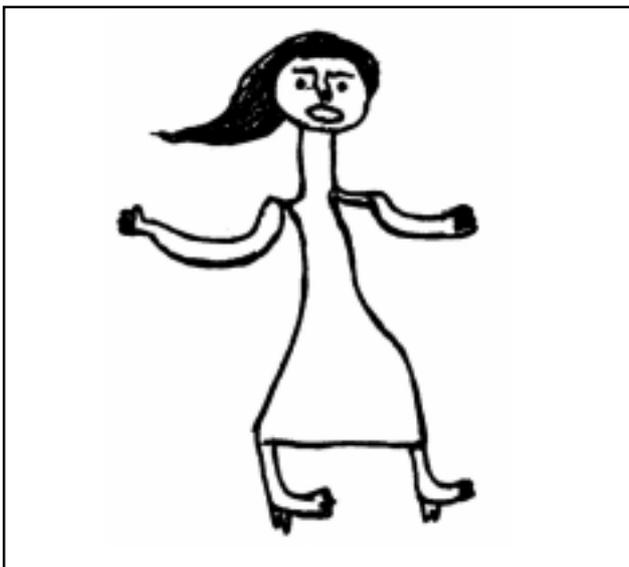
- Almost all children in Uganda work, in some form. The vast majority help at home, with housework and agricultural or animal husbandry chores. That accounts for about 70 per cent of child labour. If kept within reasonable time limits and with jobs suited to the age of the child, that may not restrict the child's education and development.
- Many children also work outside the home, and these types of jobs (though very varied, making it hard to generalise) are associated with greater risks, such as being overworked, underpaid and sexually exploited.
- Figures on dangerous and exploitative work – such as underage prostitution - are not available, but anecdotes suggest that it is quite common.
- A wide variety of interventions are required, including community sensitisation, measures to address general poverty, and safety nets for the most vulnerable groups.

The national labour policy allows children over 12 years of age to do 'light work'. However, article 34 (section 4) of the Constitution of Uganda (Government of Uganda, 1995) protects children against work 'that is likely to be hazardous or to interfere with their education or to be harmful to their health or physical, mental, spiritual, moral or social development'.

44 per cent of children (aged 5-17) are working, either for their family or an outside person (Uganda National Bureau of Statistics, 2002a). Unless the basis for the data has been changed, this suggests an increase, as the 1991 national census states that 16 per cent of children were engaged in economic activities.

Not surprisingly, the likelihood of working for an outside person declines as the income of the family rises. A higher proportion of rural children work, especially for the family. A female-headed household increases the likelihood of children working, but surprisingly, not attending school does not. There are also regional differences, with a slightly higher proportion working in the East.

In addition to 'working', the majority of children (83 per cent of boys and 88 per cent of girls) regularly help with household chores, such as cooking, shopping, cleaning, washing dishes,



Drawn by an orphan girl child, 11 years, Masaka District.

fetching water and caring for animals. This proportion is unaffected by the wealth of the household.

The EdData survey of 6-17 year olds (Uganda National Bureau of Statistics, 2002b) found figures consistent with the UDHS figures given above. They found that 88 per cent of children did domestic work, while 43 per cent did other household work and 5 per cent worked for an employer outside the household. On average, children doing domestic work spent 17 hours per week on it, while other household work took an average of 10 hours, and extra-household work 17 hours.

This survey found that the older children (13-17) were more likely to work, and spent longer at it than the younger group (9-12). It also found that female children were more likely to do domestic work, and spent on average 2 hours more per week on it than male children, but are less likely to do other household work. Rural children are considerably more likely to do other household work than urban children. Children in the Eastern region are most likely to be working for an outside employer.

Once again, somewhat counterintuitively, the survey found that children attending school are more likely to do domestic work than those not attending (90 per cent, compared with 79 per cent), as well as other household work (46 per cent, compared with 29 per cent of non-attenders). Figures for outside employment are comparable across the two groups (5 per cent). This may partly be explained by illness or disability of children not attending school. Those

non-attenders who do work, tend to work longer hours than children attending school.

The government distinguishes between ‘educative, constructive and beneficial work which is done in their own homes and communities’ and ‘oppressive and exploitative child labour which is harmful to children’s lives and interests’ (Wakhweya, Katerega and Konde-Lule, 2002; Ministry of Labour and Social Affairs, 1996). In the latter category it puts work in hazardous environments, commercial sex, street children’s survival activities and early marriages. Girl children are seen as most vulnerable, followed by orphans and the poorest children (categories which often overlap). Many forms of child labour are most severe in the North of the country, according to this report.

Factors identified as driving child labour are:

- first and foremost, poverty – absolute poverty, which predominantly affects rural areas
- poor parenting
- family break-down

- early marriages
- lack of social services
- the spread of AIDS.

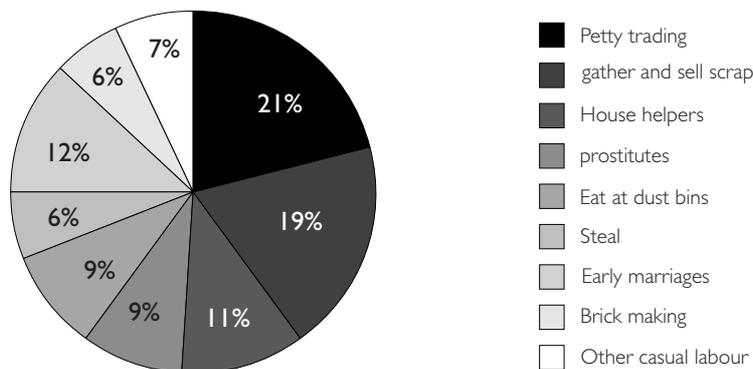
Information about child labour and effective action to combat it are scarce.

A study in 1996 (Mwaka and Tumushabe, 1996) highlighted the following types of employment (which varied in frequency by region):

- agricultural work
- domestic labour (mainly girls)
- looking after livestock (mainly boys)
- domestic servants
- self-employed traders
- working in small scale industries and garages
- petty services – porters, packing boys etc.
- commercial sex work
- smuggling (especially in border areas)
- stealing
- work on commercial estates (eg tea, coffee estates).

Work at home is mainly done by girls and includes collecting water and firewood, cooking,

Fig 4.1: Children’s survival strategies (views of parents: cluster B)



cleaning, childcare, and work in the fields. For boys it more commonly includes looking after animals. Employment at home or on the farm were estimated to form about 70 per cent of child labour (Mwaka and Tumushabe, 1996).

The 1996 study (Mwaka and Tumushabe, 1996) found that all children were expected to and did work in Uganda. Some however work more than others. For example:

- children from poor families generally work more than their counterparts
- girls generally work more than boys
- early marriage tends to expose them to more hazardous and oppressive work
- children from broken homes and staying with step-parents are more likely to be worked heavily, as are orphans
- children out of school tend to work more than children in school (not supported by recent UDHS data)
- domestic labour can be just as exploitative as labour outside the household, at least as regards children not living with their own parents.

The researchers also concluded that children's labour is generally exploited more than that of adults, and that policy-makers lacked sensitivity about and determination to handle problems of child labour. They found that in nearly all work environments children tended to be:

- underpaid
- cheated of what they were owed
- denied control over their earnings
- over-worked
- sexual abuse was also common, especially in urban centres.

Communities attitudes were complacent, regarding child labour as being essential for family

support and part of the development process for the child, and therefore not a 'problem' or an issue which needed addressing.

Our study (Cluster A) found that children wanted to be allowed to engage in work that was appropriate for them, and from which they saw the benefits. They gave positive examples, such as being able to sell tomatoes and keep the income, or being paid to slash grass in the compounds of local government offices. On the other hand, they gave negative examples, such as being made to work all day and then being paid nothing or almost nothing. They talked about carrying loads which were too heavy for them. They appear to draw the line between what is empowering and what is exploitative based on the nature of the work and the amount of benefit that the child receives.

“You may push two sacks of matoke for over 1 km and you are paid only 100 shillings.” (boy, 10 years, Kasese)

“One may work from morning to evening and be given a meal instead of money.” (boy, 13 years, Masaka)

Our study (Cluster B) found mixed attitudes by parents towards child labour. On the one hand, resourceful children were applauded, in helping to meet household needs; on the other hand, parents felt concerned but powerless to meet children's needs themselves.

Despite the existence of protective legislation, in the Constitution and the Children Statute of 1996

(which places the responsibility for safeguarding the interests of children on the Secretaries for Children's Affairs at LC level), there was little awareness and enforcement at community level of legal safeguards against abuse. Recommended strategies (Ministry of Labour and Social Affairs, 1996) include:

- the introduction and implementation of clear national legislation on child labour (which is being developed currently)
- measures to tackle poverty, which is a root cause of many of the abuses
- changes in cultural norms, which affect attitudes to children and the allocation of resources within the household
- increased access to education, which is not only an important investment in skills but also protects children from the worst forms of child labour
- action to address the problem of street children
- safety nets for the most vulnerable groups
- community education programmes
- improving the capacity of local leaders to deal with the problems of child labour
- vocational training centres.

10. Child protection issues

Summary

- Precise figures for child abuse are lacking, as it takes many forms and is rarely reported to the police or other authorities. Local child rights organisations cite figures as high as 50 per cent of all children being abused.
- Awareness of child rights is being raised through communications campaigns, but there is still resistance to this notion, which is seen to undermine the adult's role in

disciplining children.

Child abuse as a concept is interpreted in different ways, especially across cultures, but generally it is understood as physical, emotional or sexual harm to a child. There is relatively little information on how frequently it occurs, especially as much of it takes place within the home and is never officially reported.

Wife and child beating appears, from anecdotal and press reports, to be fairly common (and to some extent traditionally sanctioned). Alcohol increases the likelihood of physical violence in homes.

Attitudes to discipline play a role here. In Cluster A, children believed that if they were not 'disciplined' (by which they mean beaten), they would not grow up to be good people. This is reflected in the figures in Cluster C: 71 per cent of



Drawn by a boy of 12 years, Gulu District.

children said they were caned when they did something wrong, and 52 per cent of parents said that they normally used caning to discipline a child. In this context of cultural acceptance, it is hard to draw a line between ‘discipline’ and ‘child abuse’. It is interesting to note, however, that 61 per cent of the children in this study who are caned felt resentful, and they were less likely to feel remorse about their misdeeds than those who had been counselled (24 per cent, compared with 86 per cent).

Although adults in our survey complained that ‘child rights’ meant that they could no longer cane their children, physical punishment continues to be widespread, including in schools.

Sexual abuse, or rape, is also commonly carried out if not in the home, then by someone known to the victim (neighbours, relatives, teachers, employers, pastors) (National Council for Children, Uganda 1994). A recent report by the Uganda Child Rights NGO Network (reported in the *New Vision*, on 10 June 2002) suggested that over 50 per cent of children under 10 had been sexually abused, although it was not clear how this figure had been reached. The African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN) also claimed that child sexual abuse was on the increase (The Monitor, 10 June 2002), and drew the links with HIV/AIDS: that men are attracted to younger girls to avoid the infection, thereby infecting them, and also that AIDS deaths contribute to impoverishment which drives many young girls to use sex as a survival strategy.

Figures on child prostitution are lacking, but the perception of participants in our study was that it was a common survival strategy of young girls, particularly in Kampala slums and up-country urban centres, as well as the IDP camps in Gulu.

“Because I am not in a position to provide some of the basic needs to my children, my girls tend to find their way in practicing prostitution in order to maintain themselves. They end up with army men and have acquired sexually transmitted diseases like AIDS.”
(female single parent, Kasese)

Female genital mutilation (FGM) is also an ongoing concern, though it is practiced only among a few groups, such as the Sabiny in Kapchorwa and the Pokot in Karamoja.

Emotional abuse is the hardest to measure, but can be most significant. It can take the form of neglect and also of punishments, such as shutting out children, abusing them verbally, or not feeding them. Child abuse by stepmothers is a common theme discussed by the children in our study.

Situations discussed elsewhere in this report – for example, heavy workloads for children, or neglect of disabled children – are of course also forms of child abuse.

There is evidence that the authorities and justice system are not effective in protecting children or taking action against abusers. Cases rarely come to court, and victims are often stigmatised. There have been relatively few studies looking at how children and adults perceive children’s rights. One exception is the report on

the Children's Rights, Education and Support Services (CRESS) project in 2001 (Laker and Pedersen, 2001), which used qualitative participatory methods to understand how children (aged 9-18) understood the concept of children's rights and its application to their lives.

Undertaken from an anthropological perspective, the study results highlight the subordinate position of children in the traditional culture - the ideal of a 'good child' as 'one who is obedient, silent and does not question the authority and final word of 'caretaking adults'. The summary goes on: 'whereas parents see sternness, strict discipline and corporal punishment as expressions of care to prepare 'stubborn' children for adulthood, children perceive their parents to be aloof, unapproachable and – often – motivated by deliberate bad intentions or just plain lack of concern'. The researchers also found that the concept of child rights, with its connotations of 'freedom', which confronts traditional attitudes, may increase adult hostility and exacerbate the problem of communication between the generations.

A report in 1999, reviewing progress in Uganda against the goals of the Convention on the Rights of the Child (National Council for Children, Uganda 1999a), highlighted a number of ongoing constraints, including:

- lack of coordination amongst bodies promoting the Rights of the Child
- inadequate data to monitor implementation of many of the rights
- insufficient measures to combat the economic exploitation of children
- prejudicial traditional customs and attitudes,

which infringe the principles of non-discrimination, best interests of the child and respect for the views of the child

- continuing corporal punishment in schools
- increased child prostitution
- increased number of street children

There has been some piloting of Child Rights Clubs in schools, where children are encouraged to participate in discussions of the immediate problems affecting them.

The importance of child protection is reflected in this year's UN Special Session on Children, where five goals relating to protection of children from abuse, neglect, exploitation and violence are being added to the global targets. Although it is harder to set clear targets in these areas, governments have agreed to investigate these abuses, to set standards for monitoring them and to protect children from them with appropriate legislation (UN Special Session, 2002).

Conclusion

This chapter has looked at some of the achievements and challenges of different sectors in Uganda in addressing issues of concern to children. While there are considerable challenges – such as on-going poverty and income inequality; a heavy burden of disease and continuing barriers to access to health care; problems of quality and drop-out rates in education – there have also been remarkable achievements in terms of the overall poverty focus of government, and the development of sectoral policies which give priority to some of children's concerns. These policies are discussed further in chapter 6.

In the next chapter, we continue the situation analysis by looking at particular groups of children who are thought to be most vulnerable.

5 Trends for particularly vulnerable groups of children

We have tried in this chapter to collect information on groups of children who have been identified as particularly vulnerable. It is important to note that many children in these categories may not be vulnerable, for a number of reasons, and similarly that these categories may leave out children in distress for other reasons. Further, it is common that children fall into a number of categories simultaneously, and may face a combination of adverse factors. Finally, there are definition issues in regard to a few of these groups, which will be discussed in more detail below.

I. Children and HIV/AIDS

Summary

- There are large overlaps in the first three categories of vulnerable children. AIDS is a common factor behind orphanhood and child-headed households. Children in these groups face difficult challenges, and the support networks available to them are limited.
- Most notably, there is no systematic public assistance available to them. This should be a priority for the Ugandan government and society.
- Data is lacking, particularly on child-headed households. More research is needed on the scale and implications of this relatively new phenomenon.
- Trends project that number of orphans should continue to rise, and then start falling within the next decade. The overall scale of the problem will continue to be large, however (some 2 million children).

AIDS is a major issue for children in Uganda, for health reasons, but also for social and economic ones. As Uganda was hit early by the epidemic and was also open to discuss the issues (in an exemplary way), there is a very large literature on the topic.

(1) Trends

The rate of new infections has been declining due to open information campaigns to change sexual habits. It peaked around 1992, with 30 per cent of antenatal women tested in the main cities being found positive. By 2001, prevalence was down for most groups, including the 15-24 year old age group (Musinguzi et al, 2001).

Current facts on HIV/AIDS in Uganda (Population Secretariat and UNFPA, 2001):

- 1.4 million people are living with AIDS
- 4 per cent of the rural population are infected
- 8 per cent of the urban population is infected
- average prevalence is 6.1 per cent
- annually, 43,000 children are infected by mother to child transmission (MTCT)
- it is estimated that 1.7 million children have lost one or more parents to AIDS
- more than 1.8 million have already died of AIDS in Uganda
- 7.3 per cent of reported AIDS cases are of children under 12
- AIDS is the leading cause of death in the 15-49 year old group, responsible for 12 per cent of annual deaths
- of AIDS cases so far, 43.3 per cent have been women (with a younger mean age than men).
- HIV prevalence amongst commercial sex workers (mostly girls aged 15-24) is much higher than for any other single group: 28 per

cent. This is despite the fact that they appeared to have almost universal awareness of AIDS and safe sex practices, and reported a high use of condoms (99 per cent said they had used at last sexual intercourse).

(2) Causes of infection in children

The main cause of infection in young children (0-12) is MTCT before and after birth (Mulder et al, 1996). If untreated, 26 per cent of infants born to HIV-positive women will become infected (Marum et al, 1996), and around 80 per cent die before the age of 5 (Mworozi, 1994). A combination of drugs during and after delivery have been found to be effective in reducing MTCT; however, the cost of counselling and testing, drugs, and support to mothers after the birth is considerable in the Ugandan context.

In young teenagers, the main transmission is sexual. In one study (Bagarukayo, 1991), in which 311 primary school children (average age 14) were interviewed, 59 per cent stated that they were sexually active. When asked about their reasons for having a sexual relationship, 27 per cent said that they were 'forced', and 29 per cent said that they did it to gain a 'reward' from their partner.

Girls are more susceptible, both physiologically, and because older men tend to seek sex with young girls in order to avoid infection. Young orphaned girls, particularly where they are heading households, are at highest risk (Nakuti et al, 1996). One study (using data from a number of African countries) found that in the 15-19 year age group, girls were 5-6 times as likely to be infected as boys (Lemma, 1996). For 20-24 year olds, there were twice as many infected girls as

boys, but after that age the proportions began to reverse, with men more likely to be infected than women. A number of studies have examined the risk factors behind children getting infected with HIV and other STDs (Mukisa and Rubagiza, 1993; Mukisa, 1993). Their results highlight low levels of awareness of AIDS/STDs among children, as well as lack of parental guidance, socio-economic and cultural constraints, and peer influences.

(3) Effects

AIDS is the fourth leading direct cause of death in children under 5 (Uganda AIDS Commission, 2001), and is also a contributory factor in deaths from other serious diseases, such as diarrhoea, ARI and measles (Ntozi and Nakanaabi, 1997).

It is responsible, in part, for the increasing IMR and CMR which were discussed in chapter 4. One study found that IMR among HIV-infected children was ten times higher than among uninfected counterparts (Tindyebwa et al, 1994). Trends from other countries in Africa are even more frightening: CMR in Zimbabwe, for example, is projected to increase fourfold by 2010, due to AIDS (Foster, 1998).

A child of an HIV-positive mother in the NIH-funded paediatric AIDS research project in Kampala was found to be 5.6 times more likely to die by the age of 3 than the child of an HIV-negative mother (UNICEF, 1999). This is not only because of infection but also because of the high likelihood of becoming an orphan and suffering emotional and physical neglect as a result.

Children whose parents are infected with HIV are often the chief care-givers themselves. They need support in the form of basic nursing training, counselling for bereavement and also AIDS prevention information (Kaddu et al, 1996; Kaggwa et al, 1998).

AIDS is the main cause of death in 15-49- year-olds, and so the leading cause of orphanhood (Wakhweya, Katerega and Konde-Lule, 2002).

Uganda currently has the highest population of AIDS orphans in the world: over 1.7 million children under 15 had lost 1 or more parents by 1999 (Uganda AIDS Commission, 2001). 10 per cent of children are currently affected (Hunter and Williamson, 2000). UNICEF estimates that the number will rise to 3.5 million by the year 2010.

The effects of this orphanhood are multiple and significant, including:

- grief and trauma for the child, especially where they are too young to have been prepared for their parent's death, and/or are unable to grieve openly after the event
- loss of self-confidence (Kiirya, 1996)
- depleted household resources, due to the illness of parents and costs of caring for them (Konde-Lule et al, 1996)
- an increased dependency ratio, which impairs access to basic needs into the future
- a large proportion of guardians are too young or old to care for children's material or psychological needs. Children are often cared for by grandparents, or older siblings, and experience the stress of a second wave of deaths, and relocation to second or third homes (Dunn, Hunter and Nabongo, 1991)

- the division of resources between natural and orphaned children in a household causes great stress. The orphans often feel that they are disadvantaged, and sometime exploited
- reduced nutrition and educational opportunities for the orphan (Muller and Abbas, 1990)
- reduced skills and employment opportunities, and sometimes marriageability
- issues of confiscation of property, especially if children institutionalized
- wives and children thrown off the husband's land after his death by his family
- increase in number of child-headed households and street children
- there is also evidence that families are less willing to immunise children whom they believe may be HIV-positive (Mast et al, 1996)
- AIDS has led to a new situation in which the burden of orphan care falls on the orphans themselves (Ntozi and Ahimbisibwe, 1999)
- because of AIDS in Uganda, the custom of widow inheritance has declined and consequently few or no relatives have the obligation of looking after the orphans and the widows
- orphans in situations of war and conflict find themselves in a graver situation compared to their counterparts in more peaceful areas. The insecurity in Northern Uganda has created problem of food deprivation and increased poverty making it difficult for orphans to get adequate care from community members (Barton and Mutiti, 1998)
- guardians or relatives may in some instance confiscate orphans' property. The probability of the occurrence of this problem increases when children are removed from their property and institutionalized

“I saw orphans lose everything with my own eyes. Their stepmother simply disappeared with everything.” (female FGD, Masaka)

AIDS also has an impact at a wider level, for example on agricultural systems and the economy, which indirectly affect children too. There have also been studies of the impact on the education system, both in terms of mortality amongst teachers and the effect of increasing drop-out rates (Buyla et al, 1996).

While most orphans are still cared for by their extended family (Ntozi, 1997a; Ntozi, 1997b), there are signs, both in other studies and from informants in our study, that these support systems are no longer able to cope (Tuhaise, 1996).

(4) Policies and strategies to tackle HIV/AIDS

HIV/AIDS and its impact on children has been recognised in this year’s UN Special Session on Children (UN Special Session, 2002), which added a group of targets relating to AIDS to the global commitments:

- to reduce HIV prevalence among 15-24 years olds by 25 per cent by 2005 in most affected countries
- to reduce the proportion of infants infected with HIV by 20 per cent by 2005 and 50 per cent by 2010, by ensuring that 80 per cent of antenatal women have access to information, counselling and testing, as well as effective interventions to reduce vertical transmission
- to develop (by 2003) and implement (by 2005) policies to ensure that AIDS orphans have access to basic services and are protected against discrimination and exploitation.

Uganda, because of its open and progressive approach to the disease, has developed many innovative AIDS strategies, including community-based support organisations, like TASO, and community awareness-raising campaigns. Some of these target specifically pre-teen children (Esther et al, 1996; Nabalonzi et al, 1998), in recognition of the importance of changing attitudes and practice in this group to reduce future infection rates. The magazine ‘Straight talk’ is an example of good sex education material, targeted at school children and widely distributed through the school system in Uganda. Other organisations support peer education programmes (see, for example, Kirya, 1998; Matsiko and Twinomujuni, 1996; Mbuga, 1996; Mukherjee and Osborn, 1996; Nakalyoowa et al, 1998).

There are also governmental and non-governmental schemes targeting assistance to AIDS orphans (Rutayuga, Mutakyahwa and Kidza, 1996; Rwechungura, 1992), working through extended family and community networks.

There is no room for complacency however. Current priorities in Uganda include:

- continued information, education and communication, including in schools, to increase children’s awareness and change their sexual behaviour. UDHS data (Uganda National Bureau of Statistics, 2002a) suggests that while awareness of AIDS is universal in Uganda, only about half of respondents had knowledge of how to avoid the virus
- special emphasis on especially vulnerable groups – street children, abused children, drug users, children in conflict areas
- increasing access to basic health care services

and AIDS care, to prolong life and increase quality of life of AIDS sufferers

- minimising MTCT
- special assistance for orphans
- access to anti-retrovirals
- implementation of legal protections for orphans' and widows' property.

Promoting women's education and empowerment is also an important underlying strategy, given the link between control over sexual and reproductive decisions and the likelihood of infection (Ankrah, 1989; Crispin, 1996; Gulere, 1996).

2. Orphans

With a background of a life expectancy of 42 years, HIV/AIDS and malaria at epidemic levels, maternal mortality at 505 (per 100,000 live

births) (UNICEF, 2001b), and insecurity in the Northern districts bordering the Sudan and Western districts bordering the Congo, the probability of becoming an orphan in Uganda is very high (Wakhweya, Katerega and Konde-Lule, 2002; Barton and Mutiti, 1998; Ministry of Labour and Social Affairs, 1993). It is now estimated that in many districts countrywide, between 80 and 90 per cent of new orphans are as a result of AIDS (Wakhweya, Katerega and Konde-Lule, 2002).

At present, according to the UDHS data, 14 per cent of children in Uganda under 18 years of age are orphans (Uganda National Bureau of Statistics, 2002a). Among these, 3 per cent have lost both parents (double orphans), 8 per cent have lost their father only (paternal orphans) and 3 per cent have lost their mothers (maternal orphans).

Table 5.1: Trend of orphans in Uganda for the period 1995 to 2010

Category	1995	2000	2005	2010
Population of children < age 15	10,200,290	11,923,399	13,587,441	15,381,394
Maternal and double orphans from all causes	841,118	1,059,329	1,129,190	1,148,668
Maternal/ double orphans as % of all children < age 15	8.2	8.9	8.3	7.5
% of maternal/ double orphans from AIDS	45.5	55.3	58.0	59.1
Paternal orphans from all causes	1,261,677	1,294,735	1,129,190	939,819
Paternal orphans as % of children < age 15	12.4	10.9	8.3	6.1
Total orphans from all causes	2,102,795	2,354,064	2,258,380	2,088,487
Total orphans as % of all children < age 15	20.6	19.7	16.6	13.6

Source: Wakhweya, Katerega and Konde-Lule, 2002



Drawn by a 10-year old boy living in a child-headed household, Masaka District.

The EdData survey (Uganda National Bureau of Statistics, 2002b), looking at children aged 6-17, found that 20 per cent were orphans, of whom 5 per cent have lost their mothers, 11 per cent their fathers, and 4 per cent both parents. It also found that rural children were slightly less likely to be orphans than urban children. In the central region almost 28 per cent of children were single or double orphans. Although most orphans are paternal, by 2010, it is estimated that there will be an increase in maternal orphans and a decrease in paternal orphans (Wakhweya, Katerega and Konde-Lule, 2002).

Hunter and Williamson (Hunter and Williamson, 2000) estimate trends in orphans in Uganda (see table 5.1). This suggests that orphanhood is at its peak around now, and that it should decline in the coming years (presumably because of the reduced prevalence of AIDS).

3. Child-headed households (CHH)

This category is linked to the issues of orphans and AIDS. Prior to the current AIDS epidemic, this category was virtually unheard of, as orphaned children were absorbed into the wider family. However, as numbers have increased, due largely to AIDS, the families have struggled to absorb orphaned children, and an increasing number have been left to fend for themselves (Wakhweya, Katerega and Konde-Lule, 2002; Dunn, Hunter and Nabongo, 1991; Mwaka and Tumushabe, 1996).

To some extent, a CHH is a contradiction in Ugandan culture. If you head a household, you are treated as an adult, whatever your age. Thus many of the key informants in Cluster B denied the existence of this category, which may explain why it has received little treatment in studies and surveys.

“But how can you be a child and again head a family?” (female FGD, Masaka)

There are several reasons why orphans in CHH decide to stay on their own (National Council for

Table 5.2: Distribution of child headed households, by sex and location

Sex Head	Location and Frequency					
	Rural	%	Urban	%	Total	%
Male	19,086	49.54	4,028	10.46	23,114	60
Female	11,682	30.33	3,725	9.67	15,407	40
Total	30,768	79.87	7,753	20.13	38,521	100

Source: Uganda Bureau of Statistics, 1995

Children, Uganda, 1999b). These include:

- no identifiable relatives left to care for them;
- refusal of relatives to look after orphans (their presence has been reported to have broken up marriages because of the stigma attached to orphans whose parents have died of AIDS); and
- mistreatment by adult caretakers.

The tendency for children to become the main caregivers of other children appears to be an alarming, and increasingly common, feature of the orphan crisis in Uganda, though precise figures on this trend are unavailable (UNICEF, 2001a). The 1991 Population and Housing Census enumerated 38,521 households (representing 1.1 per cent of all households enumerated) that were headed by persons below the age of 18. The distribution of children heads by sex and rural-urban residence based on census findings is given below.

Most of CHH at that time were located in rural areas (79.87 per cent) and headed by male children (60 per cent). A study on vulnerability and coping mechanisms of CHH in two villages in Rakai district, Uganda, showed that the number of orphans who had lost both parents and were living on their own increased from 4.4 per cent of all orphans in 1985-1989 to 60 per cent in 1995 – 1999 (Wakhweya, Katerega and Konde-Lule, 2002).

Implications

CHH experience extreme poverty and face a lot of difficulties ranging from inadequate food, clothing, medical care and lack of funds for school requirements as well as other material needs. A

study (Wakhweya, Katerega and Konde-Lule, 2002) revealed that school attendance among CHH is lower, and vulnerability to physical and mental health problems is greater. One-half of the households studied reported eating one meal per day and others twice a day (Wakhweya, Katerega and Konde-Lule, 2002).

Most CHH live in dire poverty, mainly as a result of the need to concentrate on food rather than cash crop farming (Ministry of Labour and Social Affairs, 1993). Moreover, almost a third of the land inherited from parents of CHH is out of production due to reduced manpower. Where livestock is inherited, relatives often do not allow heads of CHH to have a say in their disposal.

Children in CHH often miss the psychological support of an adult. Because of this, such children are more likely to engage in pathological behaviour like criminal activity, drug abuse, and violence, which increase their vulnerability to HIV infection (Wakhweya, Katerega and Konde-Lule, 2002).

Children in CHH also tend to enter the labour market at an early age, which affects their growth and well-being (Federation of Uganda Employers, 2001; Wakhweya, Katerega and Konde-Lule, 2002; Ministry of Labour and Social Affairs, 1993).

Questions and notes:

- 1) Will the trends in CHH decline along with the projections for orphans?
- 2) The implications of child-headed households are numerous and serious. How are older children to obtain adequate resources to care for themselves

and their younger siblings? How well are they able to meet their own and the others' emotional and developmental needs? What support networks exist, and how effective are they? What are the effects of losing their childhood so young? How are they treated by society – as adults, or children? These are just some of the important questions which need further consideration.

4. Street children

Summary

- Street children are another apparently growing category of vulnerable children.
- They are linked, in causation, to some of the other categories discussed.
- In terms of public perceptions, however, they are more commonly seen as a nuisance, rather than as objects of sympathy, and are regularly 'cleaned up' by the MoGLSD. This type of

Case study: Odongo, 16 years

Odongo lives in Limo ward, Laroo division of Gulu municipality. His mother died when he was very young and he was taken care of by his maternal aunt. While living with his aunt, Odongo says he was abused by the aunt's children, who called him an intruder, and the aunt did not do anything to caution the children against their negative attitude towards Odongo.

At the age of 9, Odongo left the aunt's home and went to stay in town and was engaged in casual work. He also dropped out of school completely when he was in primary 3. This was mainly precipitated by the fact that he would be sent to fetch water at night, but due to the risks involved, he would fear to go and this was construed as indiscipline. On another occasion some household items disappeared and it was alleged he had taken them, though he denies this.

In town he joined a group of boys who were habitual thieves. Odongo himself has appeared before the police for theft over 20 times.

Odongo's father is alive and lives in Gulu municipality. He has another wife and children. Odongo says he cannot stay with the father because of being mistreated by the stepmother.

In 1999, a soldier took Odongo and 2 of his colleagues to Kitgum. He rented a room for them. During the day the children were expected to go into shops and steal things which could be sold. The money was given to the soldier. When the children were discovered, he persuaded them to join the army.

Odongo could not cope with the situation in the army and he ran away back to Gulu. With no means of survival, Odongo continued with his habits.

Currently Odongo is engaged in casual work, mainly washing vehicles. However he earns only about 700 shillings a day which he uses to meet all his needs, including food and clothing. He eats only one meal a day as this is what he can afford, and stays in a kiosk overnight. He is currently receiving counselling support from a local CBO based in Gulu municipality.

action, to return them to their original homes, is unlikely to be effective.

- Economic development may lead to growing numbers of street children – i.e. the problem may get worse before it gets better.
- More might be achieved by positive approaches to educating and developing the coping capacities of the children, so that they can make a living in honest ways and avoid the most serious risks.

This category is again linked but separate from issues of orphanhood, AIDS and CHH. As for the previous categories, the perception is of a rising trend. In this case, however, social reactions may be more strongly negative, as street children are generally associated with crime and nuisance in public places.

Definitions and numbers

There are different ways of defining street children, based on the amount of time spent on the streets, on whether links are kept with their families, and on where they normally sleep (GTZ, 1997; Semafuna and Semakula, 1995; Wakhweya, Katerega and Konde-Lule, 2002). The MoGLSD's definition (as quoted in Wakhweya, Katerega and Konde-Lule, 2002)) is worth citing: a street child is "any child who has not reached the age of adulthood but to whom the street or unoccupied dwelling has become his/her habitual place of abode and with no care and protection".

The population of street children in Uganda in 2002 is estimated to be over 10,000 (Government of Uganda, 2002). In Kampala city alone, the population of street children was estimated at 2,000 in 1999 (National Council for Children,

Uganda, 1999b), while according to the Friends of Children Association Uganda (FOCA), there are 2,500 street children in Kampala.

Available data (though not reflecting the problem of street children in all urban centres of Uganda) indicates that most street children dropped out of school in lower primary education classes. The majority of street children join the streets aged between 11 and 15 years (Friends of Children Association, 1999).

Most of the street children are from the central region (67 per cent), the Northern region being the region with the least number of street children. Proximity to the country's capital city, relatively efficient means of transport (thus fuelling rural-urban migration) and the 1980s civil conflict in the Luwero Triangle are some of the reasons cited for the high numbers of street children in the central region, especially in Kampala city (Friends of Children Association, 1999). Our study found



Drawn by a girl of 12 years, Kampla District.

that street children are not confined to urban areas, but were also found in rural areas, in the form of 'stray children', who were reported to hang around trading centres, living off petty theft or scavenging, sleeping in a variety of places.

Causes

There are many reasons why children end up on the streets (Wakhweya, Katerega and Konde-Lule, 2002). These include:

- lack of proper care
- lack of a caretaker in their communities
- death of a parent (s) or caretaker
- broken homes
- armed conflicts or civil strife
- abuse by step-mother or step-father
- being sent to the streets by parents to make money.

There is consensus that civil strife and poverty subject the family to enormous stress leading to

breakdown. Street children are seen as one outcome of family life disruption and destruction of social safety networks (Mwaka and Tumushabe, 1996; Ministry of Labour and Social Affairs, 1993; Semafuna and Semakula, 1995).

Surveys carried out in Kampala revealed that child abuse and neglect by parents and relatives were the leading causes of street children (Friends of Children Association, 1999; Save the Children UK, 1997). Other factors include orphanhood mainly due to HIV/AIDS - one third of street children are orphans (Wakhweya, Katerega and Konde-Lule, 2002) - poverty, peer influence, family instabilities, teenage pregnancy, children beyond parental control and rebel activities at home. Causes of street children are summarized in Table 5.3.

Participants in Cluster B identified the search for basic needs and a better life as one of the main reasons for taking to the streets.

Table 5.3: Causes of street children

Cause	Frequency (%)
Mistreatment	34.6
Orphaned	18.7
Poverty	10
Unemployment	9.6
Peer pressure	4.4
Rebel activity	1.3
Family conflict and losing kith and kin	0.9
Adventure	3.5
Witchcraft	0.4
Committed offences - on the run/wanted	0.4

Source: Friends of Children Association, 1999

“Our children just think they will get better food from the streets than we are offering them.” (female parent, Kampala)

If this is true, then economic growth in the cities and in casual employment opportunities may lead to increasing numbers of street children, migrating from rural areas, rather than the decline which might be expected.

Other factors cited by KI were war, the growth in single parents and child mothers, harsh stepparents, and poor discipline. UPE was seen as having reduced the numbers of street children to some extent.

Implications

Street children are deprived of health care, education and almost all are faced with the difficult choice of either resisting or falling in with the violence, crime, prostitution and drug abuse which are facts of street life (UNICEF, 1994). Street children involve themselves in a number of activities, both legal and illegal, in order to survive. The legal work is limited to casual labour like carrying bags or washing cars and dishes in open market kiosks. The illegal work commonly engaged in by street children includes being agents for criminals and stealing or breaking into shops. Other forms of illegal work include selling or using intoxicants, banghi and opium. For the young children, pick-pocketing remains the easiest source of money whenever other less hazardous jobs cannot be found (Ministry of Labour and Social Affairs, 1993).

Street children face problems of lack of money,

poor health, psychosocial stress, lack of food and unsuitable places to sleep (Wakhweya, Katerega and Konde-Lule, 2002). They are usually discriminated against and harassed either by government authorities, community members or by fellow street children (mostly older boys). There is some support from government and NGOs, including family tracing and reunification, counselling and provision of material support and health care, provision of shelter and psychosocial support and vocational training (Wakhweya, Katerega and Konde-Lule, 2002; Friends of Children Association, 1999; Save the Children UK, 1997).

5. Children living in single-parent-headed households

Summary

This is not an area which has received much attention or has been systematically analysed. We do not have figures for the number or proportion of children living in single parent headed households, though the category is likely to be very large (in the range of 30-40 per cent, judging by the UDHS figure that 58 per cent of children live with both their parents).

While it is less easy to generalise about the consequences of this, it is likely to be true that single headed households face more severe resource constraints and problems of meeting the emotional and development needs of children than those with two parents (particularly given the challenges to the extended family network). This needs further investigation in the Ugandan context.

Single parent households are almost synonymous with female-headed households. However, a male may also experience single parenthood situation as a result of loss of wife, separation or divorce (Wakhweya, Katerega and Konde-Lule, 2002). Women become heads of households due to separation or divorce, being widowed, or being a polygamous wife living in a separate house. According to the 2001 census (Uganda National Bureau of Statistics, 2002a), 27 per cent of households are headed by females. The proportion in urban areas is slightly higher (31 per cent). Available data concerns itself mostly with single parents who are widows or widowers, rather than single parents resulting from divorce or separation. It follows that the children are orphans. Children of single mothers (such as girls who become pregnant in school) are not focussed on. Further, available data focuses more on the condition of single parenthood as it affects adults and less on children (Wakhweya, Katerega and Konde-Lule, 2002).

Key informants in this study (cluster B) saw this category as increasing. They attributed this to:

- poverty, leading to men (usually) being unable to support and therefore abandoning their families
- death from diseases, including AIDS
- conflict in the North and West
- disappearance of widow-inheritance
- respondents in Kampala identified careless prostitutes as adding to the numbers of single parents
- women's rights was seen as increasing marriage instability and break-down.

Implications

According to the Uganda Poverty Status Report 2001 MoFPED, 2001a), household level poverty is directly linked to households headed by widows. In the AIDS era, the custom of widow inheritance is declining because of the risk to the inheritor of HIV infection (Ntozi and Nakayiwa, 1999). This has meant that no relative has the obligation of looking after the orphans and the widows. Children living in single parent households headed by widows are constrained in accessing basic social services like education and health care as well as in affording a good diet. Inheritance customs, especially the claiming of land and property by a deceased male's family members, are central to the poverty experienced by the widows and orphans (Wakhweya, Katerega and Konde-Lule, 2002).

While children living in single parent households headed by women benefit from the motherly care and attention, children in single parent households where the single parent is male are more likely to be neglected. Where girl children are involved, they sometimes run away or are forced into early marriages (Ntozi and Ahimbisibwe, 1999).

6. Children with disabilities

Summary

- There are no reliable numbers, but this is probably a significant group, around 10 per cent of children.
- There are minimal support services for disabled children, and their expected quality of life is very low. Access to health care, education

Table 5.4: Distribution of children (0-18) with disabilities by region (%)

Region	HI-Hearing Impairment	PD-Physical Disability	VI-Visual Impairment	MR Mental Retardation	Others	Total
Central	12.9	32.7	31.4	15.0	8.0	100
Eastern	27.5	10.9	33.1	14.2	14.2	100
Northern	23.7	12.7	23.4	19.3	21.0	100
Western	21.1	20.1	26.2	15.4	17.1	100
Total/Mean	22.3	16.8	26.8	16.9	17.2	100

Source: Ministry of Health, 1997

and employment is very poor.

- Secondary data and the comments of children in this study illustrate how negative social and even family attitudes are, causing enormous suffering to children – making them feel worthless, or less than worthless.
- In general they are not seen as a priority group. Their rights are not met.
- Changing attitudes and providing public assistance to enable them to access basic services are some of the priority actions in this area.

Statistics

The Uganda 1991 population and housing census was the country's first population census that included a question on disability. However, in a critique of the census data by the Ministry of Health (Ministry of Health, 1997), it was revealed that the question was administered to a sample which was almost exclusively urban: only 10 per cent of the sample were rural. This amounted to 20 per cent of the total population of the persons with disabilities. Disabled people were also under-enumerated to a large extent because census enumerators were not trained in identifying



Drawn by a boy of 14 years, Kampala District.

disabilities and therefore the data relied on respondents' identification of themselves as disabled. Tables 5.4 shows the distribution of persons with disabilities, according to that census.

There is therefore no credible, recent national statistical data on Children with Disabilities (CWDs). Lack of such important data impedes the planning process for this vulnerable group and

contributes to their vulnerability. It has been ‘guesstimated’ that roughly 10 per cent of Ugandan children suffer from some sort of disability (National Council for Children, Uganda 1994).

Although almost three quarters of children are fully immunized against polio, infections with it still occur and are one of the leading causes of physical disability (National Council for Children, Uganda 1994).

According to USDC (Uganda Society for Disabled Children, 2002), some of the major child disabilities in Uganda are:

- Polio
- TB spine
- Amputations
- Cerebral palsy
- Club feet
- Leprosy
- Visual impairment
- Mental retardation
- Mongole
- Epilepsy
- Knock knees
- Fracture complications
- Hearing impairment
- Congenital deformities
- Burns
- Speech impairment
- TANS

Although we do not have authoritative data on trends in disability, the perceptions of our participants in Cluster B suggest that cases are increasing in the North and West, and decreasing in the East and Central regions. Conflict was cited

as a main cause, while some acknowledged the role of diet and immunisation in preventing disabilities.

Implications

Disability is a crosscutting issue - more of social than a medical problem (Uganda Society for Disabled Children, 2002). Most of the CWDs come from poor rural families and do not have their needs met. Most of them are powerless and cannot speak up against injustice, making them extra vulnerable. They have little or no access to education and healthcare, which provide the basis for improved lives. Less than 5 per cent of about 7,961 children with disabilities in the USDC programme area (9 districts) have access to health and education services. This has been attributed to:

- negative attitudes of parents /guardians/ community members towards children with disabilities
- widespread poverty at household level
- ignorance and lack of information
- lack of trained personnel to work with disabled children
- inadequate and inaccessible rehabilitation and other essential services.

“Why should I spend on this child when I know the able ones are the ones who will help me in future?” (male parent, Masaka)

“Many parents think that children with disabilities are just as good as not being alive. They think that disability is a curse to the family.” (male KI, Kasese)

CWDs are often perceived as socially useless and may be abandoned by their families. Disabled adolescents and adults may not be allowed to inherit land, and they are usually not acceptable as marital partners. This stigma sometimes extends to the children of disabled parents (Uganda National Council for Children, 1994).

At district level, there is inadequate capacity to lobby for the essential rehabilitation services for CWDs. Organizations of people with disabilities are still too weak to play a leading role (Uganda Society for Disabled Children, 2002).

Although a number of laws and policies exist - for instance the Uganda Constitution, the Children's Statute, the Local Government Act, the Uganda National Plan of Action for Children and Universal Primary Education - they are inadequately implemented to the disadvantage of CWDs. The practical realities on the ground still make it impossible for CWDs to benefit on equal terms with their non-disabled peers. For instance, in primary schools where new classrooms have been constructed under PAF and UPE, construction designs which accommodate the condition of CWDs have not been followed (MoFPED, 2001a).

The minimal integration of disability in government agendas and general community activities has been blamed on:

- lack of desegregated data on disability
- non-supportive attitude of district planners and policy makers towards disability issues
- lack of available data for planners
- poor information management
- inadequate community sensitization activities.

There are a number of international and local NGOs providing assistance to disabled children, including the Uganda Society for Disabled Children, but their work tends to focus more on sensitisation rather than direct provision of services.

7. Children affected by conflict

Summary

- Conflict affects some 300,000 children in Uganda today, mostly in the North.
- The effects of conflict are wide-spread – affecting livelihoods, access to basic services, infrastructure, and family life.
- Abduction of children by rebel groups continues to be a major abuse of children, with long term consequences for their lives and their communities.
- Peace initiatives, the Amnesty Law of 2000 and the disarmament programme in Karamajong areas are all aimed at reducing the areas affected by conflict. These are having some success.
- Even if the conflict is ended, rehabilitation of the region will be a long-term process, requiring major investment.

In Uganda, armed insurgency dating to the 1979 liberation war, the 1981-85 Luwero Triangle rebellion, the ongoing rebellion in the Northern and Western parts of the country, as well as cattle rustling by the Karamojong, has contributed in varying proportions to children as victims of war.

UNICEF estimates that about 300,000 children are victims of armed conflict or wars in Uganda (Government of Uganda/UNICEF, 2001).

A study in Northern Uganda reported that the frequent rebel attacks have destabilized the countryside, destroying the region's agricultural base. Rebel attacks are more frequent during and after harvests, increasing the threat to food security and therefore poverty (MoFPED, 2001b). Planting cycles are disrupted and access to traditional wild foods is also hampered, resulting in increased vulnerability.

Health services in areas of insecurity are even weaker than other parts of the country, and many preventive services are less available because vaccines and other supplies cannot be transported or stored safely (UNICEF, 1998). Schooling and income generating activities are limited. Only 29 per cent of households in Gulu and Kitgum were reported to live within 5km of a health centre in 1998 (MoFPED, 2001a).

A delegation to Northern Uganda in 1999 reported that CHH in Gulu and Kitgum districts suffered from lack of food, malnutrition and clothing (Leadership Council on Children in Armed Conflict, 1999). In areas of conflict in the North and West of the country, the proportions of household eating two or less meals a day were 83.9 per cent compared to 46.0 per cent before the onset of the conflict (Government of Uganda/UNICEF, 2000). Feeding programmes have been started to assist those children who are badly affected. In Gulu, more than 13,000 children were enrolled in supplementary feeding programmes between September 1997 and February 1999. As

of July 1999, 787 children were enrolled in the supplementary feeding programme in Kitgum (Government of Uganda/UNICEF, 2000). Only 10 per cent of arable land in Gulu and Kitgum is under production (MoFPED, 2001a), and over 50 per cent of the children in the two districts are underweight or stunted. The traditional means of subsistence have been wrecked by rebel insurgencies. Consequently most adolescents, as well as adults, have no means for supporting their families. The lack of such opportunities increases the risk of idle and disillusioned youth turning to crime and banditry.

Landmine victims are predominantly women and children, as they fetch water and gather firewood.

Funds to develop local services are lacking because of the weak local economy. As a result, the districts are heavily dependent on donors. Their tax base



Drawn by a boy of 14 years, Gulu District.

and hence ability to tackle child poverty is minimal.

“Because of decentralisation we have to rely on our local revenue, and because of war people are in camps and they do not engage in agriculturally productive activities, which can

be taxed.” (male KI, Gulu)

One study consulted focus groups (adults) in conflict areas in the North on their main concerns (Barton and Mutiti, 1998). The results (in order of importance) are shown below.

Table 5.5: Main concerns of adults living in Northern areas affected by conflict

1. Physical insecurity

- abductions, killings
- rape, defilement
- lack of security
- displacement
- disability
- land mines
- sleeping in the bush
- forced to join the army
- physical abuse

2. Lack of basic needs

- food security
- diseases
- Insufficient health care
- lack of basic supplies
- lack of water

3. Social breakdown

- drinking/alcohol
- Prostitution
- sexual immorality
- stealing
- dependency
- absenteeism, idleness
- AIDS/STVs
- child labour
- early pregnancy

4. Family breakdown

- orphans
- early marriage
- no marriage
- care for widows
- child indiscipline
- forced marriage
- domestic violence
- loss of family teaching

5. Emotional distress

- worry, bad memories
- mental illness
- loss of hope
- loneliness
- inability to plan for the future
- depression
- suicide
- weakness

6. Educational breakdown

- interrupted education
- poor results
- lack of fees
- lack of materials

Abduction

Abduction of children in the North and West of the country represent a major abuse of the Convention on the Rights of the Child (CRC). The NUPSNA study (Barton and Mutiti, 1998) estimates that over 14,000 children have been abducted in districts in Northern Uganda. The majority of LRA combatants are thought to be abducted children. Boys are four times more likely to be taken than girls, but are also more likely to escape. The age group 10-15 is most at risk. Many are taken in the fields, or in raids on schools. 75-80 per cent of abductees are forced to fight. Some are also used as hostages. Girls are taken as wives, especially for rebel leaders (and passed around). Some are used as porters and labour. Others are tortured and killed, if suspected of supporting the NRM. Nurses are sometimes abducted to provide health care. Others are exchanged for guns or sold into slavery.

The results are very serious. For 'wives' there is a high chance of unwanted pregnancies; syphilis (100 per cent infection rate amongst escaped girls, and 60 per cent among boys); and AIDS – not to mention psychological trauma.

The NUPSNA report reveals that abducted children are often forced to conduct brutal attacks against their communities and other children. Most of these children are exposed to systematic brutalization, exploited as slave labourers and sex slaves. Rape and other forms of physical and emotional abuse are the norm rather than the exception to child abductees. Some of these abducted children are forcefully taken to camps in the Sudan where they are trained as soldiers and

sent to the battlefields both in the Sudan and Uganda (Government of Uganda/UNICEF, 2000). Others join voluntarily as there are no other employment prospects, and they think that joining will be a route to better status etc.

Problems with the army (UPDF) are also reported, as villagers are picked up on suspicion of being collaborators with the rebels. The community perception is that the protection and military response are inadequate (Barton and Mutiti, 1998).

Abducted children who escape or are returned to their communities face a wide array of psycho-social problems, as well as often being rejected by the communities for the brutal acts in which they have – or are thought to have – engaged.

Refugees

Uganda has 230,000 refugees. The majority of these (89 per cent) come from the Sudan, displaced by the civil war which has been running for nearly two decades now. A further 10 per cent are from Rwanda and the Congo.

The government and UNHCR launched a Self-Reliance Strategy in 1999, which aimed to integrate services for refugees with local ones, and allow them to support themselves. They are given land, rather than being kept in closed camps. However, they are not given the option at present of assimilating fully.

Internally displaced

The civil strife in the North and East of Uganda since 1987 has led to the displacement of many families into protected camps (Government of Uganda/UNICEF, 2000). There are at present about 600,000 internally displaced people (IDPs) scattered through 13 of Uganda's 45 (presently 56) districts. Half of the affected populations are concentrated in Gulu and Kitgum in the North; a further third is congregated in Bundibugyo (West), Adjumani (North-East) and Masindi (North-West) (Government of Uganda/UNICEF, 2000). In Gulu and Kitgum about 50 per cent of the population are displaced (MoFPED, 2001a).

Life in camps is hard: overcrowded; with insufficient and poor land for cultivation; insufficient food, health services and schools; and social break-down. The number of pupils per classroom in one of the camps was 459. In a camp in Pabbo sub-county, Gulu district, over 30,000 people were being served by only 2 bore holes, so that children were not going to school as they had to line up for water at the only 2 available sources (Human Rights Watch Africa, 1997). Coping strategies such as crime and prostitution have increased, which may be one reason why the North is the only area which has experienced an increase in AIDS over the recent period.

CHH households among the internally displaced persons (IDPs) are extremely poor. Many young children cannot afford school supplies and uniform to attend school, and the adolescents cannot afford to attend because they have to work and look after the family. Nor can children afford medical and reproductive health care, change of

clothes, food or basic cooking utensils (Leadership Council on Children in Armed Conflict, 1999).

Conclusions

Chapters 4 and 5, which constitute a situation analysis of issues of importance to children in Uganda, make clear the scale of the challenges facing society. In terms of access to basic services, there remain major quality and costs issues. Despite all the progress which has been made under the current government, there are large and growing groups of children who require social support systems, which are not in place. The MoGLSD estimates that 5.5 million children and youth live in 'difficult circumstances' in Uganda (Ministry of Gender, Labour and Social Development, May 2001). Attitude changes are also required to make children of all types and all socio-economic backgrounds feel a valued part of the society.

Key informants in Cluster B were asked about their perceptions of trends over the last few decades in terms of numbers of children in the vulnerable categories. The majority felt that all categories had been growing. The only exception was disabled children, where an almost equal number felt that numbers had been increasing (generally, respondents from the North and West) as had been decreasing (in the South and East).

The category of 'children whose guardians cannot support them' (investigated in Cluster B) was found to be too general to be useful. As one key informant pointed out:

“Almost all guardians are failing to support their children, so whom should we help?”
(male, Kasese)

The current policies and how they tackle these issues are discussed in the next chapter.

6 Current policies on child poverty: How effective are they?

1. Introduction

Following on from the situation analysis in the previous two chapters, and children's views on poverty and its implications in chapter 3, this chapter considers the following questions:

- What are the main current legislative and policy frameworks affecting children?
- What are the existing government structures relating to children, and how are public resources allocated?
- How effective are the LCs in promoting children's interests?
- What are the suggestions of children and key informants for action on child poverty?

2. National legislation and policy frameworks

The government of Uganda is committed to improving the situation of children and has made a number of statutes and introduced some key policies to achieve that goal. The most significant of these (but by no means all) are summarized below, with some comments on their achievements and remaining challenges.

The Children Statute (1996)

The Statute translates into domestic law the commitments enshrined in the International Convention on the Rights of the Child, as well as the African Charter on the Welfare and Rights of the Child. It covers areas such as:

- underlying principles (meeting the needs of the child)

- definitions (a child is any person under the age of 18)
- the establishment of a Secretary for Children's Affairs, with primary responsibility for safeguarding the interests of children, at each administrative level
- family and children's courts and their roles
- care arrangements, in cases of abuse
- fostering and adoption rules
- parentage and maintenance for children
- age of criminal responsibility (Ministry of Gender, Labour and Social Development, May 2001)
- rules relating to the juvenile justice system.

According to the Statute, a child has the right to be educated, immunized, given proper food, clothing, medical care and help. It protects the child from violence and ill treatment. The Statute also lays out children's property and inheritance rights. For instance, Part III of the Statute empowers the Secretary for Children Affairs, assisted by other members of the LC, to ensure that where the parents of a child have died, the property is not taken away from the child. The Statute directs that LCs have no powers to divide and distribute this property. Moreover everybody in the community has a duty to protect children's rights.

Analysis

The Children's Statute is an important piece of legislation, covering many of the issues which matter to children. It has contributed to a growing awareness in Uganda that children have rights.

“In school, there is less mistreatment and parents now give their children more care

because they know that the law will catch up with them.” (KI, Kasese)

On the other hand, there are still many challenges facing the realization of children’s rights in Uganda. One is the common attitude that children will be over-protected if they are seen to have ‘rights’ and inadequately disciplined.

“Morals of children have been eroded because they think they are protected even when they are in the wrong. In fact the government should establish rehabilitation centers at every district because the law is too lenient to child offenders. We will have too many stubborn kids.” (male KI, Kasese)

The principle of non-discrimination also involves major cultural changes. The statements of girls, of the disabled, of street children and others in this report show the extent to which children in many different categories are still discriminated against. Indeed, the children often face multiple levels of discrimination – on account of being young, and therefore having a low social status; on account of being poor; and frequently on other accounts too, such as being orphaned.

It appears from this report that a number of vulnerable categories of children are not being effectively protected by the Children Statute, due to inadequate implementation. For example, child abuse and neglect is inadequately defined, understood, and monitored, with few cases being brought and little understanding of the scale or scope of the problem.

Similarly, exploitative child labour (including

prostitution) appears, from anecdotal evidence and statements of informants in this study, to be widespread and accepted, with no effective means of monitoring or controlling the worst practices.

Uganda National Program of Action for Children (UNPAC)

Arising out of the World Summit for Children in 1990, this report was published in 1992/3 (Ministry of Finance and Economic Planning, 1992). It aimed at the improvement of services which benefit children. Goals were set for 2000, including:

- halving malnutrition, IMR, CRM and MMR
- increasing provision of clean water within 1.5km of households from 23 per cent to 75 per cent
- increasing access to sanitation from 30 to 75 per cent of the population
- increasing primary school access from 69 to 95 per cent, and completion from 32 per cent to 50 per cent
- reduction of illiteracy from 48 to 24 per cent (with emphasis on women)
- ensuring legal protection of all children
- protection of the rights of disabled children to equal access and freedom from discrimination
- protection from abuse, neglect and exploitation
- preventive measures to protect children by families, communities, NGOs and local and national administrations.

These were underpinned by more detailed sub-goals and activities.

A number of institutions were set up under this programme. A National Council for Children (NCC) was established to promote the

implementation of the UNPAC. Later, with decentralisation, District Plans of Action for Children (DPAC) were launched, to be incorporated in District Development Plans. DPACs and Sub-county Plans of Action for Children (SPAC) were launched in 34 out of the 39 districts of Uganda by 1997.

The performance and progress of the UNPAC was reviewed in 2001 (National Council for Children and UNICEF Uganda, 2001), in the run-up to the UN Special Session on Children in 2002 (which reviewed progress globally in implementing the goals of the 1990 World Summit for Children). A new national plan with Uganda-specific targets will be developed as a follow-up to the 2002 Special Session, which produced new global targets in the areas of child protection and HIV/AIDS.

Analysis

Again, the UNPAC shows the national-level commitment to children's issues, but progress on the ground has been patchy. Some areas, like education, have seen a big improvement; in other areas, such as health indicators and legal protection, much of the situation analysis of 1992 remains current (eg problems of discrimination against AIDS orphans; long remand periods; children being kept in adult prisons etc.).

The Constitution of Uganda (1995)

This is the supreme law within which all the policies relating to children are formulated.

Article 14 commits the state to 'endeavour to fulfil the fundamental rights of all Ugandans to social

justice and economic development'. This is stated to include 'access to education, health services, clean and safe water, work, decent shelter, adequate clothing, food security and pension and retirement benefits'.

Article 22, section 1, prohibits the deprivation of life and section 2 protects the life of the unborn child.

Article 34, section 1, provides for the right of children to know and be cared for by their parents or those entitled by law to bring them up. Other sections spell out the rights of children, including the right to basic education, medical care and protection from social or economic exploitation, including child labour (Article 34, sections 2, 3 and 4). Section 7 of the same article provides for the special protection to be accorded to orphans and other vulnerable children. Article 39 addresses the right to a clean and healthy environment.

Analysis

Like most constitutional documents, the Constitution of Uganda is normative, but lacks defined mechanisms for enforcing these rights. Many of them are not enjoyed in practice by Uganda's children. It does however provide a general framework for addressing child poverty.

Poverty Eradication Action Plan (PEAP) (2001)

The process of developing the PEAP began in 1995, leading to the first draft in 1997. In 2000 this was revised to produce the second draft (MoFPED, 2001b), which was also accepted as Uganda's PRSP (poverty reduction strategy paper).

The PEAP provides the framework for poverty eradication programmes in Uganda. It has four main goals:

- rapid sustainable economic growth and structural transformation
- good governance and security
- increased ability of the poor to raise their incomes
- enhanced quality of life of the poor.

It sets the goal of reducing the incidence of absolute poverty to 10 per cent by 2017 (MoFPED, 2001a). Linked to the PEAP are individual strategic plans for each sector of the economy. Sector plans have already been developed for education, agriculture, health, and roads, and others are being drawn up. A Poverty Eradication Working Group, established in 1999, guides the sector working groups in applying the principles of the PEAP in budgeting and allocating resources between and within sectors.

Progress toward the PEAP goals is reviewed regularly, leading to the publication of a Poverty Status Report (the latest one published in 2001).

Analysis

Although the PEAP framework is sound, it lacks specific references to children and sub-categories of vulnerable children. Its indicators cover the conventional areas (educational enrolment, health care coverage, water and sanitation) but miss out some of the key areas identified in this report. Its weakness in terms of vulnerable groups, and in terms of lacking disaggregation by region and gender, are already recognized within the Poverty Monitoring and Evaluation Strategy (MoFPED and Poverty Monitoring Network, 2002). We discuss this further in chapter 7.

Universal Primary Education (UPE) and other education policies

UPE was introduced in 1997, in order to increase access to primary education for all families. Under this policy, the government of Uganda provides free education, charging only UGX 5,000 per pupil (P1 – 2) and UGX 8,100 per pupil (P4 – 7) per annum.

Among the stake-holders in UPE are local government bodies (LC III & LC V), whose responsibilities include building primary schools; providing furniture for schools; providing access roads to schools; providing water and sanitation; assisting in providing utilities including power and electricity; and budgeting for primary education.

Parents are supposed to provide exercise books and pens to children, on top of contributing local building materials, labour and taking part in school construction programmes (Ministry of Education and Sports, 1997).

A significant proportion of the funds are released directly to school, as capitation grants (for recurrent costs) or school facilities grants (for construction). There is no maintenance budget, and the community is supposed to be responsible for this.

Current priorities

The Education Strategic Investment Plan (ESIP) for the period 1998-2003, supported by a sector-wide approach in which donors pool their funds in the GoU education budget, sets out current priorities, including improving the quality of UPE.

Current government priorities are:

- constructing classrooms
- training teachers
- improving curriculum and quality of teaching
- adequate remuneration of teachers (14 per cent are not on payroll at all, according to a recent survey, MoFPED, 2001a)
- incentives for teachers in areas where recruitment and retention are difficult
- increasing availability of textbooks and teaching supplies, including for children with disabilities
- expansion of complementary approaches for street children, over-age children and children from nomadic groups
- promotion of adult literacy
- introduction of early childhood development programmes.

In 2000, the Uganda New Primary School Curriculum was launched in all primary schools, and this was followed by the launch of the National Strategy for Girls' Education.

Educational programmes aimed at disadvantaged groups of children have also been launched. These include, among others:

- The Complementary to Primary Education (COPE), where a total of 160 learning centers with about 8000 pupils have been established
- The Basic Education for Urban Poverty areas. (BEUPA) in Kampala, being piloted with 2380 children enrolled in 29 centres.
- Alternative Basic Education for Karamoja (ABEK) (about 5500 children already enrolled), which focuses on mobile schooling because of the nomadic activities of the people of Karamoja (MoFPED, 2001a).

Analysis

UPE has succeeded in increasing enrollment on a large scale, as well as improving the gender balance in primary schools. Net enrollment increased from 2.3 million in 1991 to 8.8 million in 2000 (MoFPED, 2001a). By 1999, enrolments for the 9-12 age group were 89 per cent and 91 per cent for girls and boys respectively. It has also tried to address issues of equity in access to education services. For instance special needs children have been provided with Braille kits, paper and sign language manuals (MoFPED, 2001a).

UPE commands genuine support and gratitude among the population.

“Some community members are now participating, because they have realized the importance of education. They have seen that you can get money through employment (after finishing school) not only through farming.”
(male K I Kasese)

“I also grew up as an orphan. After producing five children my wife died and my brother and his wife died. All their orphans look to me, it is only universal primary education that is helping me although not adequately.”
(male K I, Masaka)

This is confirmed by parents' views in the EdData survey (Uganda National Bureau of Statistics, 2001). 70 per cent agreed that children are learning more in primary school since UPE; 83 per cent thought that school buildings had improved; and more than half thought that teachers are performing better and books are more available.

There remain serious challenges, though, particularly in terms of improving quality, increasing completion rates, and increasing the numbers transiting to secondary education. For example:

- the number of un/under qualified teachers is estimated to be as high as 30 per cent (National Council for Children, Uganda, 1999b).
- increased enrollments have put a strain on the available resources, including teachers - average pupil-teacher ratio is now 65:1 and average pupil-textbook ratio for the core subjects is 6.7 (MoFPED, 2001a; Mwaka and Tumushabe, 1996)
- schools have not fully complied with the guidelines to enable disabled children to have access (MoFPED, 2001a)
- in spite of UPE, a third of children aged 6-9 are not in school (Uganda National Bureau of Statistics, 2002a; National Council for Children, Uganda, 1999b). Gross enrolments declined by 7.6 per cent from 6.6 million in 1999 to 6.1 million in 2001 (MoFPED, 2001a). Study findings (Mwaka and Tumushabe, 1996) indicate that education is often not the highest priority for families struggling with meeting basic needs, such as safe water, food, shelter or clothing. The cost levied by school authorities, such as for development funds, is one of the main reasons discouraging poor parents from taking their children to school (Federation of Uganda Employers, 2001). Education investment is an even more remote concern for refugees, nomadic families and families caught in conflict (Wakhweya, Katerega and Konde-Lule, 2002)
- primary education services were decentralized to the districts without creating the necessary

capacity to enable district authorities to effectively deal with attendant challenges (National Council for Children, Uganda, 1999b). The shortage of teachers is partly blamed on delays in recruitment due to weaknesses in district level personnel functions (MoFPED, 2001a)

- there has been a lack of systematic coordination of activities of different actors in the education sector, and lack of transparency, with funds arriving late, and parents not informed about what funding is being given to the school.
- UPE raises a new set of challenges of absorbing growing numbers into the secondary education system. The MOES is currently looking into how to do this in a financially sustainable and equitable manner (Lewin, 2002).

Health Sector Strategic Plan (2000)

The HSSP (2000/1-2004/5) is designed around a 'minimum care package', which covers the most common causes of ill-health with cost-effective interventions. It puts a high emphasis on services to children, through elements such as IMCI (Integrated Management of Childhood Illness), immunisation, school health, and childhood nutrition programmes.

Since then:

- 26 districts have been trained in Integrated Management of Childhood Illness (IMCI)
- there is a focus on ensuring access to basic supplies, like ORS
- the Nutrition and Early Childhood Project was launched, in 25 districts in Uganda
- a school health policy and plan was developed,

including harmonization of school IEC materials.

Jointly with the Ministries of Agriculture, Animal Industry and Fisheries, the MoH developed a Food and Nutrition Policy, which aims to ensure household food security, proper food preparation and a balanced diet. The policy focuses on young children, and pregnant and lactating women.

Analysis

While the plans for health sector development are sound, the issues raised in chapter 4 suggest that users still face many barriers in accessing health care, and that this has influenced utilization, including of key services like immunisation. Staff attitudes (linked to staff remuneration) need to be addressed, as do inconvenient service organization and hours, informal payments, drug supply, public education about preventive approaches, and proper standards of care. Underlying these issues is the need to increase public resources for health.

Social Development Sector Strategic Investment Plan (SDSSIP)

This has not yet been produced, but is being developed by the MoGLSD (Ministry of Gender, Labour and Social Development, May 2001). It is hoped that it will identify the key vulnerable groups and mechanisms to increase their security, as well as addressing capacity issues within the Ministry itself.

Analysis

The draft SDSSIP acknowledges that 'there is not at present any set of comprehensive, joined-up social protection measures to address the many

risks faced by the vulnerable' and that there has been 'over-reliance on social self-help and extended family solidarity'. Its goals include realizing rights and social protection for vulnerable groups. These vulnerable groups are defined very widely, to include: the elderly; persons with disability; adolescents; children in difficult circumstances; orphans; people in conflict situations; workers in the formal and informal sectors; and 'other vulnerable groups'.

Poverty Action Fund (PAF) (1997)

This is a fund to pool resources and channel them to areas that are directly poverty-reducing. Initially PAF was created to ensure that resources saved from the Highly Indebted Poor Country (HIPC) debt relief were spent on priority programmes. However PAF has since attracted additional funding from donors and from government budgets to enable government to support poverty eradication activities. These include, among others, provision of water and sanitation, primary education and primary health care (PAF funds were used, for example, to make up revenue losses due to the abolition of user fees, and to increase health worker pay in 2001), agricultural extension and feeder roads, and law and order (MoFPED, 2001a). Funds for the Uganda AIDS Commission and assistance for AIDS orphans were also provided out of the PAF.

Analysis

One of the strengths of PAF is the government commitment to its objectives, demonstrated in the increasing share of PAF in total public spending, which has increased from 16 per cent in 1997/1999 to 33 per cent in 2001/2002 (MoFPED,

2002c). Key informants also had good awareness of PAF and expressed their appreciation of the additional funds provided:

“At least the money comes, although it comes late.” (KI, Kasese)

One of the challenges facing PAF is the proliferation of the number of conditional grants to districts, which has significantly increased the costs at local government level in administering and accounting for these funds (MoFPED, 2001a).

Several key informants, especially at the sub-county level, expressed their desire for “full decentralization” to the grass roots. They argued that just as powers were decentralized, funds for PAF should be “decentralized” to the sub-counties. Moreover, several key informants expressed concern at the time the money takes to reach local government from the centre, and some felt unhappy about the size of the resources which they had received.

Decentralization policy and the Local Government Act (1997)

In the early 1990s, the government took the decision to decentralize decision-making and implementation of policies, including poverty eradication policies, to the grassroots level, in order to improve the efficiency and effectiveness of service delivery. The LGA of 1997 lays out the new responsibilities. It includes provisions for Secretaries for Children Affairs at various LC levels, as well as laying out LC roles in providing bursaries to assist in the education of children and

to support the destitute, orphans and persons with disabilities.

Analysis

While the principle of decentralization is clearly good, where the capacity exists, a key concern is inadequately qualified staff at the decentralized level to take implementation forward. Insecurity, combined with poor living conditions and irregular and low salaries, makes it extremely difficult to attract and retain qualified staff. Another concern which key informants frequently pointed to was the weakness of the resource base at district level, constraining their ability to implement key programme components. Finally, participation of communities – and especially children, as noted – is still at a low level. This issue is discussed further later in this chapter and in chapter 8.

Summary

There are extensive frameworks and policies drawn up at the national level addressing issues affecting children. The main gap is policy frameworks to cover vulnerable children, such as orphans, and social protection in general. These will be hopefully be addressed by the forthcoming SDSSIP. Other sectorwide plans are being prepared for justice (including juvenile justice), law and order and other sectors, such as the environment and water, which affect children.

The main issue appears to be implementation of these plans, and the funding, capacity and attitudes of officials at the local levels. These questions are addressed in section 3.

3. Public responsibilities and allocation of resources

Public responsibilities

At the national level, the MoGLSD has prime responsibility for child protection. It includes the National Council for Children and the Youth and Children Department. There is a Minister of State in charge of Children and Youth Affairs.

Some of the problems which the MoGLSD faces in carrying out its role effectively are acknowledged in its draft strategic investment plan (Ministry of Gender, Labour and Social Development, May 2001). These include organizational problems, poor funding, and capacity constraints, both in terms of staff and equipment. The status, financing and organization of the Ministry need to be addressed if it is to succeed in reducing vulnerability amongst children and other groups in Uganda.

Other relevant ministries are the MoFPED; Ministry of Health; Ministry of Education and Sports; Ministry of Internal Affairs; and Ministry of Justice and Constitutional Affairs.

Within the MoFPED is the PMAU, which is the focus for tracking trends in poverty. It links with the UPPAP. The first PPA process was started in 1998/9, and the second phase is now underway. Based on research in 12 districts, it aims to investigate people's experiences of selected government policies and deepen the understanding of poverty which was gained from the first phase. The second report will be published later in 2002.

At the district level, the main technical officer with responsibility for children's welfare is the District Probation and Welfare Officer. On the political side, each level of local government has a Secretary for Children's Affairs.

Resources

The medium term expenditure framework (MTEF) is designed to link spending priorities in the PEAP and sector and district plans with resource availability, including from donors. It operates a three-year rolling framework.

In 1992-9, the proportion of central government expenditure allocated to the social sectors was relatively low (UNICEF, 2001a): 2 per cent to health (compared with a sub-Saharan average of 4); 15 per cent on education (SSA average 13 per cent), but 26 per cent on defence (compared with 10 per cent SSA). Table 6.1 shows recent, current and projected sector allocations.

Over the period of 1997-2000, roads and works almost doubled its share. Education is by far the largest sector, in terms of spending. Primary education alone absorbs 70 per cent of the education budget and 20 per cent of the national budget. Health has increased, thanks partly to the SWAp, and donor contributions accruing to the national budget, to around 10 per cent. Water and sanitation increased four-fold. Economic functions and social services experienced a growth (partly for district grants and partly to fund PAF activities, such as adult literacy). Public administration reduced from 25 per cent but remained relatively high. Law and order was projected to reduce its share slowly over time.

Funding to the MoGLSD, within the EFSS budget line, has been increasing, but has remained low as a share of public spending, and each year it underperforms (spends less than allocated to it) (MoFPED, 2001d). In 1999/2000, for example, it was allocated 13.1 billion UGX, but only spent 11.25. More than half of this came from outside donors.

Child rights and protection continues to receive an insignificant amount of funding. In 1492, only 0.1 per cent of the national budget was allocated to the Department of Probation and Social Welfare (National Council for Children, Uganda 1994). Of this, 80 per cent was spent on institutions, yet less than 0.1 per cent of the estimated 4 million vulnerable children were cared for in institutions. Community-based activities

and the Department as a whole were underfunded. Probation officers are also relatively few in number, and with wide-ranging responsibilities. Only about 0.3 per cent of district budgets are allocated to probation and welfare departments (National Council for Children and UNICEF Uganda, 2001).

Corruption and accountability are major problems, recognized in other studies and mentioned by children and adults in this report. Uganda Vision 2025 cites an example of an expenditure-tracking study of primary health care and primary education which revealed that only one third of resources released from the centre reached the final beneficiaries in a given period (Economic Policy Research Centre and World Bank, 1996). Various actions have been taken

Table 6.1: Sectoral shares in public spending: recent performance and projections

Sector Shares	1997/98 Outturn	1998/99 Outturn	1999/00 Outturn	2000/01 Estimates	2001/02 Projected	2002/03 Projected	2003/04 Projected
Road and Works	4.9	6.2	8.2	9.2	9.3	8.2	8.1
Agriculture	1.1	1.0	1.4	1.6	1.6	1.5	1.5
Education	26.0	26.9	26.1	26.8	25.5	25.5	26.1
Health	6.6	6.7	6.6	7.6	8.9	10.5	10.9
Security	14.8	19.8	15.5	14.0	12.8	12.5	12.1
Water	0.5	1.2	1.3	2.4	3.0	2.8	2.8
Law and Order	8.9	7.2	7.3	6.3	6.4	6.3	6.2
Accountability	0.5	0.6	0.8	1.1	1.2	1.2	1.3
Economic Functions and Social Services	4.1	2.7	4.6	6.3	7.6	8.6	8.5
Public Administration	24.9	20.7	20.4	17.7	16.7	15.6	15.2
Interest payments due	7.6	7.0	7.7	7.1	7.1	7.3	7.3
All Sectors	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Source: MoFPED, 2001d

recently to improve the flow of resources to intended activities, with some success.

Aid dependence continues to be an issue for the government budget as a whole, although the proportion of revenues contributed by grants and loans is projected to decrease slightly, from 41 per cent in 2001/2, to 39 per cent in 2002/3, and 36 per cent in 2003/4 (MoFPED, 2001d).

The government is moving towards sectoral plans based on outcomes (Results-Oriented Management: ROM), rather than just inputs. Gender-sensitive outcome measures have been identified as a priority, but not anything specific to children.

Summary

There are clear structures at the national and local levels to deal with children's issues. However, these bodies are poorly funded, trained and motivated.

Resources are an issue for all sectors, as the public budget is severely constrained and heavily donor dependent. Trends show some sectors sustaining increases (such as education and water and sanitation). It is hard to demonstrate cost-effectiveness of different sectoral allocations, in terms of children, as evidence of this is lacking. However, it could be argued that some areas could be reduced without affecting services (eg public administration), while others are significantly underfunded (eg social welfare).

4. The effectiveness of LCs

(1) Children's and KI's views on effectiveness of LCs

Children in the research sites were aware of the existence, role and function of LCs, but on the whole were unaware of the membership of the executive, including the name of the person responsible for children's affairs. Key informants suggested that this lack of knowledge is a result of children's lack of involvement in the election of the LCs, the fact that LC members have never taken the opportunity to introduce themselves to children, and that children have not, to date, been invited to participate in meetings.

Interaction between children and LC members usually only takes place in reaction to an event or circumstance. For example, one LC member said,

“we only go to those children who have committed offences”.

Some children mentioned their fear of the LC - in particular they worry that they will be arrested or that their problems will be broadcast throughout the community.

The attitude of LC's can be summed up in the following comments:

“We think that children should not be involved in politics when they are still young and we don't allocate time for them. To be sincere, we actually see no benefit we can get from children.” (LC KI)

In all 5 research sites, children agreed that LCs are not effective in helping boys and girls to access basic services. Children attributed this failure in part to the lack of initiative on the part of LC members to consult with children. In particular, children felt that LCs have not supported them in sensitising parents to take children to school, in dealing with cases of child abuse and neglect, and in the provision and mobilisation of financial, material and emotional support to orphans.

“They come and look at the type of house one has and think that all the children in that household are doing well, yet there could be orphans and other dependents in that house, suffering.” (girl, Kasese)

This emphasizes the importance of looking at the dynamics within the household.

In many communities, it was suggested that LC members focus on the well-being of parents as a proxy for the well-being of their children:

“When the parents are fine, the children are also fine.” (KI, Kasese)

The resultant invisibility of boys and girls means that even the most conscientious of LC members does not often consider the needs of children in their plans and activities.

Key informants in all areas agreed that LCs are largely ineffective in helping children to access basic services. Some suggested that this ineffectiveness was a result of not knowing their roles, responsibilities and how to talk with children.

“We are ordinary people who are elected to these posts without any training about our roles and responsibilities. All we know is that we have to be elected by the community and be in office for four years.” (KI, Arua)

LCs at lower levels felt that this was a voluntary service and that they have had to find some additional work to do in order to be able to look after their families:

“There is no pay. You can't sit in the office the whole day, waiting for people to make reports when you have many mouths behind you to feed. That is why some offices are closed throughout the day and others are open but there is no one to attend to people. A hungry person is an angry man.” (KI, Arua)

It was also mentioned that corruption has meant that some LC members do not assist poor and vulnerable children because those children have no money to give them.

“An example is that LCs in this area tend to handle defilement cases only when a child of a rich person is involved because they know there will be money as a token of appreciation. They even divert some criminal cases because of money. No one can bother to look into the cases of poor children.” (KI, Gulu)

A child in Gulu also emphasized this point:

“When a poor child comes to register as an orphan for support they say the register is full - come back next week. When you come next week, they will tell you the register is in

Kampala, until you have come many times and then give up.” (child, 12 years, Gulu)

One exception to this negative picture was in Cluster C, where children (convicted of minor offences) children expressed relative satisfaction with the way that the LCs had handled their cases.

(2) How can LCs improve their support to children in accessing basic services?

Children’s views....

- Involve children in all activities because “children know a lot of secret things that go on, but they are never talked about because they have never asked us to talk about them” (boy, 12 years, Arua).
- Consult with children in local council meetings and visit them at their homes to learn more from them about their lives and concerns.
- Inform all children equally of the services available to them - for example, bursaries for schooling.
- Increase their knowledge of children’s rights, and on the roles and responsibilities of LCs to plan for children in their communities.
- Institute by-laws against drinking so that parents can save their money and care more for their children.
- Work with parents to take children to UPE schools.
- Mobilise community members to build latrines and water sources.
- Set aside places in the community for children to play (not for adult football matches).
- Mobilise external support for children through the provision of clothing, foodstuffs, etc.
- Support children on the street to find alternatives, rather than harassing and

degrading them.

- Encourage boys and girls to go to school.
- Deal with child abuse cases and refer them to higher authorities.
- Protect children, especially those with disabilities, by punishing those who offend against them i.e. defilers, parents who deny parentage, kidnappers.

Key informant views...

Key informants at district level, in Cluster B, identified lack of resources (due to conflict, low revenues etc.) and other priorities (e.g. road building, ‘management support activities’) as precluding action on children in poverty.

In Kasese, a district official noted that the district allocates funds to the probation and social services department under which children affairs fall, “but in actual sense, it (the allocation) remains on paper”.

Children are a low priority group, and their interests are not disaggregated from those of adults.

“For sure we are not planning anything (for these children). We do not have that conceptualization of poverty in children. We just conceptualize poverty in general terms. We look at poverty in terms of household incomes in the short run. If we can improve household incomes through modernization of agriculture and micro finance then we can reduce child poverty.” (male KI, Kasese)

Their level of awareness of national policies affecting children was also limited. Only UPE,

PAF and to a smaller extent the Children's Statute had any profile amongst district officials.

(3) Participation of children in decision making and implementation

Vigorous government policies now exist to promote the participation of women in decision-making, with some positive results, though there are still challenges from traditional patriarchal attitudes. 39 per cent of decision-makers were women in 1999 (Ministry of Gender, Labour and Social Development and Uganda Bureau of Statistics, 2000). So far there are no equivalent effort to include children as active citizens.

Children said that they had, to date, not been involved in any way in the planning and monitoring efforts of the LCs. They would, however, be interested in being involved at the community and district level. They suggested the following roles for children:

Community Level:

- planning together with LCs
- encouraging people to pay tax
- participating in meetings
- participating in community work, eg construction of schools, latrines, health units, planting trees
- forming children's associations to give views and appoint representatives to the LC at community level.

District Level:

- appointing representatives to the district LC
- monitoring road maintenance
- monitoring use of UPE funds

At both the community and district levels, key informants suggested that LCs should establish child-friendly mechanisms for involving children in decision-making and should also sensitize the public on the issue of child participation. Some mentioned the need to learn from NGOs about their work with children and how to use child-friendly methods to involve them.

Summary

Adults and children are unanimous that LCs are not helping children effectively to meet their basic needs. Factors which they identify as underlying this include:

- lack of knowledge of policies and their roles in relation to them
- lack of funding to do a professional job
- lack of interest in children by these officials
- lack of consultation of any kind with children
- lack of differentiation within the household between adults and children
- failure to involve children in addressing local problems
- corruption (they only get involved where there is some personal gain to be had)
- giving higher priority to other activities.

Key amongst children's suggestions to improve the effectiveness of LCs was the suggestion that they should form children's associations to give views and appoint representatives to the LC, and that children could be involved in monitoring the use of public funds in such areas as UPE.

5. Suggestions for reducing child poverty

Children's views about what can be done to reduce child poverty

Children were asked to suggest priorities for different stakeholders in reducing child poverty. Their responses are given below. What is striking about these is that they are not very dissimilar from the views of adults in studies like the UPPAP ones – it seems that children have a similar understanding of what is needed. It is also striking that they have a good understanding of what different bodies (government, NGOs, communities etc.) have responsibility for: their allocation of tasks to different actors shows a clear awareness of the roles of different stakeholders.

By government

- build schools and hospitals
- encourage people to save
- continue with UPE and subsidize secondary education
- create jobs by setting up more industries
- help orphans by paying their school fees
- distribute seedlings and farming tools
- provide vocational training for children
- create market for agricultural products
- establish model schools for disabled children
- ensure government workers do their jobs, especially counsellors for children
- develop a policy on domestic violence
- fight corruption
- give credit facilities for adults and children
- obtain more funds from donors and taxes
- provide institutions for destitute children.

By NGOs

- come and plan with people, stop planning for people
- train people with life skills
- give food to families without it
- raise awareness on family planning
- pay poor children's school fees, especially for orphans
- introduce nutrition programmes
- construct schools and hospitals
- sensitize people on HIV
- construct wells
- support children with disabilities by giving them appropriate appliances
- solicit money from donors
- lobby government to fight Kony and the LRA
- open up more loan schemes for adults and children
- arrange exchange visits for our leaders to learn from developed countries
- help farmers get markets for their products.

By communities

- conduct meetings to support each other
- provide free labour for elderly caregivers so that they can support the children they are looking after
- pool community food in a common place and share during shortages
- create job opportunities for community members
- lobby government and NGOs for funding
- form CBOs to work together in income generating activities such as poultry raising
- start rotational credit schemes
- sensitize people on the importance of work
- pay bride wealth for poor children so that they can marry when they are older

- encourage people to take their children to school
- concentrate on farming
- provide counselling and career guidance
- protect wells
- raise awareness on family planning
- show love to special categories of children such as orphans, HIV-affected, etc
- stop overusing local resources so that children have no future (eg over-fishing)
- protect children from child abuse and neglect and punish those who offend
- build houses to rent
- institute by-laws against drinking
- improve security.

Families

- engage in diversified agriculture to have enough food for children and for sale
- cooperate with children
- stop being lazy and neglecting jobs
- teach children how to make money and supplement family income
- stop drinking
- change their lifestyles to be less extravagant
- allocate some land for children to grow their own crops
- protect children from abuse and mistreatment
- initiate IGAs
- feed children properly so that they do not get diseases
- educate children
- practice family planning.

Children

- study hard to get good jobs
- be disciplined and respect adults and their advice

- contribute domestic labour
- do not indulge in criminal acts like stealing
- look for small jobs to make money for the family
- advise parents to plan for their families
- be innovative and begin small IGAs
- advise parents to stop drinking
- form young people's organisations
- educate illiterate parents how to read
- share good ideas and speak with one voice
- develop talents
- stop roaming
- stop telling lies.

Key informant recommendations of ways to reduce child poverty

Key Informants suggested the following priorities:

- district officials should develop concrete plans for addressing problems of poor children
- Government should make it a priority to inform children about the existence of local councils and allocate a budget to account for the necessary work. Children's needs should be set out separately from those of the community in general, so that specific and concrete plans can be made on their behalf
- the government should sensitize LCs on their roles and responsibilities, especially as they pertain to children
- the traditional way of child rearing should be revived so that poor children are given more opportunities to reach their full potential.

(“in the past, children belonged not only to their biological parents, but also to the community. If a girl got married, dowry could be used to marry for another boy a wife in that

clan and therefore poor boys were not worried about marriage :KI, Gulu)

- communities should be sensitized on the dangers of child labour
- medical services should be provided for free and drugs should be available so that poor children are not referred by health workers to buy drugs on the open market
- create awareness on laws that protect children because adults do certain things out of ignorance (eg abusing children)
- children should know their rights and responsibilities and be encouraged to participate in their achievement
- a property trust should be set up which can ensure that children and women remain in control of their property after a father dies.

Summary

Children are eager to be involved in policy making and in addressing community issues. They have a clear awareness of the different roles of various actors. They have many suggestions of how child poverty could be addressed, including their own responsibilities. Their suggestions are similar in content to many made by the UPPAP participants.

Conclusions

The policy-making and planning process in Uganda is very sophisticated, as evidenced by the framework documents and sectoral plans described in this chapter. There are however a number of outstanding issues.

- Children have not been seen as a vulnerable

group in their own right up to now, though that may be about to be addressed by the SDSSIP. A coherent social protection policy is needed, covering children as well as other vulnerable groups.

- Implementation has lagged behind plans. Key constraints are the weakness of the lead ministry (the MoGLSD); underfinancing of social protection measures; lack of priority given to vulnerable groups, particularly at the local level; and an absence of clear targets, information and indicators relating to children's welfare.
- Children, key informants and LC officials themselves agree that the LCs do not meet children's needs adequately. Corruption, poor attitudes, lack of funding, and poor understanding of children's concerns are some of the factors underlying this.
- Children had many suggestions for priority actions by government and LCs. Key amongst these was the development of mechanisms of participation, including representation and the involvement of children in monitoring the use of public funds (eg for UPE).

These issues are followed up in chapters 7 and 8.

7 Monitoring and analysis of child poverty in Uganda

1. Introduction

Poverty monitoring is well developed in Uganda. The MoFPED, for example, has examined 255 potential poverty indicators, drawing on data from the National Household Survey, and has selected those which appear to correlate closely (in a statistical sense) with poverty (MoFPED, 2001c). It recognises that the wider dimensions of poverty are significant, but argues that it is important to use easily quantifiable indicators.

It is important to have reliable methods to identify households with consumption poverty, as this is clearly strongly correlated with wider notions of poverty. However, we would argue that that is not enough. Less easily quantifiable indicators can also be used, if information is collected systematically and over time, in order to identify trends. Further, we have to look at indicators which may not apply on a population basis, but which are highly significant for sub-groups of vulnerable children. The MoFPED recognises this when it raises the problem of regionally-specific indicators. It also mentions the problem of amalgamating indicators, which do not always move in the same direction. This is a result of the multi-dimensional nature of poverty.

The main indicators which are used annually to monitor the progress of PEAP (MoFPED and Poverty Monitoring Network, 2002), in terms of improving the quality of life of the poor, are:

- health, including DPT3 coverage; percentage of approved posts filled in public and PNFP facilities; institutional deliveries in public and PNFP facilities; and HIV prevalence
- primary education, including net school

- enrolment; pupil:trained teacher ratio; pupil:textbook ratio; and classroom:pupil ratio
- water and sanitation, including proportion of rural population within 1.5km of safe water and urban population within 200m; and proportion of the population with good sanitation facilities.

They are complemented by 5-yearly assessments of life expectancy by sex; infant mortality; maternal mortality; and stunting rates among under-5s.

This chapter looks at strengths and weaknesses in the current monitoring of child poverty in Uganda, and suggests areas where a wider set of indicators should be tracked. These should be developed further through dialogue with key stakeholders in the next stage of the project.

2. The six domains

If we look at the children's responses in this study, they suggest that there are roughly six domains affecting children's welfare, all of which, ideally, should be tracked over time to give a picture of how the quality of life of poor children is changing, for better or worse.

The most obvious feature of table 7.1 is that some of these domains are already being mapped fairly systematically, whereas others are almost entirely neglected.

We discuss each domain in turn, looking at which indicators need strengthening. The discussion focuses on Uganda, but applies to other countries, as the type of information routinely collected is often the same.

Table 7.1: Six domains of children’s welfare, and some possible attributes

Emotional, personal and spiritual

- Self esteem
- Recreation
- Friendships and support networks
- Spiritual development

Physical

- Health outcomes
- Coverage, access and costs of health services
- Nutrition
- Reproductive health
- Disability

Social and family

- Education
- Child abuse
- Quality of parental care
- Single parenting

- Vulnerable groups, including orphans, street children and child-headed households
- Juvenile justice

Financial and material

- Income/resources
- Food
- Shelter
- Employment

Political

- Security
- Participation
- Governance
- Environmental
- Housing
- Water and sanitation
- Emergencies

3. Emotional, personal and spiritual

This is a notoriously tricky domain, which explains why no information is currently collected. New methods would have to be developed, appropriate to Uganda, first to assess what the different attributes are, that children value, and then to measure them over time.

The results of this study suggest some preliminary attributes, to be investigated further, such as:

- having time to play
- having access to play facilities
- having friendships with other children
- feeling free to express yourself

- feeling secure in your area
- having a religious grounding
- having someone who can help you if you are in trouble
- feeling you have some control over your life
- feeling you are treated equally with others (not discriminated against)
- feeling that you can deal with life events.

These could be measured, using a simple visual scale, across a representative sample of children and over time. Though there are, of course, many issues of subjectivity and bias, but by triangulating with a number of methods, some reasonably reliable trends might be ascertained, which would

be of great interest in tracking the impact of policies.

4. Family and Social

Some of the attributes in this category are being monitored in a systematic way already, and others not.

Education indicators are well covered in periodic surveys by UBOS, such as the DHS survey 2001 (Uganda National Bureau of Statistics, 2002b). These look at most of the important 'demand side' areas, such as:

- literacy
- attendance patterns
- factors affecting drop-outs
- expenditures on schooling
- knowledge and attitudes about government programmes and school governance
- different quality attributes
- perceived value of schooling
- absenteeism.

Figures on inputs, such as pupil:classroom ratios, or pupil:teachers ratios, or pupil:textbook ratios are already collected, as are assessments of the quality of those inputs (eg proportion of teachers trained, or proportion of teachers meeting minimum standards).

As in all areas, measures of outcome – what is learned? what is gained? – are the hardest to assess, but there is at least a minimum of information, in the form of pass rates etc.

The Special Session second goal of 'providing quality education' can mostly be monitored using

existing information and fits with current Ugandan government priorities. In addition to enrolment, literacy and gender disparity goals, it focuses on 'comprehensive early childhood care and education', which is still a distant goal in this context, and 'improving all aspects of the quality of education' (UN Special Session, 2002).

Most of the other attributes mentioned by children under this heading are much less studied.

Child abuse or neglect, for example, is not currently easily quantified. As with the first domain, we first need to ascertain what constitutes child abuse, in the Ugandan context. An intergenerational dialogue on acceptable behaviour has yet to take place to determine, for example, what is acceptable discipline, and what crosses the line into the category of child abuse.

Thereafter, there would have to be a campaign to raise public awareness of the need to report certain actions, and to ensure that victims are not blamed. For example, domestic violence against children (and women) is currently under-reported. Similarly, sexual abuse, particularly in the home or by friends and relatives, is unlikely to be recorded. Improving national statistics by increasing reporting rates and improving the handling of cases that come up is one approach. Failing that, periodic surveys could give some indication of trends. Links with alcoholism should be pursued – another factor frequently mentioned by the children in this study.

Other types of child abuse to be tracked include:

- female genital mutilation (practiced in a few areas of Uganda)

- under-age prostitution (figures might be taken from police statistics, though these may not be very thorough)
- forced marriages (these appear to be relatively common, but not recorded systematically at present)
- corporal punishment in schools (technically illegal, but widespread, and with continued public support, it appears), as well as at home.

Parental care was an interesting area emerging from this study, particularly in Cluster C. Certain parenting patterns emerged, and it would be interesting to know how representative those are, and whether they meet the needs and desires of children in Uganda.

Here again we would need to investigate what children want from their parents, and then the extent to which those needs are met. The framework used in Cluster C (obeying; feeling loved by; conversing with; telling stories; being interested in what you do; buying you things; playing with you) was drawn up by researchers, and it would be important to test whether these really are the dimensions that matter to children.

Children in Cluster A also mentioned factors like *polygamy* and *large family size*, which they associate with scarce material and emotional resources for children in those households. These are culturally sensitive topics. We already have figures from household surveys about family size (increasing) and polygamy (also increasing), but whether these can be identified as universally negative phenomena is doubtful. More debate and consensus is needed here.

Single parent households are not usually investigated as a vulnerable category in their own right in Uganda. Children identified them as more likely to be vulnerable, and presumably household surveys could be adapted to follow trends, although a clear definition would first have to be drawn up.

Orphans as a vulnerable category are now included in the UDHS series. In addition to these figures, it would be useful to know, for example:

- the number of orphans benefiting from special assistance (eg with schooling costs)
- the number of children in institutions
- the number of cases of property grabbing from orphans.

Other vulnerable groups. Figures on other vulnerable groups of children are generally weak. We do not know, for example:



Drawn by a boy of 13 years, Kampala District.

- how many child-headed households there are in Uganda
- nationally representative figures for street children.

The juvenile justice issues raised in this study have been illuminated by a number of studies by NGOs such as SC UK. These figures should be collected and monitored nationally. Indicators could include:

- numbers of children in adult prisons
- numbers and length of stay in remand homes
- numbers and types of offences committed by minors
- cases of abuse while in police custody
- number of children taken to court within 24 hours
- number of children given police bond
- number of children given a police caution
- number of children granted bail
- number of cases dismissed after expiry of the statutory trial periods
- number of minor cases referred back to LC courts by police
- number and type of cases handled by LCs.

The third goal agreed at the 2002 Special Session (UN Special Session, 2002) relate to ‘protecting against abuse, exploitation and violence’.

Monitoring this goal requires more information than is routinely available at present. In particular, the sub-goals specify action on: all forms of neglect, abuse, exploitation and violence; children affected by armed conflict; all forms of sexual exploitation; the worst forms of child labour; and children in ‘especially difficult circumstances’.

5. Political

This domain has three main facets, as understood by the children in this study: security, participation and governance issues.

Security indicators are currently collected by government and UN organisations, such as UNHCR and UNICEF. These include:

- number of children affected by conflict, in different regions
- number of children abducted by rebels
- number of internally displaced children
- number of refugee children.

Most of this information is available, but it is not generally combined and systematically analysed, including issues such as conditions in the IDP camps (access to food, health care and education in particular).

Participation is currently unmeasured, as children’s participation is not regarded as an important goal. If, however, a change in approach is achieved, then indicators could follow. For example, we could track:

- the number of children’s associations formed, to represent them at LC meetings;
- the prominence given to children’s issues in local fora;
- the involvement of children in planning at the local level to meet the needs of the most vulnerable children;
- the involvement of children in enforcing laws protecting children at the local level
- the involvement of children in developing national policies on issues of relevance to them.

Governance issues centre around corruption, and the degree to which officials are motivated by greed rather than their public responsibilities. There are already efforts (such as the National Integrity Surveys) to track this slippery indicator, which children appear to be as aware of as their parents.

6. Physical

Health, like education, is a sector where a lot of information is already collected and monitored routinely. Changes in health status have generated considerable debate recently (see for example, Sunshine Projects, 2002). The indicators under discussion have the advantage of being seen as ‘hard’ and having unambiguous meaning. (No-one would dispute, for example, that an increase in infant mortality rates is bad.)

Health outcome indicators, currently collected in the UDHS and other national surveys, include important issues like:

- IMR, CMR and MMR
- Life expectancy
- disease-specific indicators (such as paediatric AIDS cases)
- burden of disease figures.

Coverage, access and cost indicators are also collected. For example:

- proportion of fully immunised 1-year-olds
- proportion of attended births
- proportion seeking treatment when ill
- access to drugs
- distance from facilities
- doctor:population and health centre:population ratios



Drawn by a boy of 12 years, Kampala District.

- spending on health care, private and public.

Nutrition is also covered in the demographic and household surveys, including such important areas as:

- stunting, wasting and underweight children (under 5)
- low birth weight babies (though this is hampered by low levels of recorded births)
- breastfeeding patterns
- use of ORS
- some information on access to food by school children is also now included in education surveys.

Reproductive health is well covered too, including:

- population growth rates
- contraceptive prevalence
- use of different family planning methods
- fertility
- teenage pregnancies
- access to sex education.

The one area where information appears to be lacking is in relation to disability. It would be desirable to know, for example:

- overall numbers of disabled children, and by type of disability
- what proportion are able to access education, health care and employment?
- some quality of life indicators (including perceptions of discrimination by society
- hard to measure, but not impossible).

In terms of Uganda's commitment to the 2002 Special Session's first goal of 'promoting healthy lives' (UN Special Session, 2002), most of the targets can be monitored using existing information. The goal for low birth weight babies poses some problems, in that most births are not registered at present. Access to reproductive health through the primary health care system is also specified in the goals, as are health policies and programmes for adolescents and early childhood development policies and programmes. While these exist in Uganda, it will be important to track what sort of coverage they are achieving and how effective they are.

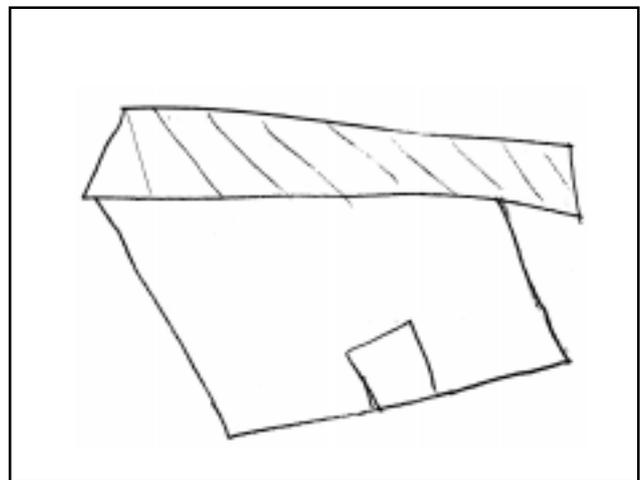
The goal of 'combating HIV/AIDS' involves monitoring of infection rates among the 15-24 year olds, as well as infants, and the provision of counselling, testing and effective interventions, where appropriate, to 80 per cent of antenatal women, in order to reduce MTCT. Protection and support to AIDS orphans also needs to be extended and monitored.

7. Financial and material

General income and expenditures figures are currently collected, but how those resources are allocated to children within the households, and what factors influence that allocation, is not known. It would be an interesting, if ambitious, study to correlate children's living conditions and self-assessed quality of life with household income, and see if there is a connection (and what the mechanisms of that connection appear to be).

Food. Limited and monotonous food is a strong indicator of poverty, as perceived by children in this study. This area appears to be reasonably well covered by existing work.

Shelter. Having adequate clothing, having a bed, and having covers at night are important factors mentioned by the children here. These questions – and questions relating to ownership of various goods - are commonly looked at in surveys, though usually from the whole household (rather than child) perspective.



Drawn by a 12-year old girl, Masaka District.

Employment. Child labour is gaining more prominence as an issue in Uganda, and the recent UDHS included questions on types of work, and hours worked by children. This should be maintained and expanded to look at how much children are being paid, what their working conditions are, what happens to their earnings, and what impact the work has on them (eg in terms of education, health, leisure etc.).

8. Environmental

Housing. Overcrowding is the main issue mentioned by children, as well as lack of security (vulnerability to theft). The former can be measured in terms of number sharing a room. The latter is more subjective, but again, could be measured through some visual scale. It would also be interesting to investigate what influences perceptions of security, so that measures to improve it can be well targeted.

Water and sanitation. Hard targets have been set in this sector, and access indicators are being tracked, and are moving in the right direction.

Emergencies. Being affected by natural disasters is the main issue mentioned by the children in this study. There is an initiative to gather information and develop policy on this topic in the Prime Minister's Office, but this is currently a relatively weak area.

Conclusions

We have tried in this chapter to identify what we think are the key domains and attributes within them that reflect children's welfare in Uganda.

The main gaps identified by this chapter are:

- all indicators relating to emotional, personal and spiritual factors
- child abuse cases, of various kinds
- quality of parental care
- participation indicators
- access and quality of life indicators for the disabled
- vulnerable groups, including street children, child workers, and child-headed households
- intra-household distribution of goods and resources.

All of these, ideally, should be disaggregated into urban and rural, as well as by gender and region. The North, as the most underdeveloped region, should be specified separately where possible. Similarly, disaggregating statistics into able-bodied/ disabled would be very revealing. One-off pictures are much less useful than studies which track changes over time.

Focussed effort in these areas, integrated into the national poverty monitoring and evaluation strategy, could contribute to policies to address child poverty, which are discussed in our final chapter.

8 Conclusions and Recommendations

In this final chapter, we look back over the report and ask:

- What are the main themes which emerge? What have we learnt?
- What are the main lessons/ recommendations which arise, both for policy-makers, service providers and SC (UK)?

I. Main Themes

Children have their own perspective on poverty

Drawing together research across the four clusters, but especially from Cluster A, it seems that:

- children have a rich understanding of poverty, its causes and implications
- they see it as multifaceted: not just as material, but feel the shame and disempowerment and lack of love just as keenly; their definitions of poverty are less materialist than the adults consulted in this study
- there seems to be agreement on the nature of poverty across subgroups (AIDS orphans, the disabled etc.), as well as regions
- they identify broader causes, while the adult key informants emphasise the personal and household-level responsibility
- they are well aware of the implications, including the increased likelihood of sexual abuse, health risks and marginalisation
- to some extent, the risks for girls and boys were seen as being different; for example, boys were seen as more likely to resort to stealing, whereas girls have more employment opportunities in housework
- their hopes and fears might be regarded as

- fairly universal (to have freedom, to be respected, to get money, to buy a car and dress smartly etc.), though there is also the need 'to have fun', which is less common amongst adults
- they identify strongly negative attitudes towards poor children, using words such as 'rejected', 'insulted', 'abused' and 'worthless'
- on the other hand, importantly, they see themselves as offering unused resources, both at the household and community level; they are eager to be given more opportunities and responsibility.

Children want to participate

Children consulted in this study feel that local government currently is not interested in their situation and does not consult with them. Nor is it doing enough to help them to access basic services. This is confirmed by key informants. Key informants stressed lack of incentives to involve children. Children saw the main issues as lack of motivation and corruption.

They are eager to participate in public affairs and suggest a number of concrete ways in which they could do so.

Vulnerability is increasing

Although general poverty eradication policies are well developed and are achieving some of their goals, vulnerability among children is not being successfully addressed by current policies. While the overall proportion in absolute poverty is falling in Uganda, most categories of vulnerable children

are growing, and are perceived as such by informants in this study. New ways of providing support to these groups must be developed.

2 Recommendations

Towards a social protection approach in Uganda

“These days everyone is on her own, if you wait for relatives, you might die waiting.”
(female parent, FGD, Gulu)

One of the themes emerging from the child poverty studies is that there is a large ‘underclass’ of children in Uganda whose basic needs are not being met, for a variety of reasons. They may be AIDS orphans struggling to look after themselves and siblings; they may be street children; they may be disabled children languishing at home without the support to get them going to school. What they have in common is that they are unable to rely on any effective social protection system, which would identify and assist them.

It is widely recognised that the traditional coping strategies of families and communities have been stretched to their limit. To quote from the SC UK Country Strategy Paper: ‘Poverty, the widening disparity between the rich and poor, the HIV/AIDS pandemic, urbanisation, conflict and insecurity have contributed to a breakdown of traditional family and community-based support structures and systems which affect millions of people in Uganda, above all children and youth. This deteriorating condition has not been matched by a commensurate response in the development of coherent laws, policies, strategies and procedures/practices for the protection of

those who are most affected – the vulnerable, core poor and children.

This study reinforces the calls for the development of new thinking in Uganda on providing social protection for the most vulnerable.

What do we mean by social protection? There are many definitions. One, from the UN EcoSoc Council, states that ‘Social protection represents a collective intervention of society to protect citizens from risks and vulnerabilities, sustain their well-being and enhance their capability in managing risks. It embraces both public and private action’ (UN Economic and Social Council Commission for Social Development, 2000) .

The same document continues: ‘Social protection should be seen not simply as a residual policy function of assuring the welfare of the poorest but as a foundation at a societal level for promoting social justice and social cohesion, developing human capabilities and promoting economic dynamism and creativity’.

In other words, rather than being seen negatively, as a charitable-type function, or a drain on the state, it should be viewed as a vital investment in the society’s own future.

According to the UN Declaration on Human Rights of 1948, ‘everyone, as member of society, has the right to social security’. According to this view, social protection is not a privilege, as many currently see it, but a universal human right. Despite this normative statement, concepts of social protection and the ability to realise them will vary considerably between countries.

In the Ugandan context, the key questions are:

(1) Which groups are viewed as priorities for inclusion?

Who is covered? How is vulnerability defined? What are the risks or deprivation that are deemed unacceptable in this society? In the absence of sufficient resources, how are priorities set? What are the social preferences in respect of different claims for social protection?

(2) Where would the resources come from?

Given the resources going into other priority sectors, such as education, water, health, and infrastructure, how are we to fund additional funds to support vulnerable groups? In Uganda this is particularly difficult, as by one definition (absolute poverty) they form more than a third of the total population.

One option is to look at social insurance approaches, but it is questionable whether the poorest could be expected to contribute to the funds.

There are already some specific actions being undertaken - such as the Northern Uganda Social Action Fund – but these need to be developed in a coherent way, with thought given to monitoring effectiveness and how they might be scaled up. (For useful summaries of current international thinking in this area, see (Norton, Conway and Foster, 2001) and (Devereux, 2002).

It is a recommendation of this study that policy makers and organizations such as SC UK support the development of pilot projects, using new approaches to targeting, such as intra-household modelling (IHM), in order to develop social protection models which are appropriate and

sustainable in the local context.

Need for more child-sensitive indicators

Children's poverty needs to be approached in a holistic way, as the children themselves approach it. Some of the aspects of poverty are already recognized and 'mapped' by policy makers. Others are almost totally ignored.

This study suggests that work should be undertaken by government, NGOs, and children to develop and use a simple but coherent set of indicators to monitor changes in children's welfare in Uganda. The main areas of weakness identified by this study are:

- all indicators relating to emotional, personal and spiritual factors
- figures for child abuse cases, of various kinds
- quality of parental care
- participation indicators
- access and quality of life indicators for the disabled
- indicators concerning vulnerable groups, including street children, child workers, and child-headed households
- information on the intra-household distribution of goods and resources.

Some of these could fairly easily be included in household surveys carried out by UBOS. Others require more experimental methodology to track subjective and qualitative aspects. This is something that SC UK should consider supporting as part of the extension to this project. We are confident that the research and analytical capacity to carry out this work exists.

Developing mechanisms for children to participate

One of the recommendations of this study is that policy-makers at different levels consider meaningful and appropriate ways of involving children in public life.

For example:

- At national level, the institution of some sort of Children's Parliament could be considered, meeting on a regular basis to represent children's views on relevant policies. This has been tried successfully elsewhere (for example, in Zimbabwe).
- The Children's Statute could be made more explicit on the rights of participation.
- In developing specific policies, such as the PRSP, which will impact on children, there should be an organized consultation process. NGOs such as SC UK have facilitated such processes in other countries (eg Vietnam).
- At district level, following the spirit of the LGA, children could formally be recognized as stakeholders, and included in district and sub-district planning activities.
- The Secretary for Children could take the lead role in developing child-friendly methods to consult children on specific sector policies.
- NGOs could provide support to initiatives to involve children. An example of such work is SC UK's Children in Action project in Kampala and Arua. In this, children have set priorities for their local areas, and developed their own work plans. In Kampala, the children's committees have focused on identifying, responding to and resolving cases of child abuse and neglect, and also preventing

abuse by carrying out awareness-raising activities in the community and through the media. In Arua, they are developing children's income generation activities.

- In the education sector, children could be represented on school management committees, and involved in the monitoring of UPE funds and the quality of work carried out on school facilities. Guidelines could be issued, specifying where children's involvement is mandatory.
- In the health sector, a role for children might be found on health unit management committees (given that children are major users of health care). Strategies for making services child-friendly could be suggested by children (eg prioritizing children's medicines, or giving children a separate queue at facilities).

These and other ideas should be developed and tested in the next stage of this project, in a partnership between government, NGOs and civic society.

Increasing the responsiveness of government to children's concerns

It is clear from the primary research carried out in this study, and the secondary sources, that children are not a high priority group when it comes to resource allocation and policy implementation in Uganda. Local politicians are particularly frank that they do not see the point of involving and considering them, and that there are no particular incentives for them to do so. This needs to be addressed right the way through the system.

- A signal should come from the highest levels that children, and particularly vulnerable

groups, are an integral part of national development targets, and that resources should be devoted to them.

- An approach of positive reinforcement is necessary, with targets set, close monitoring of achievements against those, and resources directed to areas of success and achievement. Hence the focus in this report on indicators. It is clear that a general mandate, without specific targets, usually leads to inaction.
- At the national level, there should be an annual review (in Parliament) of what progress has been made towards the agreed targets. This could be led by the MoFPED, if resources are tied to those targets.
- The MoGLSD needs to follow up the reform initiatives mentioned in its SDSSIP in order to strengthen its ability (currently limited) to pursue children's goals.
- At the district level and below, the roles of different actors needs to be reviewed. There are a number of officials, such as Secretaries for Children, Probation Officers, CDAs, and district leaders, with unclear and sometimes overlapping roles. Their responsibilities should be clearly spelt out, and their performance monitored. Their jobs should be viewed as 'real jobs', not just voluntary, part-time, optional, charitable activities. Training, capacity-building and other kinds of support will be needed.
- District officials' attitudes, skills and motivation is crucial, both in supporting the work of these actors and in allocating sufficient resources to their work. Moving children up the local priority list and getting the district to take a proactive approach to children's issues will be key to success.

Donors and NGOs such as SC UK must play their part in supporting these measures, working within the national poverty alleviation framework.

Towards a new definition of child poverty

The results of this research shed light on how we define child poverty, and the question of whether child poverty differs from adult poverty.

According to a recent review of the UNPAC (National Council for Children and UNICEF Uganda, 2001), 'the underlying cause of children's problems was in 1490 and is still scarcity or poverty'. It goes on to say that poverty has three interrelated aspects:

- the lack of resources at the household level, which limits economic access to social services such as health care, clean water and education
- inadequate provision of basic social services, making physical access to them difficult or impossible
- lack of effective demand for services owing to knowledge, attitudes, beliefs and practices that discourage households from seeking the services which could improve the quality of their children's lives and that of other household members.

This fits to some extent with the Harper and Marcus definition (MoFPED, 2000a), though the latter talks of 'lack of cohesion' in communities rather than 'knowledge, attitudes, beliefs and practices' of households. These definitions, though child-centred, still place much emphasis on resources and services. What they don't identify are factors like:

- a culture of respect for and inclusion of

- children, whatever their circumstances
- a political environment in which children's needs and participation are given a high priority
 - support to families to give children love and spend quality time interacting with them
 - development of the self-esteem of children, enabling them to fulfil their potential and so to make the fullest possible contribution to their families and societies.

These are the issues on which children in this study put emphasis (as well as the material factors already acknowledged). This leads to a fourth element in the definition, which might run something like:

‘a political, cultural and social environment which fails to recognize children's needs, to respect and consult them, to enhance their self-esteem and to enable them to fulfil their potential.’

Future research agenda

In addition to the policy measures mentioned above, there are some areas of missing knowledge which could be pursued in the next stage of this project.

One relates to intra-household resource distribution and how this affects children's well-being. This important area has not been addressed to any significant degree in this study, and still needs investigation.

Secondly, it would be constructive to look in more depth at the mechanisms by which poverty is

transmitted across generations in Uganda, and also how that cycle of poverty can be interrupted. Positive case studies would be very illuminating in designing effective interventions to address child poverty.

Finally, we have not been able in this wide-ranging study to focus on establishing evidence of the cost-effectiveness of measures to address child poverty. This is an important missing link, which could be pursued next, looking at projects carried out in Uganda and also internationally, in comparable contexts. That would enable us to make concrete recommendations about which actions should have highest claims to public resources in addressing child poverty.

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Annexe I: Definitions of key terms used in the study

Term	Definition
Child	Any person below the age of 18 years.
Child headed household (CHH)	Household in which a child is the main provider and decision maker
Orphan	Any child who has lost either one or both of their biological parents.
Child with disability (CWD)	Any child who is stigmatized, excluded and discriminated against due their visual, hearing, physical, intellectual, multiple or 'hidden' impairments, whether mild, moderate or severe.
Guardian	Any person caring for a non-biological child whose parents cannot do so for one reason or the other. This definition does not include biological parents of the child.
Children affected by conflict	Children who have suffered death, displacement, rape, trauma, orphanage, long term separation from parents, abduction, employment as child soldiers, amputation and trauma, as a result of war or local conflict in their area of usual residence.
Support network	These are formal or informal mechanisms, which supplement the parent or guardian's provision of basic needs, care and social protection for children. Formal support networks include schools, health units, civil society and government welfare services. Informal ones include family members, relatives, friends, neighbours and well wishers.
Guardians unable to provide for children	These are children's lawful caretakers, who have no source of income or livelihood means to provide basic needs (food, clothing, shelter, health care and education) in quantities perceived as sufficient for the children. These rely for the most part on formal and informal mechanisms of support – friends, relatives, government, and charitable organizations for subsistence.

Annexe 2: How can you tell if a child or household is poor? Children's suggestions (Cluster A)

Child indicators

Personal, emotional and spiritual

- submissive to those with more power
(“If you want to know that a person is poor, they will do everything they are told to do without fail, even if it is not for their benefit and dangerous. Like a house girl giving in for sex with her master” (Kasese, boy, 14 years)
- lack of dignity because of having to give sex for money (“They walk half naked and behave like mad people. They don't mind about other people seeing them; they are not ashamed. They have no sense. Men use them badly. I heard a story that men use them....I can't mention the word, it is too obscene. This is poverty 100 times”. Kasese, girl, 14 years)
- always worried and never happy, may be crying all the time
- has mental problems
- low self-esteem
- plays in soil and sand because nowhere else to play
- having no time to spend with friends
- being unable to listen to advice
- powerless! (“Even if they work and get some little money, those that are stronger and more powerful will lure them and take the little they would have got. Of course they can't say no because this may result in beating until they surrender or else be chased from home”. Masaka, boy, 12 years)
- feeling overwhelmed by problems, feeling miserable and even (“regretting why one was born at all”(Kampala, boy, living on the street, 12 years)

Household indicators

Personal, emotional and spiritual

- members having no access to health information
- young members of the household appearing very old
- members being idle
- members being ignorant
- children having nowhere to play

<ul style="list-style-type: none"> • having no peace of mind • feeling inferior • does not pray or go to church • does not believe in God's miracles 	
<p>Family and social</p> <ul style="list-style-type: none"> • not going to school or going to school without bag, pencil, paper, uniform, etc • has lost both parents • living in a child headed household • living with one parent • living with a step mother • being treated like a dog • having no help from others • lack of future planning at the family level, such as budgeting 	<p>Family and social</p> <ul style="list-style-type: none"> • having many children not looked after • loneliness • poorly cared for by parents - not washing their clothes, cutting their hair, etc • having no co-operation among family members, a lot of quarrelling • having lazy members of the household • children running to the streets • parents sleeping out • abandoning house at night (Gulu) • alcoholic parents • having no privacy, children witnessing sexual acts
<p>Political</p> <ul style="list-style-type: none"> • living in a war-affected area, including being displaced and abducted 	
<p>Physical</p> <ul style="list-style-type: none"> • ever sickly • dirty and smelly ("has wax in the ears". Kampala, girl, 11 years) • child with disabilities who cannot look after her/himself • has a big head compared to the rest of their body • unable to think clearly • has AIDS • swollen stomach ("Some parents don't 	<p>Physical</p> <ul style="list-style-type: none"> • members suffering from diarrhoea and cholera • members having poor personal hygiene • children having jiggers, long dirty nails and long hair • pregnant women at a high risk of dying • having no access to medical care • malnourished children • infested with mosquitoes • very thin children • stunted ("I know of a boy who does not grow. He has remained the same height every time I see him

<p>know a balanced diet and when they see their children's bellies full, they think they are satisfied. But with time, the hair also changes to brown. This is a sign of poverty". Kampala, boy, 13 years).</p> <ul style="list-style-type: none"> • cannot look after her/himself 	<p>and this is because he carries heavy things for people in the trading centre". Kasese, boy, 12 years).</p> <ul style="list-style-type: none"> • having blind parents led by children
<p>Financial and material</p> <ul style="list-style-type: none"> • stealing from other people to survive • eating from the dustbin • sleeping anywhere, including under people's cars, in people's latrines, ("Some people in our village beg from neighbours to spend a night with them. In case the neighbours refuse, then they sleep in the bush and others sleep under big trees. Children go and sleep on the streets and on the verandahs of hotels like Mariana". Kasese, boy, 10 years). • living by begging • wearing torn and dirty clothing • doing hard child labour ("You may push two sacks of matoke for over one kilometer and you are paid only 100 shillings" Kasese, boy 14 years). ("One may work from morning to evening and be given a meal instead of money". Masaka, boy, 13 years). • searching for housework ("Poor girls are always seen carrying small luggage looking for a job of a house girl." Arua, girl, 12 years) • not having enough food to eat • children lack bedding, sleep either on bare dust floor or grass, dry banana leaves 	<p>Financial and material</p> <ul style="list-style-type: none"> • having one roomed grass thatched house • renting one room where children struggle for space • keep moving from one place to another leaving rent debts behind • having no land, cattle • cultivating on borrowed or hired land • children crying of hunger • girls bringing men in the house for money (child headed household) • children having nothing of their own eg chicken • having no electricity, solar energy • having no cooking utensils • having no kitchen • living by begging • living by hunting (Kasese) • having no paraffin • having no farm implements • sharing the room with domestic animals eg goats, sheep and chicken • children and parents doing casual labour eg digging for rich families to get food • eating from the same plates with domestic animals like cats • being without a food store/ granary • members of the family stealing • father defaulting tax

<p>Environmental</p> <ul style="list-style-type: none">• living in an area susceptible to landslides, floods and drought• lack of clean and safe water	<p>Environmental</p> <ul style="list-style-type: none">• having dirty compounds• having no latrines• having flies around the house• living in a swampy area• stagnant water around the house• living far from the main road
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For more details, please see the full cluster reports, available from the SC UK office.

The children interviewed from Kampiringisa came from Mukono, Mubende, Soroti, Kampala, Kotido, Luwero, Mbale, Mpigi, Wakiso, Jinja and Kabale districts.