



‘Everybody’s Child’ but ‘Nobody’s Child’:

Strengthening Alternative Family and Community Based Care Options for Abandoned Children Placed in Ugandan Institutions.

A Research Paper presented by:

**Nakimbugwe Grace Lisa
(Uganda)**

in partial fulfilment of the requirements for obtaining the degree of
MASTER OF ARTS IN DEVELOPMENT STUDIES

Major:

**Critical Social Policy for Transformative Development.
(SPD)**

Specialization:

Children and Youth Studies in the Development Context: Society, Culture, Agency and Rights

Members of the Examining Committee:

Supervisor: Dr Kristen Cheney

Second Reader: Dr Wendy Harcourt

The Hague, The Netherlands
December 2013

Disclaimer:

This document represents part of the author's study programme while at the International Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

Inquiries:

International Institute of Social Studies
P.O. Box 29776
2502 LT The Hague
The Netherlands

t: +31 70 426 0460
e: info@iss.nl
w: www.iss.nl
fb: <http://www.facebook.com/iss.nl>
twitter: [@issnl](https://twitter.com/issnl)

Location:

Kortenaerkade 12
2518 AX The Hague
The Netherlands

Contents

<i>List of Figures</i>	<i>v</i>
<i>List of Maps</i>	<i>v</i>
<i>List of Appendices</i>	<i>v</i>
<i>Acknowledgement</i>	<i>vi</i>
<i>Dedication</i>	<i>vii</i>
<i>List of Acronyms</i>	<i>viii</i>
<i>Abstract</i>	<i>x</i>
<i>Relevance to Development Studies</i>	<i>x</i>
Chapter 1 INTRODUCTION	1
<i>Contextual background</i>	<i>1</i>
Child abandonment and vulnerability in Uganda	2
Thesis statement	3
Research objectives	5
Research questions	5
Methodology	6
Global search of peer and non-peer reviewed literature	6
Interviews with key respondents	6
Analytic approach	7
Data processing	7
Challenges faced during the study	7
Chapter 2 THE RELATIONSHIP BETWEEN POVERTY, VULNERABILITY, SOCIAL EXCLUSION AND COMMUNITY-ORGANIZATION THEORY	8
Poverty	8
Vulnerability	11
Social exclusion and inclusion	12
Community organization theory	13
Chapter 3 UGANDA IN PERSPECTIVE	15
Political context	15
Economic context	16
Population	16
Factors for child abandonment	17
Effects of institutionalized care to children	19
Government response to vulnerable children	20

Legal framework	20
National policies & plans	21
Lower structures	22
NGOs, CBOs and FBOS	22
Family and community care options	23
Family Centered Mechanisms	24
Challenges faced	26
Chapter 4 CRITICAL ANALYSIS OF THE RESEARCH FINDINGS	27
Influence of cultural attitudes on reunification of abandoned children	27
Extent of government's support in strengthening family and community care	28
Perceptions, attitudes and experiences of foster and adoptive parents	32
Dealing with hindrances to alternative care	34
Policy implications	34
Chapter 5 CONCLUSIONS	40
<i>References</i>	42
<i>Appendices</i>	47

List of Figures

Figure 4-1 Continuum of care	30
Figure 4-2 C. Sempebwa- adoptive parent and ED of Kulika NGO, Nakimbugwe (the author), adopted child- Jacinta(pseudo name) and M. Nanjala, a social worker, at Kasangati.	32

List of Maps

Map 1 Showing Uganda and its Districts	15
--	----

List of Appendices

Appendix 1 Criteria currently used for identifying vulnerable children in Uganda	47
Appendix 2 Linkage between UNMDGs with child protection	48
Appendix 3 Details of the study respondents	49
Appendix 4 Interview guide for Government Officials	50
Appendix 5 Interview guide for child organizations	51
Appendix 6 Interview guide for Community members.	53

Acknowledgement

I forward my sincere gratitude to my supervisors; Dr Kristen Cheney and Dr Wendy Harcourt for their support and guidance through provision of skills, knowledge and motivation done- with patience and encouragement during the research process.

Special thanks go to my discussants; Rojan Ibrahim, Ruthie Okugbeni and Sylvia Namubiru Mukasa for their support.

I extend my appreciation to my Employers at Nsamizi Training Institute of Social Development, Dr Charles Kanyesigye, Mr Duncan Kalule and Mr Charles Otim, not forgetting my sponsors, The Netherlands Initiative for Higher Education(NICHE), without whom I would not have reached this far today.

My regards go to Mr and Mrs Kimera Davis and Mr Edopu for their financial and spiritual support throughout the entire Master's Degree course.

Dedication

I dedicate my research paper to my dear parents Mr. And Mrs Kimera.

I again dedicate this paper to Dr. Charles Kanyesigye.

I also dedicate the book to my brothers Kennedy Mulondo, Hassan Kimera and Kayemba Rogers and my sisters Mariam Kirabo, Maimuna Ndagire and Joweriah Kisakye.

List of Acronyms

AIDS:	Acquired Immunodeficiency Syndrome
ART:	Antiretroviral therapy
BCN:	Better Care Network
CDOs:	Community Development Officers
CELCIS:	Centre for Excellence for Looked After Children in Scotland
CPCs:	Child Protection Committees
CPU:	Child Protection Unit
ECD:	Early Childhood Development
ED:	Executive Director
EPRC:	Economic Policy Research Centre
GDP:	Gross Domestic Product
HIV;	Human Immunodeficiency Virus
ICPD:	International Conference for Population and Development
IGAs:	Income Generating Activities
ILO:	International Labour Organization
IMF:	International Monetary Fund
JLICA:	Joint Learning Initiative on Children and HIV/AIDS
LC:	Local Council
MGLSD:	Ministry of Gender Labour and Social Development
MOH:	Ministry of Health
MUK:	Makerere University Kampala
NAADS:	National Agricultural Advisory Services
NGOs:	Non-Government Organizations
NOP:	National Orphans and Vulnerable Children Policy
NRM:	National Resistance Movement
NSPPI:	National Strategic Programme Plan of Implementation for Orphans and Vulnerable Children
PCY:	Program for Children and Youth activities
PDDESA:	Population Division of the Department of Economic and Social Affairs
PEAP:	Poverty Eradication Action Plan
PSWOs:	Probation and Social Welfare Officers
PTAs:	Parents' and Teacher's Associations
SCORE:	Sustainable Comprehensive Response to OVC

SMCs:	School Management Committees
TASO:	The AIDS Support Organization
UBOS:	Uganda Bureau of Statistics
UNCRC:	United Nations Convention of the Rights of Children
UNFPA:	United Nations Family Planning Association
UNGA:	United Nations General Assembly
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
UNMDGs:	United Nations Millennium Development Goals
UPDF:	Uganda's People's Defence Force
UPE:	Universal Primary Education
UPPAP:	Uganda Participatory Assessment Project

Abstract

The study examined alternative family and community care options and how they can be strengthened; cultural attitudes and perceptions of the communities and experiences of prospective foster and adoptive parents as regards reunification, kinship care, fostering and adoption; the study examined Government's position and policies in place to support family reunification with institutionalized children, and sought views about how hindrances to family care can be dealt with.

Children as young as one day continue to be abandoned due to problems facing Ugandan households and affecting children such as, HIV/AIDS, food insecurity (JLICA 2009), exclusion of girls and women thereby little access by to health services resulting into un-wanted pregnancies; conflict as shown by (MGLSD 2006). The result is teenage births combined with fear to look after babies; young parents on streets of Kampala; mother's anger due to abandonment by the responsible fathers (Rowbottom (2007); fear of looking after HIV positive children and parents relinquishing their responsibilities to babies homes due to poverty (Ssendi & Giadono). Abandoned children, therefore, find themselves in care institutions.

Through a three pronged methodology with use of peer reviewed literature, grey-literature, and qualitative interviews and observation, data generated indicated that indeed care institutions are not the best places for children to grow, they deserve and thrive better within family and community environments (JLICA 2009). Findings have indicated that Government of Uganda has written an *ECD policy* (MGLSD 2013b) and also drafted an *Alternative Care Framework* (MGLSD 2013a) outlining guidelines for care institution; they should keep a child for only three months and resettle them with their families or another permanent solution like fostering, local adoption, inter-country adoption, or specialised residential care for children (ibid). Tension was however, realised between care institutions and Government threatening their closure if they do not comply to set rules; but they reiterate complaining that Government left all child activities to them without any financial support.

Extended families should be provided financial support; public should be educated on fostering and adoption; government-led programmes to empower people out of poverty scourge; counselling and support to the families that have abandoned their children and those likely to abandon them; suspension of inter-country adoption to give room to national adoption (MGLSD 2013c suspension of inter-country adoption). If alternative family and community care options are to help children, social exclusion of their mothers should be eliminated in the first place, so that we have a country free of 'nobody's children'.

Relevance to Development Studies

Care institutions have cropped up to save 'nobody's child' but only for their own individualistic interests. Some are operating illegally because of the sup-

posedly free market tendencies with children commoditized (Mackintosh 1992 & Cheney 2012)); in Uganda, they rush to obtain even children with one or both surviving parents (MGLSD 2010). The babies' and children's homes have wooed parents into relinquishing their responsibilities in the hope they will educate, feed and provide health services to their children without parents having to toil. Instead children under their care are used as 'soft board' to receive benefits from the donors and prospective international adoptive parents. Children are exploited rather than protected; some care institutions have just began reintegration processes while others are still struggling on how to begin as Government threatens their closure (ibid). Children should however, survive and thrive in families and communities, beneficial to their own development, community and entire nation; as UNESCO and Grantham et al write that,

In economic terms, Early Childhood Development (ECD) is the first step in the process of human capital development with very high rates of economic returns and significant social gains through its contribution to reducing poverty and inequality, among other benefits (cited by MGLSD 2013 b).

Keywords

The key words are: Abandonment/relinquishment, poverty and child-vulnerability, social exclusion and inclusion, community organization theory and continuum of care.

Chapter 1 INTRODUCTION

Studies show families care best for children, and have positive signs of resilience JLICA (2009:17), but community and family networks are under increasing strain, as pressures of *HIV/AIDS, poverty, and food insecurity* intensify. Typically long term institutional care has been seen as an option for abandoned children. Incomes of families and communities should be built- a coherent way for a well-organized response, rather than creating artificial structures to replace them (ibid). The study investigated ways to strengthen alternative family and community care options for abandoned institutionalised children in Uganda, in-order to make nobody's child everybody's child.

Contextual background

Panter-Brick and Smith (2000) argue that Western notions of abandonment spring from a particular representation of childhood and from normative judgments about a child's actual and ideal life course. Abandonment of certain children is itself a social construct guided by dogmatic ideology; the vision of what a proper childhood should be. Notions of 'nobody's children' spring from specific discourse; children nurtured by responsible adults but separated from home, are portrayed as disconnected from family and society; their existence cannot be safe and happy, and therefore they must be rescued or 'saved' (ibid & Cheney 2012). Yet abandonment does not mean to be both out of touch and out of place and not everyone regards all vulnerable situations of children as their abandonment. During times of abandonment children's agency may not completely be lost and beyond abandonment children may still be helped back into their families and communities or be connected to caring foster or adoptive parents (Panter-Brick & Smith 2000).

Several incidences of abandonment may be reflected in recruitment of child soldiers, children on streets, child prostitutes, trafficked children, refugee children, and children in exile; most of whom are involved in such behaviors with their parents' knowledge but with minimal state intervention. In Uganda, there are a number of refugee children living in very miserable conditions; but most cases are not seen as abandoned yet their rights, interests and agency are ignored. Refugee camps in Uganda include; Nakivaale and Kyangwali refugee camps in Western Uganda, Sudanese and Koboko refugee camps in Northern Uganda, where most of the services are provided by UNHCR and local NGOs. Many children fill the streets of Kampala, such as those from Karamajong and other parts fleeing harsh environments at the country sides. This is clear indication that abandonment of children is not simply about children left without families but also about their abandonment by the state and their deprivation of help- they so desperately need (Panter-Brick & Smith 2000).

Viewed from a different perspective, Giordano (2007) argues that single parenting where the father ignores his responsibility is a form of child abandonment regarded at most as delinquencies, but as long as the child is left in the hands of an identifiable competent caregiver rather than at a 'burger king restaurant' then it could be seen as acceptable in people's eyes. He warns that

this could in the long-run encourage mothers to neglect their children without thinking that their behavior is regarded as child abandonment. Giordano argues that egg and sperm donation may not be considered child abandonment unless if parents had brought the child into being. Besides adoption is also not regarded as child abandonment- what if the alleged competent caregiver after sometime becomes inept and passes on the child to other caregivers or places the child into an institution? I believe all these situations contribute to the child abandonment cycle.

The African notion of a ‘child as everybody’s child’ is strongly reflected in the indigenous knowledge and language such as the African proverb, ‘*It takes a village to raise a child*’, which typifies the role of the wider community in raising children and young people. The larger social economic environment within which children are rooted can influence family functioning, child development and readiness of services (Tomison and Wise 1999& Okwany et al 2011). In Uganda and other African countries child welfare and upbringing has for ages been almost entirely responsibility of the community except with change of trends and introduction of new concepts like, ‘child-provision’, ‘child-protection’ and child-participation (Ennew cited by Cheney 2013), terminologies used to show urgency of children to be ‘hoarded’ but do not preach anything new since they require all stake holders to participate in child related activities. As shown by War-Child (2010) the whole community and both government and non-government institutions should work together to ensure children are protected.

Child abandonment and vulnerability in Uganda

In order to analyze the abandonment phenomenon, it became imperative to look at orphan-hood and vulnerability concepts in Uganda since abandoned children are largely classified under OVCs¹. To trace the operationalization of the concept of childhood vulnerability in Uganda, Cheney writes that

The propagation of orphans followed the peak of AIDS pandemic. In Uganda, HIV prevalence hiked in 1991 at about 15 percent due to an aggressive prevention and treatment campaign. With the help of donors and research partners Uganda became a continental leader in preventing mother-to-child transmission. Later the OVC policy was made in 2004 to tackle the issue of orphans and vulnerable children but adverse effects of orphan-targeted programming were felt. In response, aid organizations adopted operational language of “OVC” to consider their work from broader social development, child protection, and children’s rights mandates, widening the target population to create more demands on public funds and providing justification for their existence, as studies show that children are affected by AIDS even before parents die. ‘Vulner-

¹ Refer to appendix 1 for criteria used for identifying vulnerable children in Uganda by MGLSD (2004).

ability' is now variously used to define children as objects of assistance and humanitarian intervention by organizations; often in problematic and contrary ways ignoring the very needy children. Some families in Uganda receive disbursements from as many as three different organizations for the same child (Cheney 2010b:11 and 14).

This implies the term vulnerability has trickled down into the minds and speech of grass-root people who surrender their children to care institutions for benefits.

NSPPI-2 (2012: 20) illustrates that "children constitute about 57.4 percent of Uganda's total population of 30.7 million people: this amounts to an estimated 17.1 million children below the age of 18 years, of whom 14 percent (2.43 million) have been orphaned, 45.6 percent (1,108,080) of the orphans are due to HIV and AIDS and 105,000 children between the ages of 0-14 are HIV positive ; orphan-hood in Uganda still remains a big challenge with the proportion of children that are orphaned increasing from 11.5 percent in 1999/2000 to 13.4 percent in 2002/2003 and 14.8 percent in 2005/2006, although in 2009/2010, the magnitude reduced slightly to 14 percent." While 63 percent are living with caregivers other than their biological parents, the abandoned children fall under the category of critically vulnerable children with the central part of Uganda having a total vulnerability for children at 94.1% (ibid). The abandoned children find themselves placed in institutions to be 'rescued and helped' and this number is increasing due to gains from donors, associated with keeping them (MGLSD 2010).

In Uganda, the idea of placing children in institutions stemmed from colonial days when boarding schools were introduced. Parents and churches selected the brightest children to receive an education at reputable secondary schools to continue with advanced studies: such schools as, Gayaza High school for girls and Buddo Kings College for boys. Both children and adults welcomed the combination of education and institutional living (Christiansen 2005). It sounded a good idea initially but has turned nasty with increasing occurrences of 'OVC' placed in day-care centers, hostels, orphanages, and babies' homes without their needs prioritized. Poverty, patriarchy, cultural practices and traditional gender based attitudes, weak national laws, tough parents, children born out of wedlock, street-childhood explain child-abandonment². Families and communities should be strengthened to absorb children back.

Thesis statement

Over 40,000 children live in institutional care in Uganda (Kalibala & Elson 2010) with over 212 institutions in Uganda today (MGLSD 2010) compared to 90% of childcare performed by community and extended families (JLICA 2009). This indicates that informal fostering of children has indeed been hap-

² Factors for child-abandonment and relinquishment are elaborated in chapter 3.

pening but largely for biological relatives. Although the number of abandoned children is small, factors underlie the abandonment phenomenon³; women and children are continually excluded from a number of activities worsened by patriarchal societies like Uganda; they have less say on pertinent issues, they have less control and ownership of resources, and are consequently abandoned by their husbands taking out their anger on children; persistent poverty; child and teenage parents unable to look after their children- faced with pressure from parents; individualism, and poorly established government awareness systems among others. Unlike developed countries, in many other countries fostering of non-biological children is not a common practice. In Uganda, formal fostering and adoption are seen as new concepts with people fearing to mix children of 'different blood' with their own lest it comes with bad spirits that may haunt the whole family later (Cheney 2012). Childcare institutions are seen as alternative care for the 'nobody's child' (Lubias 2010), some children are placed in care institutions because their families are too poor to provide for their well-being (JLICA 2012), an obstacle to even get them out of residential care. Combined with HIV/AIDS and other mental illnesses, people do not have the means, and fear to look after diseased children. Nonetheless, at-least one in every four households has an orphan and three million children live below the poverty line (Kalibala & Elson 2010 & Okidi and Mugambe 2002). But the extended family has been weakened (Foster2000) yet it used to be a strong bonding unit for related people. It is important to note that not all orphaned children are abandoned but some abandoned children are definitely orphans.

The 'nobody's child' caught up in a web of tough situations is abandoned and dumped at the roadside; left in an empty house; at a rubbish pit; left in a hospital ward or veranda; left at gates of babies' homes; left in the bushes; dropped in a dustbin and pit latrine, and left to die if not rescued on time (Ssendi 2012). The abandoned children are placed in long term institutional care after approval from police, children's courts, and MGLSD. Care institutions in Uganda include: Sanyu, Nsambya, Malaika, SOS, Tororo, Dwelling Places, Open Door, Watoto babies' and children's homes; yet Government policy emphasis is on community care; it feels it possible to resettle children into families (ibid). The situation in institutional care is miserable with inadequate financial resources and accommodation facilities, "it is also expensive, costing up to ten times as much per child as community based care"(JLICA 2009:21). The abandoned children are lumped together as vulnerable children without giving them special attention that they may deserve; children are denied connection and early attachment with their primary caregivers, their early childhood development is endangered and "for every three months that a young child resides in an institution, they lose one month of development" (Cantwell et al 2012:34-35 and UNICEF 2012).

There is irony when Government of Uganda insists babies' homes are supplementing their efforts, but have done nothing to prevent abandonment, reunify abandoned children with their families, or support vulnerable families; they have not fully supported PSWOs and have weak monitoring systems. The Government has not funded any activities in care institutions apart from set-

³ Ibid (information got from Personal interviews-August 2013- with social workers, PSWOs, community members and literature review, shown in chapter 3)

ting laws and policies for them to follow; such as, the Children's Act (2000) and its amendments, ECD policy (2013), the NSPPI-2 (2012) guidelines for OVCs, the Babies' and Children's Homes Regulations, MGLSD (2013c) report on justification for suspension of inter-country adoption and Alternative Care Framework (2013) among others. This has created silent tension and struggles between the Government and babies' homes yet they are the key players in strengthening family and community care. Okwany et al (2011:8) clarify that "the recognition of households and communities, as the source of basic services is important because the family and community's knowledge, attitudes, beliefs and practices define the survival, health and development of a child". All parties need to agree to the same child protection mechanisms if children's rights are to be preserved. The purpose of my study therefore, was to investigate how alternative family and community care options for abandoned children placed in institutions can be strengthened in Uganda.

Research objectives

The research sought to achieve the following objectives:

To investigate how alternative family and community care options for abandoned children placed in institutions can be strengthened in Uganda.

The main objective led me to further examine the attitudes, perceptions and experiences of foster and adoptive parents as well as community members on reunification of children with families including family preservation, kinship care, adoption, and cash transfers to support economically weak families and communities and to analyse Government's support in alternative family and community care framework.

Research questions

Having established that the small proportion of abandoned children placed in institutions is worrisome; they seem to be nobody's children, therefore need to belong to some family related or not. How do we then strengthen the alternative family and community based care options for abandoned children placed in Ugandan care institutions?

It led me to question further: How do cultural attitudes and perceptions of the communities influence reunification of abandoned children into families? That triggered me to further ask: What are the experiences, perceptions and attitudes of foster and adoptive parents? To what extent is the Government's support in strengthening alternative family and community care options for abandoned children in institutions? How are the major hindrances dealt with as regards reunification, kinship care, fostering and adoption of abandoned children in institutions?

Methodology

A two pronged methodology was used to identify documentation and data relevant for the study: From both primary and secondary data sources, I analysed peer-reviewed literature that included; published articles, books, theses and research papers. I analysed non-peer reviewed web-based literature and also interviewed key respondents from selected agencies that support vulnerable children in Uganda. The interviews were done face to face using a two -paged interview guide signed by the interviewees to assure me of their consent.

Global search of peer and non-peer reviewed literature

Peer reviewed articles were identified through a global search of major databases published in English. The databases were searched strategically using academic search engines such as, Google scholar, Seurch, Picarta, ISS Catalogue, and E- journals using search terms that include; “family and community alternative care options” combined with “abandoned children”, “vulnerable children”, “poverty and HIV/AIDS”, “social exclusion” and “community organization”.

Non- peer reviewed literature was identified through a search of the web utilizing Google. The literature included descriptive pieces on past or present programs that provide care and support to abandoned children and other vulnerable children, evaluation and assessment reports of those programs; the handbooks, leaflets, guidelines and frameworks for alternative care for children.

Interviews with key respondents

The research was basically qualitative, and relied also on primary field research data. The sample size was chosen purposively from Ministry of Gender and Social development MGLSD, PSWOs, foster and adoptive parents, social workers from care institutions promoting reintegration of children. My respondents were both male and female over twenty five years of age. I collected data within a period of two months from 1 July up to 1 September 2013, and the area of study was Kampala District, the capital city of Uganda.

I interviewed sixteen key respondents: Government Officials from MGLSD, particularly Assistant Commissioner of Children Affairs, Principal Senior PWSO and PWSOs of Rubaga and Makindye divisions to understand Government’s support and position on providing and strengthening alternative family and community care options for abandoned institutionalized children. I interviewed social workers from babies’ homes like Sanyu, Nsambya, Child’s I Foundation- Malaika and Families for Children-VIVA to have an understanding of their reintegrating programs and obstacles they are faced with. I interviewed adoptive and foster parents and community members to get their cultural attitudes, perceptions and experiences; community members included Masters Students and Lecturers at Makerere University, a CBO Director and freelancers. The key informants were purposively selected while other interviewees were got through snow ball sampling. I got to know the adoptive parents through the social workers. The community members were accessed through informal arrangements and interactions, family members inclusive.

Analytic approach

When analyzing secondary and primary data; I searched for descriptions of family and community care options for abandoned children; I analyzed the abandonment discourse; factors for abandonment of children; international and national efforts for protection of children's rights; attitudes, perceptions and experiences of adoptive and foster parents and community members in Uganda and Government's efforts to strengthen family and community care.

Data processing

I processed my data through transcriptions, note taking and recording. I analyzed my data using the concepts of poverty and vulnerability, social exclusion and inclusion and community organization to check how the responses of my interviews and observations were in line with the arguments that arose from the theories and concepts identified and how relevant they spoke to the conclusions drawn for my study.

Challenges faced during the study

Some respondents, most especially the Government Officials, tossed me up and down because of their 'busy schedules'. I was, however, able to convince them that it was very useful for me to get information specifically from them.

It became hard for me to access the prospective fostering and adoptive parents because a lot of confidentiality is maintained and these parents do not want to disclose such intentions to anyone apart from social workers handling the processes for them. I was however, able to interview some parents who adopted children from Malaika and Sanyu babies' homes. I was afraid I would not have enough time to gather all the necessary data I required to answer my research questions.

I was also not sure if the care givers or concerned authorities would give genuine information given the fact that alternative family and community care options may mean structural adjustments with some having to lose their jobs at babies' homes.

With the introductory letter by ISS administration presented to the different organizations' gate keepers, accessibility to key informants became easier. I made my objectives clear to my respondents and employed both observation and interviewing skills to extract as much information as required from respondents. I basically made appointments with key respondents prior to the interviews.

Chapter 2 THE RELATIONSHIP BETWEEN POVERTY, VULNERABILITY, SOCIAL EXCLUSION AND COMMUNITY-ORGANIZATION THEORY

Persistent poverty and social exclusion dictate vulnerability and influence the direction of childhood of abandoned children. When families and states are poor effects trickle down to children who may suffer abandonment or relinquishment to care institutions. However with adequate poverty eradication; social inclusion and community re-organization; families and communities can be empowered to take abandoned children out of babies' and children's homes and take care of them within families.

Poverty

I chose the concept of poverty for my study since it is one of the main factors that children are neglected. Chambers (2006) defines the poor as people, who are in a bad condition variously described as poor, marginalized, vulnerable, excluded or deprived but further argues that what poverty is taken to mean depends on who asks the questions, how it is understood and who responds; that our common meanings have all been constructed by non-poor people, they reflect our power to make definitions according to our perceptions. Dercon (2005:484) however notes that "there is a type of poverty that is not always present, related to non-poor people who risk to become poor if bad shocks occur, as against 'chronically' poor who are poor irrespective of whether an insurance alternative were to exist". But the concept of chronic poverty has also not featured explicitly; other than emphasis on the poorest of the poor, policy statements on poverty are silent on chronic poverty. Since the beginning of 1990s over 50% of Ugandans could not meet the basic needs of life, and were therefore categorized as poor. It was therefore prudent that poverty reduction programs only addressed poverty in totality (Okidi and Mugambe 2002).

Okidi and Mugambe (2002:4) write that "the chronically poor are those who either experience extended duration of poverty, or those who benefit the least and suffer most from contemporary development policies and practices, and for whom emergence from poverty is most difficult", such as those affected by emergency like the IDP, formerly abducted children and people affected by drought. For example the insurgency in the western part of Uganda prevalent since 1996 has displaced up to 200,000 people, 80% living in refugee camps. The war in Northern Uganda against the Lord's Resistance Army (LRA) went on for over ten years leaving many poor, and the cattle rustling problem in Northern and Eastern parts of the country (ibid). The vulnerable groups are also regarded as chronically poor people who include young and widowed women, male youths, large families, casual labourers, people with disabilities and the infirm (Okidi & Mugambe 2002). Children constitute 59% of people living in chronic poverty - the largest of the chronically poor (ibid: 14).

This also implies that children's conditions are worsened by the adult situations with whom they stay.

According to Okidi and Mugambe (2002) the conventional definition of poverty pertains to the measure of welfare and therefore, inability of people to meet basic needs of life. Morduch (1994:224-225) commented that income patterns influence poverty and vulnerability in that "as productive assets are depleted to protect consumption today, poor households will face lower expected income in the future". Kanbur (2005) also mentions that while considering risk aversion, poor households are even made worse off, they have lower incomes than richer households and their consumption varies a good deal over time. Thus vulnerability does not just result from poverty; it can also reinforce and further diminish the expected welfare of the poor. Ouna et al (2013: 38-39) reveal that poverty is related to rural and urban inequalities and access to services. On the whole, it is shown that poverty is largely a rural phenomenon in Uganda, with 96-97% of the poor found in the rural areas (Okidi and Mugambe 2002 and Ouna et al 2013). For countries like Uganda which largely depend on agriculture; much emphasis must be placed on improving agriculture for better production and incomes for farmers.

Besides most of the poor who live in rural areas characterized as subsistence farmers have limited access to infrastructure. Ouna et al (2013) note inequality continues to rise; as the gap in mean income in rural and urban areas has widened. Growth is mitigated by changes in inequality and may be affected by international and rural-urban terms of trade. In urban areas growth has a greater impact on poverty reduction in areas where the proportion of households with incomes below the poverty line is lowest, indicating that poverty levels are responsive to economic growth. Gender inequalities are also widespread, girls are 12% less likely than boys to be enrolled in school (ibid), MGLSD (2006:10) also shows that in Uganda "girls are more likely to be denied education than boys, and if orphans are living with their extended family, they may only get the second chance after their cousins have been sent to school".

Dercon (2005) writes risk and its persistence is a cause of poverty. Risks such as recurrent drought, health risks, pests, commodity price shocks, political strife, are common in Africa; supported by Okidi and Mugambe (2002) vulnerability to shocks can be a cause or symptom to poverty they argue that people living in areas that are susceptible to natural disasters, like earthquakes and landslides, are also vulnerable to chronic poverty. In Uganda- these include the Western Rift Valley, which covers the districts of Kasese, Bundibugyo and Fort Portal, as well as the mountainous areas of Eastern Uganda, around districts of Mbale and Sironko. Their homes are always at risk, and they live in a permanent state of anxiety not knowing when another emergency will strike. They are unable to plan ahead or engage in any long-term development activity (Okidi and Mugambe 2002:6). The example of the recent un-anticipated Buduuda landslides in Mbale District in Uganda left many people and children dead and survivors homeless and more poor and vulnerable. Such shocks, can lead to adult-suffering and subsequent child abandonment.

Sumner (2010) identifies that child and adult agency are a crucial determinant of inter-generational poverty transmissions; children are legal minors, with no right to vote and limited legitimacy to make some decisions without approval of their legal guardian. However, limited voice in family, school and community decisions is still viewed as 'normal' and culturally acceptable in many if not all parts of the world. Children typically have few opportunities or resources to advocate on their own behalf in decision-making processes, despite the UNCRC principles having been agreed by almost all countries (Sumner 2010). The dimensions identified by the poor include being voiceless, isolation and vulnerability; the eradication of which require more of institutional change than just increases in wages (Okidi and Mugambe 2002).

Okidi and Mugambe (2002) note that income inequality, lack of human and technical skills to take advantage of life opportunities, and vulnerability to shocks contribute to poverty, Dercon (2005) notes that poor households are unable to exploit risky profitable activities; there are weak social and financial insurance mechanisms (Morduch 1994), to enable people to ward off economic, health and other shocks; HIV/AIDS; high illiteracy rates; cultural traditions, and practices and land shortages owing to population pressures among others, all frighten development and contribute to high incidence of poverty in Uganda (Okidi and Mugambe 2002). Still the overwhelming place of agriculture, weather and price inconsistency are responsible for low incomes thus poverty (Morduch 1994: 221).

Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society (Sumner 2010). Sumner also notes that adult poverty is heterogeneous—by age and context—but arguably to a lesser extent than childhood poverty. Children have differing needs, wants and capacities depending on the stage of childhood: at infancy; early childhood; middle childhood, and adolescence, and the meaning of 'childhood' itself is defined by the prevailing context and culture. Childhood poverty and well-being are also more intensely 'relational' in nature because there is greater reliance on 'others' for care and nurture; which means constrained autonomy and agency. He further argues that while many contemporary definitions of poverty go beyond income-based definitions and include more socio-cultural and subjective dimensions of deprivation, a well-being approach sharpens the focus of a 'traditional' poverty lens in at least two ways emphasising the relational and the subjective (ibid). This clearly shows that children are viewed through an adult lens which may greatly undermine their freedom to express their needs thus living in poverty.

Okidi and Mugambe (2002) point out that much as there is some significant poverty reduction; without systematic attention to welfare distribution, the economy cannot fully capture poverty alleviation benefits of growth. Majority of chronically poor are women, who are agriculture based yet the NAADS and other programs like the Danish funded Agriculture Sector Program Support target more progressive farmers-with a minimum level of resources. Even the

UPE programme could have limited welfare impacts unless the poor children are offered additional support after completing primary and secondary education. There are concerns about uneven progress, with inequality regarding geographical patterns in terms of basic social services distribution. Poverty eradication requires efforts from all sectors aimed at equitable welfare distribution for children, women and men—both in urban and rural areas plus their families (Okidi and Mugambe 2002).

Vulnerability

Vulnerability may refer to the incidence and extent of risks that a system is open to and its ability to withstand impact of negative shocks (Ouna et al 2013:39). Engel et al (1996:622) define vulnerability as the individual's tendency to develop varied forms of psychopathology or behavioural ineptness to negative developmental outcomes. Risks are defined by Engel et al as hazards that increase children's susceptibility to developmental results (ibid). "Children are seen as vulnerable when they are under eighteen years of age and are separated from their parent or adult caregiver; are malnourished; abused; neglected; out of school; disabled; physically or mentally ill; required to do excessive work, or lack access to basic services" (JLICA 2008:13).

Dercon (2005) observes that a common thread appears to be that vulnerability relates to a sense of insecurity that something bad may happen and spell ruin, it is viewed as the existence and extent of a threat of poverty and misery; the danger that a socially unacceptable level of well-being may materialise. Dercon reveals that the term vulnerability refers sometimes clearly to particular 'vulnerable groups', such as, elderly, orphans, disabled, widows or even more general groups, such as the landless or low-paid workers. Vulnerability then refers to powerlessness, inability to take advantage of gainful opportunities, ending up in constant poverty (ibid). This explains the current situation in Uganda, of care institutions aiming to benefit from abandoned children rather than 'save them from their poverty and vulnerability' as they originally proclaim.

"Protecting the Vulnerable" is a clause of the UNMD that focuses on international humanitarian and human rights law; it recognizes that "children and all civilian populations...suffer disproportionately the consequences of natural disasters, genocide, armed conflicts and other humanitarian emergencies"(Cheney 2010:11). It is therefore paramount that children are protected, although some children end up exploited. The UN definition of an orphan as a child who has lost one or both parents also distorts global response and encourages use of narrow interventions that target children as isolated individuals and miss the chance to support families and communities to care for children (JLICA 2009:12). NGOs stepped in to help, but do so in contrary ways that not disrupts African traditions of fosterage. As Patterson has pointed out "...without a family, village, or neighbourhood to shape their identity, orphans are more vulnerable to manipulation by adults and as they turn to older adults

for love and care they capitalize on their disenfranchisement” (cited by Cheney 2010:12).

Social exclusion and inclusion

UNICEF (2005) write that exclusion from essential services and goods such as adequate food, health care and schooling clearly affects children’s ability to participate in their communities and societies. Some children make their way through life struggling to survive; they are impoverished; abandoned; uneducated; malnourished; discriminated against; neglected and vulnerable, exploited and abused- whether they live in urban centers or rural outposts; they risk missing out on their childhood time to grow, learn, play and feel safe and lack the protection of the family and community. This exclusion is often the result of macro factors, such as mass poverty; weak governance; uncontrolled spread of HIV/AIDS, and armed clash; also micro factors like disparities in access to services on the basis of income and geographic location, and on grounds of gender, ethnicity or disability (ibid).

Okidi and Mugambe (2002) write that institutional structures also explain the social exclusion phenomenon, for example, in Uganda many services exclude certain categories of people such as immigrants, refugees; adolescents and youth, and sex workers; un married couples; children born out of wedlock escalating the abandonment phenomenon but also preventing children from being reintegrated with their families and communities. More factors like political and economic reasons and Uganda being a patriarchal society explain social exclusion and isolation and why family and community care systems for children remain weak. However, with social capital, social solidarity and inclusion (Silver 1994) I believe the family and community care structures can be strengthened to take accept abandoned children into their own care.

Okidi and Mugambe (2002:5) argue that isolated communities constitute a unique vulnerable group in Uganda, similarly, discrimination and marginalisation that accompanies disability denies the disabled equal access to opportunities for development; their vulnerability enhances dependence on others; and without any training they are unable to engage in income generating activities to sustain themselves. Such trends of discrimination and isolation combined with other factors contribute to poverty transmissions s which may result in child abandonment.

Sen (2000:4) links poverty and capability deprivation to social exclusion. Capability poverty relates to power/powerlessness or ability/inability in general whether physical or mental. Indeed, Adam Smith’s focus on the deprivation involved in not ‘being able to appear in public without shame’ is a good example of a capability deprivation that takes the form of social exclusion. When there is social exclusion, people are un-able to negotiate on mutual grounds and there is no sense of belonging. Social exclusion is a result of gradual breakdown of social and symbolic bonds; individuals get detached. Silver (1994) clarifies that exclusion threatens society with the loss of collective values and destruction of the social fabric. G. Britain (2001:7) writes that “social exclusion is something that happens to anyone; but certain groups such as young people in care; those growing up in low income households or with family con-

flict; those who do not attend school, and people from some minority ethnic communities are disproportionately at risk of social exclusion. There are also particular times when people are most vulnerable; such as when leaving home, care or education". In Uganda, excluded groups include young women and men who may end up relinquishing their obligations of parentage to care institutions.

Exclusion can be found in extension of family planning services where segments of the population do not access them. Greene et al, note that many societies dictate the sex life of their people, such as no sex before marriage, abstinence for the youths, individuals should be hetero-sexual, making it extremely difficult for those who go out of the norm to access family planning education, methods and services; the sexual health needs of single, sexually active adolescents and young adults are completely neglected. Similarly, sex workers, migrants, displaced persons, lesbians, gay, bisexual and transgendered people face stigma and discrimination which subsequently inhibits them from accessing family planning information and services" (Greene et al 2012). These factors of exclusion lead to un-wanted pregnancies, un-wanted children and therefore abandonment causing more children to be placed in institutions yet numerous studies have shown that "social isolation is associated with greater risk of child maltreatment and abandonment" (Tomison and Wise 1999).

Community organization theory

Different stakeholders for child protection can come together and strengthen their collaboration and coordination to ensure all issues concerning the community are handled collectively including abandoned children in-order to reverse the notion of nobody's child to everybody's child.

Community organization theory can be defined as the process by which community groups are helped to identify common problems by mobilizing resources, developing and implementing strategies for reaching collective goals (Ssendi 2012). Community Organization consist of NGOs and institutions; public sector; political advocacy groups; and individuals who hold political office. Rothman (1968) identifies three models in practicing community development: 'locality development' also known as community participation; which emphasizes community participation and approaches that promote ownership. Social planning which is task oriented and expert driven; based on rational planning and problem solving. Social action- characterized by concern for processes which build community in favour of the most disadvantaged. Mizrahi writes "professional community organizers who have helped groups gain visibility and a collective voice recognizes how essential it is to have knowledgeable and committed people working on the inside and outside" (Mizrahi 2001: 180-181).

Tomison and Wise (1999) state that neighborhood cohesion and quality of social relationships that exist between community members help the parenting function, and reduce stress associated with maltreatment. The connections made with family, friends, neighbors and local professionals, positively influence ability to cope when problems arise, providing opportunities to seek advice and assistance. Being part of a healthy community that is strong in social

capital may also provide benefits via shared socialization (Fegan & Bowes 1999), where children and young people are taught norms and sanctions regarding acceptable social behavior and are positively affected by the community's expectations for children for example; the importance of education and of obtaining a 'good job' (Tomison and Wise (1999). However, while families care best for children, many efforts to assist vulnerable children ignore the clear benefits of supporting families and communities (JLICA 2009) in Uganda too.

Social inclusion and community organization combined with poverty and vulnerability reduction provide valid strategies to strengthen family and community care options for abandoned children other than placing them in institutions.

growing culture of immunity for grand corruption and inescapable ‘quiet’ corruption which threatens to tarnish Uganda’s image as a development model and challenge its future development efforts.

Economic context

Uganda’s real GDP growth averaged 7% per year in the 1990s and the 2000s, well above the Sub-Saharan Africa average, in spite of consecutive exogenous shocks, that included secondary effects of the global economic crisis, bad weather and surges in international commodity prices. This strong economic growth enabled substantial poverty reduction and some progress towards reaching MDGs. In the early 2000s Uganda initiated pro-poor reforms to improve effectiveness, responsiveness, and equity in the health care delivery system, including abolishing user fees in government units, improving management systems, decentralizing service delivery and promoting public–private partnerships. Despite efforts to improve social sector outcomes with a per capita income of US\$506; Uganda remains a very poor country and far from the middle income status it aspires to achieve in one generation and most MDGS may not be reached by 2015 (World Bank Group 2013).

Population

PDDESA report cited by Natukunda (2013:1) indicates that total population of Uganda has grown to 37.5 million people this year from 34.5 million in 2011; the gap between the number of males and females is bridging at 18.8 million and 18.7 million respectively; fertility rate of women is at 5.9 children per woman, down from 6.7 in 2005; median age is at 15.8; life expectancy has gone up to 59 years, from 54.8 years in 2010; infant mortality rates have reduced from 66.8 deaths in 2010 to 57 deaths per 1000 live births in 2013 and similarly infant mortality rates for under-fives have dropped from 102.1 to 86.1. In 2012 Uganda had the second highest fertility rate and fifth highest growth rate in the world - in only three years, it had risen by three million Ugandans, many of who are unplanned. Prof Augustus Nuwagaba, a senior development economist, commented “a young population will strain resources if the high fertility rates are not controlled.” Dr. Ibrahim Kasirye, a senior researcher at EPRC said “The major implication of Uganda’s young population is an increasing dependency burden at the household level, with a related increase in demand for social services, which are not keeping pace with the growth.” Kasirye observes that “the growth in population is not driven by the desire for more children, but by the high rate of unwanted births.” As population grows dependency increases which may prompt many young parents to abandon their children.

Factors for child abandonment

Related to abandonment⁴ is relinquishment⁵. Factors explaining the abandonment syndrome may also explain why care institutions are garnering today;

Greene et al (2012:1) clarify that “222 million women in developing countries today do not have means to delay pregnancies and child bearing; they are unable to plan their families because they lack access to information; education, and counseling on family planning; they cannot access contraceptives and face social, economic or cultural barriers, including discrimination, coercion and violence in the context of their sexual and reproductive lives”. MOH (cited by Natukunda 2013) shows that 3/10 women in Uganda, who need to stop or space their next pregnancy, are not using any contraception. As a result, there are about 700,000 unplanned pregnancies in Uganda every year. In view of this many rural and urban young women do not have proper information of how to use and where to access family planning methods, ending with un-wanted pregnancies and subsequent abandonment of children.

Since NRM Government came into power, there have been empowerment struggles. Women have participated in politics and in businesses but many are still oppressed. (Boyd 1989) notes that Ugandan women like women in all patriarchal societies, confront subordination in the workplace, in the family and other spheres of society. Traditional gender based attitudes are deeply ingrained in social consciousness, limiting women’s access to participation, ownership and control of resources. Uganda also has a recent legacy of state terror; civil strife and brutalization which has led to an increase in domestic violence; suicides; breakdown of families; abandoned children; female headed households and major disruptions in rural economy with far reaching implications for rural women but urban women not alienated from their rural background too. Women are caged in a number of social, economic and political difficulties; they are strained to close their eyes to the fact that existence, extension and continuity of the family and the whole society lies in their children (Ssendi 2012:39).

Christiansen (2005) writes HIV/AIDS poses one of the greatest threats to development in Africa contributing to child abandonment. MGLSD (2006:8) states that, in recent years in Uganda it is an active threat to children as they grow older, and many of those infected are children; ART/ARV medicine is only taken by about 10,000 people today yet 600,000 people are living with the disease”. AIDS has been and continues to be the leading cause of adult mortality, with an enormously disproportionate impact on Sub-Saharan Africa over

⁴ Abandonment concerns the physical desertion of a child in circumstances where his/her immediate and future care cannot be guaranteed or presumed (Panter- Brick and Smith 2000).

⁵ Relinquishment refers to the act by which the child has been surrendered to others with desire and reasonable expectation that the child will be cared for (better) by them (ibid).

68% of adults and nearly 90% of children infected with HIV live in this region. In 2007 an estimated 2.1 million people died due to AIDS, 76% of which occurred in the region -majority of whom are women (JLICA2008:9). Since the high scale of orphaning correlates with high mortality rates among people in their reproductive years, familial networks are challenged to provide adequate care for all children (Christiansen 2005).

UNICEF (2006) write that AIDS epidemic has affected children in many harmful ways; leaving them orphaned and vulnerable, and threatening their survival. Children miss out on what they need for survival and growth and progress on national development is jeopardized; even where HIV prevalence stabilizes or begins to decline, the number of orphans will continue to grow or at-least remain high for years; reflecting time lag between HIV infection and death. Children may miss out on schooling; live in households with less food security; suffer anxiety and depression and are at higher risk of exposure to HIV. On the contrary- as argued by JLICA (2008:10-11) *majority of children in Africa are not orphaned and those who are orphans have a living parent, usually a mother. This indicates hope for change of the vulnerable situation although most photographs and videos show children alone, in rags and in presence of a foreign aid worker rather than with their surviving parent whose survival is most important to children*". Parents may decide to neglect and abandon their own children with disabilities and chronic diseases that prove too expensive to cure. It was disclosed that in one of the communities where Sempebwa worked, a disabled child was kept in a separate room and was never registered with the LC like his siblings in the home. She discovered after three months of interaction with the family (Sempebwa 2013, personal interview)⁶. Chronically ill and disabled children remain widely discriminated against.

Children are more likely to live permanently with maternal kinsfolk than with paternal relatives (Sekiwunga & Mulimba, 2003 & UNICEF 2006). As UNICEF (2006) writes majority of orphans due to HIV are paternal orphans but are living with a female household head, usually widowed, and most often their surviving mother. In Uganda 40% of all children do not live with both their parents and out of this group, 17% live with their mother and 6% live with their father (UBOS cited by Sekiwunga & Mulimba, 2003). Several factors have contributed to the expanded role of maternal kinsmen such as: adult mortality; children born outside marriage, and un-stable parental relations In Busia District, for instance, there are more children born outside marriage, mostly to young women aged 15 to 30 (Sekiwunga & Mulimba, 2003), and childbearing for 30% of girls begins between 15 and 19 years of age (ibid). Cheney observes that paternal family members have ignored their responsibilities over orphans despite symbolic blood affiliations they have for children as they grow up(Cheney 2012:101). Majority of children are raised by single and widowed mothers who may abandon them when they run out of resources.

Some parents are so hard on their daughters when they get pregnant: It was observed by Rowbottom (2007) and War Child (2010) that adolescent girls rarely use condoms, on becoming pregnant, a girl may be rejected by her family and the man responsible for the pregnancy will usually deny paternity. Left to fend for herself and her new baby, the plunging spring of helplessness contin-

⁶ Personal interview with C. Sempebwa on factors for child abandonment and strengthening of family and community care, Kasangati, 24 August 2013).

ues. One girl lamented, *It's just so difficult to manage for myself and my baby; sometimes I just want to kill this child.*" Life is difficult for children and young people on so many levels (War Child 2010: 28). Children born to such young mothers may not be considered a blessing but rather an expensive burden just as some mothers say children have become ambassadors of their misery (Oundenhoven and Wazir 2006:29).

Christiansen (2005) shows that the Ugandan law on defilement provides that parents of an impregnated girl under eighteen years can press charges against the impregnator; who may face imprisonment for life if he does not marry the girl. Parents sometimes use this law to force the boy/man to pay a huge amount of money, well exceeding a common dowry, without him ever being allowed to actually marry their girl. With all these fears in the minds of young women, they choose to abandon their children even as young as one day old. Nanjala (2013, personal interview) said many pregnant teenagers are chased away from homes by their parents ending up abandoning their own children since they view them as cause of their suffering. She also stated that some end up in care institutions together with their children⁷.

Street childhood is both a cause and a consequence of child abandonment: Unable to provide for their children, some parents watch helplessly as their children find work in the streets. While others will, actively encourage their children to leave the house, to find work on the streets and support themselves (War 2010:24). Street life influences child abandonment as they are exposed to early pregnancies and have no resources to look after their children. It was revealed by Konde (2013, personal interview) that "it becomes hard to reunite a child with a young parent who lives and works on the streets, in most cases they reject the children or push them to willing grandparents to look after them". Still many Karamajong children, women and men are found on streets of Kampala having run away from harsh nomadic life, this may later translate into child abandonment once they find themselves with un- wanted births.

Effects of institutionalized care to children

Institutionalization hinders proper ECD; Okwany et al (2011) describe early childhood as an essential stage of life that influences wellbeing throughout the life course. ECD spans from conception to eight years of age and covers activities that promote holistic care, socialization of children, education, health, and nutrition, psycho-social and emotional development. Rosenthal (1999: 484) argues that early secure attachment to the mother is principal to emotional and social adjustment of the child. Otherwise, there are possible damages of early entry into full day care on children's development, endangered because of separation from mothers regardless of possibly sensitive responsiveness of any other care giver.

⁷ Personal interview with M. Nanjala (social worker), at Malaika babies home, Kampala, on 23 August 2013.

Viewed from the economists' perspective, ECD has the highest rate of return in economic development and the most cost-effective way to reduce poverty and to foster economic growth. The programs that promote the growth and development of young children 0-6 years are the best investment for developing human capital necessary for economic growth (Siagian 2008). Research has also demonstrated that children are better able to cope with their vulnerabilities when their adult caregiver is healthy and able to provide love and cognitive stimulation. Referred to as the Hamilton's Rule-it provides the greater the biological relationship of the child to an adult caregiver, the better their health, educational and nutritional status (JLICA 2008:11). I believe ECD should be community based and should encompass contribution of everyone since benefits accrued from proper investment in child-upbringing eventually come back to them.

Like Tolfree and Freeman (cited by Lubias 2012) argue, children are not a homogeneous group and their needs are greatly assorted dependent on age, gender and capabilities. In institutions, however, children are not accorded unique attention and quality of care given is problematic; psychosocial wellbeing of the child is ignored which has gross effects on how they relate with the wider society when they grow up. Siagian (2008) notes living is a process, the end of which is not only survival, but physical, mental and social wellbeing. I believe children have different childhood experiences and interests and should be treated uniquely.

Cantwell et al (2012) identify that institutional care takes little account of individuality, psychological and emotional needs and tends to isolate children from outside world. There is a high probability that young children will suffer lasting damage if they are not in a care setting where they receive individual attention and have opportunity to bond with a caregiver; for every three months that a young child resides in an institution, they lose one month of development. Howes and Segal (1993:73) emphasize that when children experience manifold of primary caregivers, their organization of the attachment system fluctuates.

Government response to vulnerable children

Legal framework

The articles of the UNCRC of 1989; 5, 9, 10, 18, 19, 20, 21, 25, and 27 recognize the role of parents, and the State in caring for children (BCN 2013). The UNCRC states that interventions must be in the best interests of the child (article 3), they should facilitate the return of children to their families (articles 8-10) and all placements must protect children and be subject to periodic reviews (articles 20 & 25). Uganda ratified the CRC in 1990. The Optional Protocols to the CRC on involvement of children in armed conflict; and that on the sale of children, child prostitution and child pornography; which Uganda ratified 2002 and 2002 respectively (Nakimbugwe 2013). But some people use certain sections of the CRC to justify their actions at the detriment of children. While

article 21 permits adoption, in Uganda inter-country adoption has been preferred over national adoption but involves corrupt tendencies and exploitation of children (MGLSD 2013).

The UN Millennium Declaration of 2000; whose vision is a world of peace; equity; tolerance; security; freedom; solidarity; respect for the environment and shared responsibility in which special care and attention is given to the vulnerable (UNICEF 2006). The Declaration shows linkage of MDGs with child protection- illustrated in appendix 2. The Framework for the Protection, Care and Support of OVC living in a World with HIV/AIDS (2004) which has been endorsed by global partners and implementing agencies including Uganda (UNICEF 2004). The framework's key strategies are to: strengthen the capacity of families to protect children; ensure access for OVC to essential services; ensure protection of children through improved policy and legislation and direct resources to families and communities, and raise awareness at all levels. Despite devotion by partners, agencies continue to struggle with how to translate global and national strategy and how to define exactly what a family centred approach means into actual practice (ibid).

UN Guidelines for Alternative Care of Children: A resolution was adopted by the UNGA in 2009 and the new resource tool to support its implementation- Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children' was launched in 2013. It was developed by CELSIS under an initiative of the Working Group and Steering Committee. The Guidelines provide strategies necessary for individualized quality care for children in line with international standards and overall respect of child rights and best interests. Supplement No. 17 B (A64/142) states that "...Every effort should be made to enable siblings to maintain contact with each other, unless this is against their wishes or interests" and supplement No.165C states that "All those engaged in tracing family members or primary legal or customary caregivers should operate within a coordinated system, using standardized forms and mutually compatible procedures, wherever possible. They should ensure that the child and others concerned would not be endangered by their actions" (Cantwell et al (2012)

National Legal framework: Uganda's main legal document is the Constitution (1995). Article 34 accords special attention to OVCs and those in conflict with the law. It provides the basis for the development of legislations and policies for addressing the rights of children (Nakimbugwe 2013 & War Child 2010). Other Ugandan laws are also aimed at child protection, but need tightening to prevent child manipulation in care institutions and child abandonment by care givers.

National policies & plans

Uganda's main anti-poverty framework is PEAP launched in 1997, a policy vehicle for translating the country's long-term development aspirations into specific and achievable goals for particular sectors. Its goals are- creating a framework for economic growth and transformation; ensuring good govern-

ance and security; increasing quality of life of the poor to raise their incomes (Okidi and Mugambe 2002). However, Mackintosh (1992:62) argues “*most of public outlays run in a top-down manner, they are poorly coordinated and are insensitive to poor people’s needs, and usually unsuited to local resources, since they are often not accountable to the local population*”. Similarly NAADS program in Uganda has proved a failure; the poorest have not been helped out of poverty since it targets farmers with minimum resources.

The NSPPI provides a structure for development and application of relevant standards for integrated protection, care and support of OVCs in Uganda at all levels. The NOP (2004) provides a framework for OVC programming. The National Child Participation Guide shows principles for allowing children of all features and physical abilities to participate in decisions affecting their lives. It defines Child participation as having a voice and being heard in a meaningful way by active engagement of children in issues affecting their lives (Nakimbugwe 2013). The ECD (2013) policy emphasizes protection of children particularly from conception to eight years of age. The *Alternative Care Framework* (2013)⁸ providing guidelines on the continuum of care that should be followed for children once they find themselves in care institutions. These plans and policies are aimed at child protection to prevent further outcomes like child abandonment.

Lower structures

In Uganda, multiple child protection mechanisms exist at different government levels. At the formal level are CDAs, LC III Secretary for children affairs, CPU, Children and Family courts, PTAs and SMCs and CPCs set up by MGLSD. Security forces, including police and UPDF also have mandatory roles in child protection. They identify and report child protection violations; encourage peer counselling and mediation, and provide follow-up on child protection cases (War Child 2010:32).

NGOs, CBOs and FBOS

National, community and faith-based organizations support affected children and their families (JLICA 2008). It is also eminent that many sections of abuse of children are committed by care givers and close relatives but section 11(1) of the Children Act obliges any member of the community who has evidence that a child’s rights are being infringed or that a parent, guardian or any person having custody of a child is able to- but refuses or neglects to provide the child with adequate basic needs; to report the matter to the local council of the area (Nakimbugwe 2013). Community based- child protection responses by War Child in Northern Uganda, “REFLECT”, “Stepping Stones”, “CHANCE”, have approaches to care and support and mitigation of impact of HIV/AIDS. NGOs play a key role in supporting community-based child protection mech-

⁸ Alternative Care Framework is elaborated on pages 29 & 30.

anisms (War Child 2010). TASO- Uganda, have for long provided family centered services (JLICA 2009:19).

Generally, Okidi and Mugambe (2002) observe that Uganda has a well-developed set of plans and implementation strategies that have contributed significantly to economic growth and poverty reduction, the incidence of income poverty has reduced from 56% in 1992 to 44% in 1997, poverty headcount declined to 35% by 2000. There is improved household welfare due to education, health and asset levels. In spite of the continuous downward trend in poverty since 1992, there are certain sections of society that have not benefited from available economic opportunities for poverty reduction and some are pressed to abandon their children.

Family and community care options

Foster care

(BCN 2013) indicates that in the industrialized world it is generally used to refer to formal, temporary placements made by the state with families that are trained, monitored and compensated at some level. Foster care can also be understood as formal care, typically provided by adults who are not related to the child, but may include formalized kinship care. It is usually for a limited period until the child can return home or move into a more permanent placement such as adoption. In Uganda, formal fostering is normally for a period of three years (MGLSD 2013). In many developing countries like Uganda, however, fostering is kinship care or other placement with a family usually informal and un-regulated by the state.

Kinship care

Kinship care is the full-time care of a child by a relative or another member of extended family. Kinship is the most common form of out of home care throughout the world and is typically arranged without legal proceedings. It is significant in developing countries and offers many advantages over other forms of care; it allows family relationships to continue, maintains the child with her culture and community, and avoids anxieties related to placements with unfamiliar adults (BCN 2013 & MGLSD 2013).

Adoption

Adoption is the formal, permanent transfer of parental rights to a family other than a child's own and formal assumption of all parenting duties for the child (BCN 2013& UNICEF 2012). It may either be domestic or inter-country adoption; the latter may be acceptable where no appropriate form of family- and community-based care can be provided within an acceptable time frame and where it is implemented in line with The Hague Convention.⁹ In some

⁹ Inter-country adoption involves a change in the child's habitual country of residence, whatever the nationality of the adopting parents (UNICEF 2012).

countries it is not culturally acceptable to give parental rights to a non-family member, therefore alternative long-term care options must be pursued, such as kinship care. In some Islamic countries, 'Kafalah' of Islamic law is used to describe a situation similar to adoption, but not necessarily with the severing of family ties, transference of inheritance rights, or change of child's family name. MGLSD(2013c: 9) indicates that 50+ children have been placed into Ugandan adoptive families and 100+ children reunited with their birth families over the last 12 months, independent of other NGO packages. These programmes should be encouraged and supported but are severely disrupted due to deficiencies within orphanages and poor inter country adoption practices (ibid). In-country/domestic adoption¹⁰ options should be prioritized.

Supported child headed households

A child-headed household is one where there are no adult carers available and children live on their own. Naturally an older child will care for siblings, common in areas largely affected by HIV/AIDS and war. It may be the only way to remain together, the best way to retain use and ownership of their parents' land and home, or the only option available. Such a household may be extremely vulnerable or may have strong family and community links. They may need support to ensure their access to basic services and legal protection in order to receive information on inheritance and property rights.

Family re-unification

Child's physical return or re-integration with the family from an alternative care setting should be promoted; thereby investing in family based care. Supporting families to prevent abandonment and relinquishment of children in the first place, is supreme (Cantwell et al 2012:63).

Family Centered Mechanisms

The extended family safety network: Kalibala & Elson (2010) & JLICA (2008 &2009) identify that families are primary providers and first line of response to children's needs of protection, support, and socialisation; they are social groups connected by kinship, marriage, adoption, or choice; they have clearly defined relationships, long term commitments, and a shared sense of togetherness. The CRC states that the family is the natural environment for growth and wellbeing of all its members; Foster (2000) clarifies that the strength of extended family safety net would encourage fostering of children-

¹⁰ Domestic or in-country adoption involves adoptive parents and a child in the same country of residence and usually, but not necessarily, with the same nationality and the latter (UNICEF 2012).

whose parents have died; for young mothers who cannot afford looking after their own children; for chronically sick parents; for teenage mothers who have to continue with their education; for migrant mothers seeking for jobs; for commercial sex workers; for young couples who are not ready for marriage, for single mothers, and for children born out of wedlock. UNICEF (2006:7) writes that extended families assume responsibility for more than 90% percent of all orphans not living with a surviving parent in Africa. Foster (2000:58-59) argues that children who grow up in households or families which have irregular contact with relatives and those headed by excluded mothers are likely to slip through the extended family safety net and are at risk of being deserted. Cheney (2010b:10) notes the explosion of orphans due to AIDS and deaths of their relatives have tensed the ability of extended family networks and UNICEF (2006) notes that while families have continually cared for OVCs, in places with advanced epidemics, children are ending up in poorer households and available caretakers are becoming scarcer and more penniless.

Children are themselves agents of child protection, Engel et al (1996:622) argue that despite difficult circumstances children go through, some of them manage to grow and prosper through resilience¹¹. Yet others in similar situations seem to follow the path described by vulnerability. War Child (2010) show that children build resilience even without external mechanisms. Tomison & Wise (1999) identify three types of resiliency: overcoming the odds; sustained competence under stress, and recovery from trauma. Resilience is also culturally determined and is associated with, high levels of parental monitoring and support from parents; effective interpersonal communication between family members, and external social supports from the community which may include; strong religious connections; few stressful life events; positive life expectations, and ongoing opportunities from families, schools, and communities (Tomison & Wise (1999). A lot of resilience can be built for children within their families.

Social assistance programs: Such programs include in-kind and in-cash transfers; cash transfers are a means of financially supporting vulnerable, such as child support grants, child and family allowances and conditional grants. In-kind transfers provide access to essential services instead of cash payments (BCN 2013). Providing and investing in social support and promoting development of 'caring communities' are seen as important ways of preventing child maltreatment for socially isolated families in particular (JLICA 2009 & BCN 2013). However, societal changes over the past thirty years have made it difficult for people to establish social links, such as technology innovation; changes to women's roles in the workforce; family breakdown, and increased geographical distances between family members (Tomison and Wise 1999, Ssendi 2012 & Okeahialam 1984). In heavily troubled countries like Uganda, operation of social protection programs requires extensive endow-

¹¹ Resilience can be defined as universal capacity that allows children to prevent, minimize or overcome damaging effects of adversity (War Child 2010). Resilience is the individual's tendency to defy potential negative consequences of risk and develop adequately (Engel et al 1996:622).

ment from donors (ibid 2009:61) which may come with restrictive ties that exclude family care provisions.

Challenges faced

Imposition of rigid conditions and over reliance on external funding yet criteria for it are out of step with community needs, such as; strict observance of age specifications, centre on specific types of vulnerable children such as orphans and specific support (JLICA 2009 & NSSPP-2 2012)) and targeted responses to children in isolation from their families (JLICA 2009 & Cheney 2012), which incite resentment and stigma among other poor (JLICA 2009). Lal (cited by Mackintosh 1992:65-69) argues “..*Many of the developing countries are governed as much for the personal aggrandizement of their rulers as for the welfare of the ruled- they tend to serve interests of foreign companies who sought cheap labour and resisted local industrial competition. So the states might divert resources from indigenous capitalist development, repress labour organization and block welfare programmes which made labour more expensive while seeking a niche to benefit its own employees and supporters.*” It may indeed be deliberate that certain sectors like care institutions receive little funds for their activities because Government does not benefit from them.

Still- Government intervention is minimal and insufficient money is allocated for OVC activities (Kalibala & Elson 2010) , for five years from financial year 2011/2012 to 2015/2016 -NSPPI-2 report by MGLSD (2012:46) shows that for ‘child and legal protection activities’ 360,957,900 Ugandan shillings was allocated, 381,124,600/= for ‘psycho social support and care’ and only 24,845,575/= for ‘strengthening institutional mechanisms’ with just 751,280/= for ‘implementation, coordination and referral activities’ compared to other budget allocations. Inability of Family and Children’s Courts to safeguard child rights pushing the burden to care institutions which have also failed (ibid), and parties lacking complete information about children’s numbers, geographic distribution, existing child programs (NSPPI-2 2012 & Kalibala & Elson 2010) have all contributed to persistence of the ‘nobody’s child’.

Chapter 4 CRITICAL ANALYSIS OF THE RESEARCH FINDINGS

My study's major objective was to investigate how alternative family and community care options for abandoned children in institutions can be strengthened. A number of sub questions were investigated to provide critical answers as illustrated in the findings.

Influence of cultural attitudes on reunification of abandoned children

Most people agreed that it was right for children to grow up with their families and communities to have a sense of belonging and identity, to learn their culture, norms and values. They pointed out the fact that it is the children's right to know their parents, they need the attachment, harmony and love from their families as already reflected in the CRC, article 27:2 "parents or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development".

However, and since the CRC gives flexibility it was noted that there are some families who are not willing to take back abandoned children due to lack of income to look after them, some parents are so busy with their work they do not have time to care for children. Social workers in babies' homes revealed that prostitutes rarely accept their children back, even the young street mothers and fathers, plus the girls who engage in strip dancing 'ekimansulo' in Kampala city bars. Nanjala(2013, personal interview) commented that "sometimes the extended families are not willing to accept responsibility for children whose mothers are involved in morally and culturally unacceptable activities, although these differ from one community to another; they are aggravated by social exclusion. Communities have a tendency of abandoning and neglecting children they feel are 'spoilt' and leave them to the world to shape them the hard way. In most cases people are found lamenting "Oy'omwana ffe yatulema" meanings that the child became unmanageable and they gave up on him or her."

Children who are abandoned because they are *HIV* positive or mentally and physically disabled are rarely accepted back into society; families feel they are expensive to look after as they may require special health treatment and special education demanding extra resources. The families feel such children are better off in institutions where they obtain free services. This therefore has implications for continuity of child abandonment and subsequent existence of care institutions. It is again evident that the *UN Guidelines of Alternative Care for Children* as well as the *Alternative Care Framework by MGLSD* give allowance for re-institutionalization of such children with special needs. The problem may therefore never be completely eradicated due to justified 'Specialized Residential Care'. This also explains the escalating care institutions and orphanages that convince the public that they are indeed there to assist the needy. The Government however refuses to acknowledge the authenticity of some babies' homes in contention that they do not help the neediest (MGLSD 2010). All

these imply that communities need to work hard enough to provide for their children; they should not hope for better lives for them in institutions which in most times is the reverse.

Some respondents therefore suggested that families should be supportive to children to grow up with morals, communities should be advised to be creative and innovative; Government should come in to help poor families and communities, and empower them with facilities to start up IGAs. Glenn Laverack (2005) also claims that empowerment helps people to gain back their self-esteem through supporting their power from within the course of a collective action. Families and communities should be counseled and made aware of the significance of children. And as emphasized by Silver (1994:534) solidarity of all parties in society combined with shared appreciation of their problems plus ability to express their viewpoint, will help to erase the child abandonment problems. I think that social inclusion would empower everyone to use the available resources to look after their children and also enhance their attitudes and perceptions on child rearing within families and communities.

Extent of government's support in strengthening family and community care

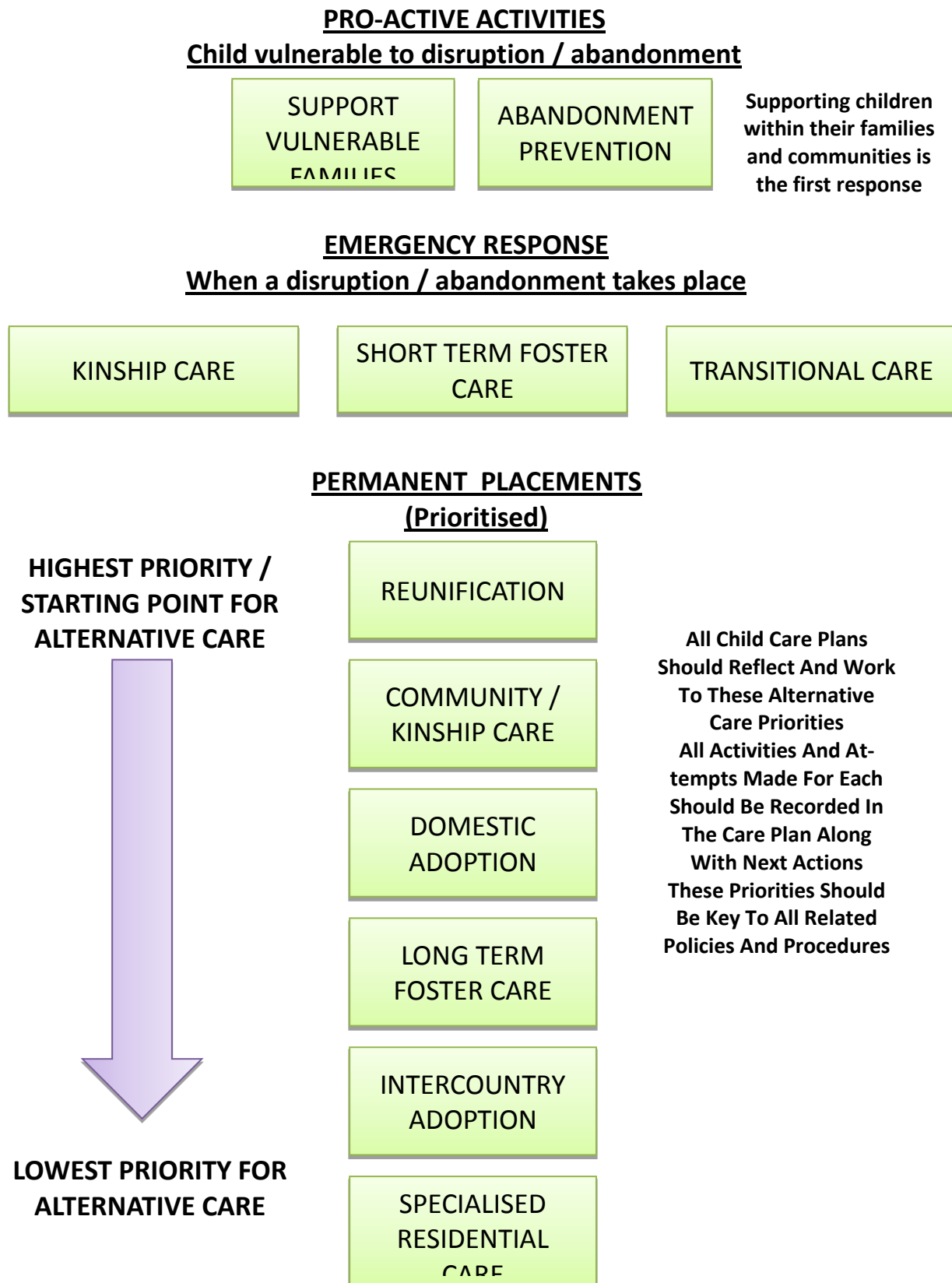
The Government of Uganda has established a number of multilateral strategies to strengthen alternative family and community care options. Indicated by Tomison and Wise (1999) the community is currently being re-organized, with governments and child welfare and family support sectors redesigning community-centered services. The NSPPI-2 report MGLSD (2012) outlines guidelines for OVCs, emphasizing stakeholder partnership and coordination. The MGLSD (2010) *Assessment of the Status of Babies and Children's Homes in Uganda* also gives a detailed report of how the care institutions are operating, identifying that some of them are not registered which hinders monitoring of their activities. Others do not have clear goals for operation, while others refer to themselves as orphanages but recruit children with surviving parents capable of taking care of them. Still others do not have resettlement programmes yet Government is pushing for it. The Government designed the Children and Babies' Home Regulations with which the care institutions are supposed to operate. The Ministry has made amendments to the Children's Act to fully incorporate the continuum of care which babies' homes are supposed to follow. The ECD Policy (MGLSD 2013b) gives guidelines and emphasis to protection of children from conception to eight years. MGLSD (2013c) also drafted a report for justification of suspension of inter-country adoption to give room to national adoption.

The MGLSD (2013c) report on challenges of inter-country adoptions in Uganda and justification for its suspension shows it peaked when inter-country adoption was either suspended or new policies enacted- in Ethiopia, Senegal, Rwanda and Ghana. Uganda was therefore seen as a soft spot, involving very quick but corrupt procedures where Guardianship order can be obtained in two weeks, mainly faster for foreigners than the local people but in most cases by passing the Children's Act and other relevant laws. It became a profitable business where a Lawyer earns about 30,000 US dollars per adoption case handled. Many care institutions attached to adoption agencies have been targeting un-

suspecting parents and persuading them to relinquish their children to residential care; ending up giving them away for adoption to foreigners. Together with assessment report of babies' and children's homes by MGLSD (2010) which implied that over 212 care institutions had garnered, keeping children 60% of whom are not orphans; government warns their closure and also temporary suspension of inter-country adoption until Uganda ratifies the Hague Convention. However, many 'big-authorities' are involved in the dirty games, it is not clear whether the abandoned and vulnerable child will genuinely be helped to re-unify with their families. In view of this "the current climate of economic liberalization has plunged children into the centre of markets in ways that previous laws sought to prevent; the processes associated with globalization- be they socially progressive or neoliberal they challenge older ways of constructing childhood" (Cole and Durham 2008:16-17 and Ferguson 2006). In relation Cheney (2010 & 2012) identifies that neoliberal tendencies have allowed more grassroots participation and empowerment, especially when vulnerable populations are being targeted. This implies many people up to lowest levels have taken advantage of vulnerable groups.

The Alternative Care Framework MGLSD (2013a) clearly outlines the continuum of care which should be provided to children who find themselves in babies and children's homes. It was developed as part of a broader effort to strengthen child protection systems in the country; it focuses on alternative care, but also touches on broader social welfare systems within which alternative care functions, and uses the operationalization of the Children's Rules and Regulations as an entry point for deinstitutionalization and promotion of family based care options for children in need of care. The framework is meant to be implemented alongside the NSPPI for OVCs (MGLSD 2012). The Draft details the Continuum of Care as Government plans for strengthening families as shown in the diagram below; There are three phases on the continuum of care: the pro-active activities which includes support to the vulnerable families and abandonment prevention, the emergency response with kinship care, short term foster care and transitional care, and lastly the permanent placements; re-unification which is most highly prioritised, then community/kinship care, domestic adoption, long term foster care, inter country adoption, and lastly specialised residential care. The guidelines should be followed by all stakeholders working with children especially babies' and children's homes.

Figure 4-1 Continuum of care



Source: MGLSD (2013a:7)

With the above information obtained and efforts on the ground, it is clear that Government is advocating for family alternative care but not much has been done. Whose child is abandoned and vulnerable then? Is it everybody's child? Is it nobody's child? Kaboggoza (2013, personal interview)¹² said "*Children belong somewhere, they should go back where they belong*" But how? Who should help them to do this if Government only sets laws for the institutions to implement without its support? The abandoned children will therefore remain nobody's child until all parties are well harmonized to strengthen the families and communities where these children belong.

As outlined by Cantwell et al (2012), in '*Moving Forward; Implementing the Guidelines for Alternative Care of Children*' Government may be writing down all efforts as a requirement by International partners not for the good of the country and its citizens but for its own selfish gains (Mackintosh 1992). Notably one of the challenges care institutions face is inadequate resources to fully run their planned activities, they call for Government support but Government insists- they are merely supplementing the institutions' efforts; they bicker that babies' homes 'crop up with potential to help the needy', so they require no support. Government threatens closure of unregistered babies' homes; they are too many and operating illegally (MGLSD 2013). "*They want to regulate but with no support?*" said Mpagi (2013, personal interview)¹³.

During the study, I found out that Government did not even supplement institutions' work; care institutions are instead substituting Government's work. Does it then mean that care institutions should handle all the outlined (continuum of care) processes by themselves? It is evident they do almost all work concerning abandoned (revealed by social workers in babies' homes). Yet NSPPI-2 report MGLSD (2012), shows Government acknowledging weak coordination systems among all stakeholders and inadequate resources to create awareness of parents and the public- on pertinent issues including negative consequences of institutionalization of children. So babies' homes take advantage of the laxity to engage in activities from which they can benefit fast including persuading parents into giving up their social roles for improved education, food and medical care. MGLSD (2010) records indicated that there were 212 child care institutions, and over 60% of the children in these institutions were not orphans, nor would their households be classified as vulnerable. By keeping 'abandoned and orphaned' children-they can engage in inter-country adoption; a 'lucrative and booming business for sale of children' in the country today, not done in the 'best interest of the child' (MGLSD 2013c), and therefore should be suspended as soon as possible (ibid). It was revealed by (Knarr 2013, personal interview)¹⁴ that many babies and children's homes did not have re-integration programs. There is tension between care institutions and Government and the situation is sarcastic because Government does not want to financially support activities of the registered babies' homes. The Gov-

¹² Personal Interview with J. Kaboggoza, Assistant Commissioner for Children Affairs, at MGLSD- Kampala, on 30 August 2013.

¹³ Personal Interview with J. Mpagi, Senior social worker, at Nsambya babies' home- Kampala on 26 August 2013.

¹⁴ Personal Interview with R. Knarr, Child care worker, at Families for Children- VIVA- Kampala, on 16 August 2013.

ernment however, needs to comprehend that economic support, effective dexterity of stakeholders, and toughening its laws will help to resettle abandoned children with families. There is an ongoing campaign for over two years now by Save the Children and the Government displaying that national adoption is possible, but people of Uganda need to be more implicated and helped to recognize that children deserve- and grow best in-families (Kaboggoza 2013, personal interview).

Perceptions, attitudes and experiences of foster and adoptive parents



Figure 4-2 C. Sempebwa- adoptive parent and ED of Kulika NGO, Nakimbugwe (the author), adopted child- Jacinta(pseudo name) and M. Nanjala, a social worker, at Kasangati.

Unfortunately I was unable to get to prospective adoptive parents initially intended. Nanjala (2013, personal interview) said, *“They do not want to expose themselves, they want their intentions of adoption kept confidential partly due to the stigma they fear children might face or stigma for themselves once their families and relatives discover they adopted and do not have biological children”*. Byakagaba (2013, personal interview) said, *“Some cultures still regard it as loathing for a woman to be in marriage and is incapable of giving birth. Still others fear to be accused of getting a stranger other-than adopting or fostering one of the children with whom they share ‘blood’”*. Like Cheney (2012:103) writes *“family care is both cheaper and better than institutionalized care for orphans, abandoned and vulnerable children, but there are also powerful beliefs about “blood” and kinship that prevent adoption from playing a greater role in either local or international responses to the crisis. In some African cultures the adoption of a child is believed to introduce alien spirits into the family and in-country adoption is most likely not going to provide a significant solution to the orphan and abandonment crisis”*.

Byakagaba (2013, personal interview) also commented that *“it will take some time for adoption to be very successful; even those who have adopted are not very proud of it.”* This

implies not adequate awareness has been made among Ugandans to embrace local adoption positively. Children who would be adopted by people continue to stay in care institutions until they ‘age out’ and suffer the consequences later on when feel out of place and cannot ably fit into the wider society (Tomison & Wise). “*Women always carry blame when they are unable to produce in a marriage yet the man might be impotent*” mentioned Konde (2013, personal interview)¹⁵.

Nonetheless, through the social workers I was able to interact with some parents who had adopted children from the babies’ homes but had to be assured of confidentiality by the social workers and myself too¹⁶. One had two biological children and was driven to adopt having worked with children for long and wanted to raise one of abandoned children as her own. She wants to adopt a boy but the law does not permit her. I discovered through observation too that in babies’ homes majority were boys. I learnt from the care-givers and social workers that foster and adoptive parents preferred baby girls who are manageable and not likely to claim for property inheritance rights; as opposed to boys who are believed to become stubborn when they grow up. This implied therefore that more boys than girls grow up in institutions.

Another adoptive parent also had biological children; two did not have biological children. These respondents declared they were barren and had always admired women with children. All of them confessed that they had to work hard to act as both mothers and fathers but most times got challenging questions from younger children challenging to meet their fathers. Sempebwa (2013, personal interview) declared that one day when she asked the young girl what she would buy for her after work, the young girl replied, “*buy me daddy*”. She told me “*whereas the older ones somewhat understood, it is rather not easy for younger ones to understand why there is no father/daddy in the house*”. Another example was given by Konde (2013, personal interview) of an adopted boy who later aggressively demanded to know why his skin was black compared to his white siblings. The white couple brought the boy back to the babies’ home and they never took him back; he was re-institutionalized. This implies prospective adoptive and foster parents are not well prepared by social workers to prepare for all sorts of questions from adopted children however young they might be. They should also be equipped to provide answers in ways that do not dehumanize the children.

These respondents and others noted that it was very important for other Ugandans to come up to foster and adopt children from babies’ homes, because children need a home experience as they develop. “*When not guided while growing up it still comes back negatively to the society, community and nation due to their failures and bad deeds in future*” said Nabwire (2013, personal interview). The adoptive parents and community members; pointed out however, that ‘fear of the stringent adoption procedures, poverty and negative cultural attitudes might be stopping so many Ugandans from adopting children’.

¹⁵ Personal interview with B. Konde, social worker, at Sanyu babies’ home- Kampala, on 22 August 2013.

¹⁶ ...except one adoptive parent who allowed me to take the picture in figure 4-2.

Nabwire (2013, personal interview)¹⁷ said that, “*children should be raised through foster families in regions where they were picked to be brought to babies’ homes; children should be taken on by parents who have their own and are able to produce other children for easy integration of the fostered or adopted ones.... when these children are taken on by families, the tendency to look at them as homogeneous which happens in care institutions is eroded. Particular observation is then paid to each child helping them to grow and develop well.*” Ideally adoptive parents should come from a similar cultural and religious background to the child, so that the child can retain his or her heritage and sense of identity- more likely when the adoption is within the country of the child’s origin, and the choice for adoption must meet the child’s long term needs and wishes, and enable their healthy development into adulthood (BCN 2013). This implies that the communities should indeed be reorganized to be ready to receive children who were abandoned and those likely to be abandoned should be collectively helped. Rothman (1968), proposes three community organization models of community participation, social planning and social action; which are useful in linking individuals, community groups, workers and leaders in the community, thereby providing an agenda in which interventions could be planned and applied on different levels.

Dealing with hindrances to alternative care

Respondents cited a number of obstacles to effective family reunification and community care. BCN (2013) notes that particular threats to children lead to family breakdown, their separation of children from parents, such include; children affected by HIV/AIDS, armed conflict and displacement, children working and living on the street, children affected by disabilities, physical and emotional child abuse and child trafficking. Children are therefore made vulnerable to discrimination, abandonment, injury and sometimes death. Combined with persistent poverty families and communities have weakened. There is little or absent Government support and care institutions are exploiting the children’s vulnerability. Mpagi (2013, personal interview) lamented that “*Government only brings vulnerable children and books to babies’ homes, nothing more is done.*” All these have policy implications: Stakeholders; policy makers and implementers should strengthen and empower families and communities to take care of their children.

Policy implications

Government should recognize that all stakeholders need its support including care institutions as well as vulnerable families and communities that have reunified with their children and those likely to abandon or relinquish their responsibilities. The PSWOs should be fully involved with the work of the babies’ homes and their work should be supported by MGLSD. (BCN 2013) argues that child care and protection policies require resources and monitoring of standards to ensure their appropriate implementation; all staff working with children should be trained and supervised in providing appropriate care for

¹⁷ Personal interview with D. Nabwire, Senior PSWO, at Kampala, on 29 August 2013.

children, identifying abuse, and responding appropriately; policies should outline behaviours and actions which are unacceptable, provide standards for the appropriate care of children, and clear guidelines on what procedures to follow and by whom, including reporting mechanisms for suspected abuse to an assigned authority for investigation.

More effort must be made to build autonomy of local organizations working with orphans and other vulnerable children to ensure that services and support are neither interrupted nor ceased (JLICA 2008:27). There are often local individuals, structures, processes and organizations that can be engaged and harnessed so that activities can continue after OVC programs funded end. Standards of care¹⁸ should be concrete and observable sets of indicators which describe what good practice means in terms of outcomes for the child, how a service should be delivered, and actions required by staff. They should be guided by rights of the child, preservation of the family, and promotion of the child's development (BCN 2013).

Mugabe (2013, personal interview)¹⁹ noted that, *“there is need to revive our traditional values of raising children communally through traditional institutions like the clan system, working closely with Government structures. There is need to promote the culture of cooperatives at all levels from production to marketing so that people appreciate working together. There should again be equitable distribution of resources to reduce income inequality like giving loans to farmers, giving materials like grinding mills to communities”*. Ogwang (2013, via email) observed that *“there is need to revive and strengthen Poverty Eradication Programs like the NAADS, ‘Entandikwa’ scheme, Prosperity For All, PCY, SUNRISE, SCORE so that even resettled children may benefit”*. If communities were to face challenges and government helps them to realize them collectively then child protection and child welfare provisioning will be handled collectively.

People should be encouraged to produce children they can afford to take care of -though this may be challenged by the Catholic Ugandan population who believe in producing freely without being controlled by family planning contraceptives (Ssendi 2012), it can also be seen that social structures in Uganda exclude a lot of women, especially illiterate women and youths, sex workers, migrants, displaced people, lesbians, gay, bisexual, and transgendered, from accessing family planning services (Green et al 2012). It follows that they may have limited choice on the number of children resulting in un-wanted pregnancies. However Natukunda (2013) noted that development and reproductive health experts in Uganda called for Government to step up efforts to control high population and planning beginning with soliciting for funds for the 10-year census which has been postponed since 2010.

Most respondents noted that people are scared of the long procedures before one can adopt a child yet it seems easier and quicker for inter-country prospective parents (MGLSD 2013c). Some of the people think adoption is ‘something for foreigners.’ This mindset needs to change through massive

¹⁸ Standards of care are approved criteria for measuring and monitoring management, provision and quality of child care services, required for all child care provision (BCN 2013).

¹⁹ Personal interview with R. Mugabe, a Master's student at MUK, on 27 August 2013.

awareness creation and campaigns for local adoption. “*The formal arrangements and processes should not to be so stringent for fostering or national adoption so that prospective foster and adoptive parents are not scared off*”- said Mulondo (2013, personal interview)²⁰. “And for policies to be effective and sustainable, they need to be understood and supported by the people meant to benefit from them” (JLICA 2009:62) and in this case adoption and fostering guidelines should be explicable to children and parents alike.

Byakagaba (2013, personal interview)²¹, emphasized that “*There should be good governance at all government levels, there should be transparency while working with children however young they may be*”, also emphasized by Kalibala & Elson (2010) corruption should be addressed at all levels. The continuum of care proposed by MGLSD (2013) should be strictly followed and all people working with children should work to achieve the best interest of these children and ‘not theirs’. And as JLICA (2009:63) write in-order to improve children’s wellbeing and life chances in communities heavily burdened by AIDS, poverty, and food insecurity; a critical lever is social protection geared in national legislation and delivered at scale through government-led partnerships and programs. Partnering agreements or informal verbal contracts can be a vital step that allows different sectors to come together to provide services to people (JLICA 2008 & 2009).

There should be more programs to equip women and young single mothers likely to abandon their children with skills. As JLICA (2009:21) note there should be a multiplier approach that can expand the number of people programs reach. Sempebwa (2013, personal interview)²² said that “*Women should be helped to come together in groups; be counseled and advised that they are not alone in certain challenging situations like that of abandonment by their husbands or men irresponsible for their pregnancies*”. Build family caring capacities through home visiting involving community workers making regular health visits to pregnant and new mothers in their homes and environments (JLICA 2009). There should be a drive to a more inclusive response to vulnerable children in line with national development objectives (JLICA 2009 & BCN 2013). State involvement in informal kinship care arrangements; especially for grandmothers seen everywhere carrying on the burden of looking after their grandchildren, would yield positive results (Cantwell et al 2012:76 & Cheney 2012). Such partnerships would empower both grandmothers and children under their care, to put the little resources they have to maximum use.

When pregnant, girls should not be forced out of school; they should be helped to continue by school authorities and their parents. Resolution 66/170 of UNGA of December 2011 adopted that “Recognizing that empowerment

²⁰ Personal interview with K. Mulondo, Director of Uni-Trust CBO, at Kampala, on 21 August 2013.

²¹ Personal interview with P. Byakagaba, a Lecturer at Makerere University, Kampala on 20 August 2013.

²² Personal interview with C. Sempebwa, an adoptive parent, at Kasangati, on 24 August 2013.

and investment in girls, which are critical for economic growth; achievement of MDGs; eradication of extreme poverty; as well as participation of girls in decisions that affect them, are key in breaking the cycle of discrimination and violence and in promoting and protecting effective enjoyment of their human rights, and active support and engagement the wider community”.

van der Gaag (2013:9) *State of the World's Girls report* argues that “Girls are both uniquely vulnerable and uniquely powerful; they may lack the most basic skills to cope with a crisis, like ability to swim, run, or to get needed information or to express their opinions. They can be forced into making poor and ill-informed decisions that affect them for the rest of their lives, like early marriage or transactional sex. Girls have the power to transform not only their own lives, but those of their families and communities; if they stay in school and understand how to protect their rights and choose what to do with their bodies, since they will earn more, marry later, and have healthier children and become leaders, entrepreneurs and advocates”. Structural measures should be strengthened such as ensuring girls’ physical safety at school, at work, and in public spaces; tackling the culture of impunity that empowers men to prey on girls, and improving their economic independence JLICA (2009). This also implies that since girls of today are the women of tomorrow, when prepared well and equipped with the necessary skills they will be able to persevere in all hardships. There needs to be more sustainable and broader scale efforts to increase economic opportunities for older youth, women and communities (JLICA 2008).

Empowerment through intervention programs such as public education and health support to the poor can increase their returns. Putting people to productive work is likely to generate sustainable welfare growth and in order for people to benefit from productive activities in the economy, they must have the necessary mix of own and public assets (Okidi and Mugambe 2002). Bigirimana (2013, personal interview) said “*there is need for relevant authority to put up fairly equal opportunities and to encourage communal production and living- by giving incentives to groups, such as farmers, and not individuals.*” In groups members are more accountable to each other’s actions and production would therefore be higher and there would be more equitable distribution of resources.

As indicated by (JLICA 2008 & 2009) interventions need to be tailored to strengthen inherent agency and resilience of the family, especially related to preventing death of surviving parents, and improving health of adult caregivers in extended family - particularly grandparents under whom many children grow; building up resources and improving livelihood of families through cash transfers and food aid, and household economic strengthening activities that would assist in improving the capacity. In acting to strengthen families, therefore, government and its institutional partners must work with local communities, respecting and supporting locally led responses; which must build on the strengths of local social networks and community organizations.

Affected children should be given opportunity to participate and voice to express themselves; in defining goals and methods of programmes that are conducted for their benefit. As Cheney (2013:96) notes, adults should learn to

more effectively communicate with children, there should be redoubled efforts to use children's rights to promote abandoned and vulnerable empowerment rather than their victimhood; which may require a greater stance on adults' part and development of more actionable legal protections for children and women as well. BCN (2013) and Cantwell et al (2012:63) argue that it is vital children are provided opportunities to express their views and concerns regarding with whom they want to live and have contact, and since foster parents often receive support to meet children's needs, this should not encourage separation of children from their families, or use the child for financial gains. Investing in high quality foster care with support of children's rights should be upheld. Like Silver (1994) emphasizes all parties must therefore be well coordinated and they should be able to grasp each other's beliefs and attitudes

Greater attention should be given to adjusting poverty reduction strategies and expanding budgets or reallocating resources to social investment and to the impact of HIV/AIDS on children and adolescents and to ways of protecting them from both infection and exclusion. Government and societies should openly confront inequity, introduce and enforce legislation eliminating it, and implement initiatives to address exclusion faced by women and girls, and the disabled (UNICEF 2006).

As the World-Bank Group (2013) identifies, to achieve higher development outcomes, Uganda's economy has to transform to a higher productivity level while integrating all regions into the development process, a challenge which magnifies as the population swells. This transformation will hinge on how the country manages its resources, in particular the fast-growing youthful population. To reap the demographic dividend, Uganda must invest in fertility reduction, social capital formation, and dynamic employment creation.

States and all organisations with child care programmes should have child care policies which are in line with national legislation and international law, such as, the CRC, and emphasis should be placed on the child's best interests, with support to families prioritised to prevent family tition. Good gatekeeping mechanisms are essential in ensuring families receive the services they need and are entitled to, and to guard against inappropriate placement into poor care arrangements (BCN 2013).

Collect data on the progress of young people who have left care in order to contribute to greater knowledge and understanding on outcomes of children in care. Also encourage the extended family, community and civil society to provide support to young people who have left care including support and encouragement for former foster carers and staff in formal care to stay in touch where a child wishes (Cantwell et al 2012)

Community members generally have positive attitudes towards family and community care for abandoned children as opposed to institutional care. They point out, however, that some families are forced to leave their children in institutions due to poverty, HIV/AIDS, teenage pregnancy, disability among others. They remain positive- that given adequate government intervention and

support child abandonment and institutionalization of children can be reversed. Adoptive parents urge more parents to adopt children other than letting them be taken by foreigners who may never help them to trace their cultural roots in future. The Government needs to effectively coordinate and fully support all activities regarding child protection and welfare provisioning in families and communities if all children are to remain everybody's children.

Chapter 5 CONCLUSIONS

The Government of Uganda has set laws, enacted policies and frameworks to which the different stakeholders working with children must abide. The Children's Act (2000) and its amendments, The ECD policy (2013), the NSPPI-2 (2012) guidelines for OVCs, the Babies' and Children's Homes Regulations, The temporary suspension of inter-country adoption (2013) and Alternative Care Framework (2013). The Alternative Care framework elaborates on the continuum of care which care institutions must follow- to find a permanent family for an abandoned child.

Some babies and children's homes operate illegally, the conditions under which children are kept are miserable and only exploit children, who may not be orphans and have surviving parents. Many institutions operate illegally and do not have re-unification programs. Children are ideally trafficked out of the country with less concern about their best interests. There is silent pressure between Government of Uganda and babies' and children's homes fearing closure. It is ironic too that even the genuine care institutions are not financially supported by the Government, the biggest obstacle in their re-unification programs; in-adequate support is given to vulnerable families making resettled children be at a risk of re-abandonment; there is inadequate coordination between different child protection parties and above all weak systems to monitor activities: The PSWOs are not financially supported to fully work with babies' and children's homes. It is evident, therefore, abandonment cycle may remain continuous and harder than anticipated to break; the small population of nobody's child will remain nobody's child for a period of time unless efforts are re-doubled when all parties reach an agreement and iron out their fault lines.

Inter-country adoption has become a vice in Uganda; involving 'sale of children' to foreigners who pose as prospective adoptive parents. It has proved a quick and lucrative business; many babies' and children's homes have embraced the venture including Government Officials in high profile positions. Although MGLSD advocated for suspension of inter-country adoption, unless all child protection laws and policies are changed to that effect, people involved in the corrupt tendencies may argue that they are observing 'best interest' of children involved. It may also prove hard to bring involved Government Officials to book, because they know how to manipulate the process. Such obstacles hinder all efforts to strengthen family and community alternative care options.

National adoption is still alien in Uganda; it is clear people take time to accept a certain (new) culture. Parents do not want to come out openly to declare their intentions to foster and adopt children from babies' homes, largely due to cultural prejudices, lack of proper knowledge, and fear of marriage breakdowns when relatives find out. Adoptive parents are not adequately provided with adequate information before they adopt or foster a child. Bonding of a child with the prospective parent/ couple takes only two weeks in babies' and children's homes; such a short period to equip parents with adequate skills and to enable them to answer questions from children as they grow up.

Families and communities plus their resilience, have been weakened due to persistence of poverty, HIV/AIDS, food insecurity and political strife. Much as a large percentage of children are looked after by their families with fostering happening on informal grounds; embracing the new era of formal fostering and adoption of children of different 'blood', requires double efforts to eradicate poverty, fight HIV/AIDS, ensure food security and maintain political calm through Government-led programs but also bottom-up approaches.

Girls are preferred for adoption more than boys because they are believed to be calm and not aggressive like the latter when they grow up. This means more boys than girls spend more time in care institutions, missing out on proper childhood development within a family environment. Much more sensitization and education needs to be done to treat both sexes equally to get identical chances of finding families to grow with.

Institutions- crucial in strengthening family and community care work in isolation of each other and put blame on each other for the wrongs. There is no proper harmonization of child protection activities- a factor lagging behind all efforts to help children out of vulnerability.

Abandoned children are rarely identified as a discrete group with explicit needs, priorities and capacities. They are instead viewed as helpless and victims rather than active and free actors. Where their needs are considered at all they are reduced to basics yet children need psychological and physical attachment with their caregivers which can be provided better to them in family environments and not institutions.

All in all for abandoned children to cease to be nobody's children, parties must come back to a round table, resolve their difference and agree to support reunification projects so that families and communities can fully be strengthened to perform their primary roles of child protection.

References

- Assembly, U.G. (1989) 'Convention on the Rights of the Child', United Nations, Treaty Series 1577(3).
- Assembly, U.G. (2000) 'United Nations Millennium Declaration', resolution adopted 18.
- Better care Network (2013) 'Facilitating Global Exchange around Children without Adequate Family Care', accessed 25 March 2013.
<http://bettercarenetwork.org/BCN/details_news.asp?id=30563&themeID=1000&topicID=1000>.
- Boyd, R.E. (1989) 'Empowerment of Women in Uganda: Real or Symbolic'.
- Cantwell, N., J. Davidson, S. Elsley, I. Milligan and N. Quinn (2012) Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'. UK: Centre for Excellence for Looked After Children in Scotland.
- Chambers, R. (2006) 'What is Poverty? Who Asks? Who Answers?'
- Cheney, K. (2010a) 'Deconstructing Childhood Vulnerability: An Introduction', *Childhood in Africa* 1(2): 4-7.
- Cheney, K. (2010b) 'Expanding Vulnerability, Dwindling Resources: Implications for Orphaned Futures in Uganda', *Childhood in Africa* 2(1): 8-15.
- Cheney, K. E. (2012) 'Seen but not heard: African Orphan-hood in the Age of HIV/AIDS', in M.O. Ensor(ed.) *African Childhoods: Education, Development, Peace-building, and the Youngest Continent*, p.p. 95-108. Palgrave: Macmillan.
- Cheney, K.E. (2013) 'Killing them Softly? Using Children's Rights to Empower Africa's Orphans and Vulnerable Children', *International Social Work* 56(1): 92-102.
- Christiansen, C. (2005) 'Positioning Children and Institutions of Childcare in Contemporary Uganda', *African Journal of AIDS Research* 4(3): 173-182.
- Cole, J. and D.L. Durham (2008) 'Introduction: Globalization and the Temporality of Children and Youth', in J. Cole and D.L. Durham (eds) *Figuring the Future: Globalization and the Temporalities of Children and Youth*, pp. 3-23. Sante Fe, NM: School for Advanced Research Press.

- Cornwall, A. and K. Brock (2005) 'What do Buzzwords do for Development Policy? A Critical Look at 'participation', 'empowerment' and 'poverty Reduction'', *Third world quarterly* 26(7): 1043-1060.
- Dercon, S. (2005) 'Risk, Poverty and Vulnerability in Africa', *Journal of African Economies* 14(4): 483-488.
- Engle, P.P.L, S. Castle and P. Menon (1996) 'Child Development: Vulnerability and Resilience', *Social science & medicine* (1982) 43(5): 621; 621-635.
- Fegan, M. and J. Bowes (1999) 'Isolation in Rural, Remote and Urban Communities', *Children, Families, and Communities: Contexts and consequences*, South Melbourne: Oxford University Press.
- Ferguson, J. (2006) 'Global Shadows: Africa in the Neoliberal World Order': Duke University Press.
- Foster, G. (2000) 'The Capacity of the Extended Family Safety Net for Orphans in Africa', *Psychology, Health & Medicine* 5(1): 55-62.
- Greene, M., S. Joshi and R. Omar (2012) 'By Choice, Not By Chance: Family Planning, Human Rights and Development'. UNFPA State of World Population.
- Joint Learning Initiative on Children and HIV/AIDS (JLICA) (2009) 'Home Truths: Facing the Facts on Children, AIDS, and Poverty. Final Report'.
- Kalibala, S. and L. Elson (2010) 'Protecting Hope: Situation Analysis of vulnerable Children in Uganda 2009', Final Report. New York: Population Council.
- Kanbur, R. (2005) 'Growth, Inequality and Poverty: Some Hard Questions', *Journal of International Affairs* 58(2): 223-232.
- Kvale, S. and S. Brinkmann (2008) 'Interviews: Learning the Craft of Qualitative Research Interviewing', Sage Publications, Incorporated.
- Laverack, G. (2005) 'Public Health: Power, Empowerment and Professional Practice'. Palgrave Macmillan.
- Lubias, S.I.A. (2010) 'Childcare Institutions in Indonesia: Children's Rights, Welfareist Approaches and Well-being', Master's Thesis: Erasmus University.

- Mackintosh, M. (1992) 'Questioning the State', in M. Wuyts and M. Mackintosh (eds) *Development Policy and Public Action*, pp. 61-73. Oxford: University Press.
- Montgomery, H. (2008) 'What is a Child?' in H. Montgomery (ed.) *An Introduction to Childhood: Anthropological Perspectives on Children's Lives*, pp. 50-78. Oxford: Wiley-Blackwell.com.
- Ministry of Gender Labour and Social Development, Government of the Republic of Uganda (2010) 'Assessment of Babies' and Children's Homes in Uganda': MGLD.
- Ministry of Gender Labour and Social Development, Government of the Republic of Uganda (2013b) 'Alternative Care Framework-Final Draft'. Un-published material.
- Ministry of Gender Labour and Social Development, Government of the Republic of Uganda (2013a) 'Early Childhood Development Policy': MGLSD.
- Ministry of Gender Labour and Social Development, Government of the Republic of Uganda. (2013c) 'Challenges of Inter-country adoption in Uganda: The justification for a temporary suspension of inter-country adoption'. Un-published material.
- Ministry of Gender Labour and Social Development, Government of the Republic of Uganda (2012) 'National Strategic Programme Plan of Implementation for Orphans and Vulnerable Children, NSPPI-2': MGLSD.
- Mizrahi, T. (2001) The Status of Community Organizing in 2001: Community Practice Context, Complexities, Contradictions, and Contributions. *Research on Social Work Practice* (2001) 11(2): 176-189
- Morduch, J. (1994) 'Poverty and Vulnerability', *The American Economic Review* 84(2): 221-225.
- Nakimbugwe, G.L. (2013) 'Critical Literature Review on Factors for Abandonment of Children in Uganda in relation to Other Countries and the Need for Alternative Care Options Other Than Placing Them in Institutions'. International Institute of Social Studies. Un-published material.
- Natukunda, C. (2013) 'Uganda population at record 37 million', *The Sunday Vision* 23 June, p.1.
- Okeahialam, T.C. (1984) 'Child Abuse in Nigeria', *Child abuse & neglect* 8(1): 69-73.

- Okidi, J. and G. Mugambe (2002) 'An Overview of Chronic Poverty and Development Policy in Uganda', Chronic Poverty Research Centre Working Paper (11).
- Okwany, A., E.M.N. Mulongo and A. Muhangi (2011) *The Role of Local Knowledge and Culture in Child Care in Africa: A Sociological Study of several Ethnic Groups in Kenya and Uganda*. Edwin Mellen Press.
- Ouna, T. and A. Notenbaert (2013) 'Poverty and Vulnerability', *The Nile River Basin: Water, Agriculture, Governance and Livelihoods*: 30.
- Panter-Brick, C. and M.T. Smith (2000) *'Abandoned Children'*: Cambridge University Press.
- Rosenthal, M.K. (1999) 'Out-of-Home Child Care Research: A Cultural Perspective', *International Journal of Behavioral Development* 23(2): 477-518.
- Rothman, J. (1974) 'Three Models of Community Organization Practice', *Strategies of community organization: A book of readings*: 22-38.
- Rowbottom, S. (2007) 'Giving Girls Today and Tomorrow. Breaking the Cycle of Adolescent Pregnancy.' United Nations Family Population Fund UNFPA
- Sen, A.K. (2000) *Social Exclusion: Concept, Application, and Scrutiny*. Office of Environment and Social Development, Asian Development Bank Manila, Philippines.
- Siagian, N. (2008) *The Analysis of Early Childhood's Intervention Strategies in Balim Valley, Papua: Are they Culturally Appropriate?* Masters Thesis: Erasmus University.
- Silver, H. (1994) 'Social Exclusion and Social Solidarity: Three Paradigms', *Int'l Lab. Rev.* 133: 577.
- Ssendi, A.N. (2012) 'Abandoned New-Born Babies in Kampala-Uganda'. Master's Thesis.
- Sumner, A. (2010) 'Child Poverty, well-being and Agency: What does a '3-D well-being' approach Contribute?', *Journal of International Development* 22(8): 1064-1075.
- The World-Bank Group (2013) 'Uganda Overview: Economic Overview/Performance'. Accessed 13 November 2013

<<http://www.worldbank.org/en/country/uganda/overview>>.

Tomison, A.M. and S. Wise (1999) *Community-Based Approaches in Preventing Child Maltreatment*. Australian Institute of Family Studies.

UNICEF, U. (2004) 'The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS', *Technical and policy documents*, UNICEF.

UNICEF (2005) *The State of the World's Children 2006: Excluded and Invisible*. UNICEF.

Unit, S.E., G. Britain and G. Britain (2001) *Preventing Social Exclusion*. Cabinet Office London.

United Nations Children's Fund (UNICEF) (2012) 'Children Under the Age of Three in Formal Care in Eastern Europe and Central Asia: A Rights-Based Regional Situational Analysis': UNICEF CEE/CIS Media Center.

United Nations Children's Fund and The (UNICEF) (2006) *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*. UNICEF.

United Nations. Dept. of Public Information (2005) *The Millennium Development Goals: Report 2005*. United Nations Publications.

van der Gaag, N. (2013) 'Because I am a Girl: The State of the World Girl's Report; in Double Jeopardy: Adolescent Girls and Disasters', *Plan*.

van Oudenhoven, N. and R. Wazir (2006) *Newly Emerging Needs of Children: An Exploration*. Antwerp: Garant.

Wakhweya, A., R. Dirks and K. Yeboah (2008) 'Children Thrive in Families: Family-Centred Models of Care and Support for Orphans and Other Vulnerable Children Affected by HIV and AIDS', AIDS JLICA.

War Child, UK (2010) 'Final Report: Study of Community Based Child Protection Mechanisms in Uganda and the Democratic Republic of Congo'

Appendices

Appendix 1 Criteria currently used for identifying vulnerable children in Uganda

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

Source: NSPPI (MGLSD 2004b)

Appendix 2 Linkage between UNMDGs with child protection

MDGs	Child protection consideration
1.To eradicate extreme poverty and hunger	poverty exclusion contribute to child abandonment and to the over use of formal and informal fostering arrangements or institutional care, leading to poor child development
2.To achieve universal primary education	children without parental care must be placed in an appropriate family environment to increase the likelihood they will receive an education
3.To promote gender equality and empower women	Child marriage leads to the removal of the child from school and may limit their participation in the public life of their communities
4.To reduce child mortality	children separated from their mothers at an early age, especially those who remain in institutional settings for long periods of time, are at greater risk of early death
5.To improve maternal health	sexual violence can lead to unwanted pregnancies and puts women at risk of HIV/AIDS
6.To combat HIV/AIDS and other diseases	children in HIV/AIDS affected families are particularly at risk of losing the care and protection of their families
7.To ensure environmental sustainability	environmental disasters increase household vulnerability and increase the potential for child labour
8.To develop a global partnership	child protection requires inter-sectoral cooperation at the national and international level to create a protective environment for children

Source: UNICEF 2005:53, with one child protection issue per MDG.

Appendix 3 Details of the study respondents

Name of respondents	Date and place of Interviews	Position	Age(years)
J. Kaboggoza	30 August 2013 At MGLSD	Assistant Commissioner for Children affairs	56
J. Ogwang	2 September 2013 (via email)	Principal Probation and Social Welfare Officer	42
D. Nabwire	29 August 2013 Kampala	Senior Probation and Social Welfare Officer	34
P. Byakagaba	20 August 2013 Makerere University-Kampala	Lecturer & PhD student	34
B. Konde	22 August 2013 Sanyu babies' home	Social worker-	22
J. Mpagi	26 August 2013 Nsambya babies' home	Senior social worker-	38
R. Knarr	16 August 2013 Families for Children-Viva	Child care worker	26
M. Nanjala	23 August 2013 Malaika babies home	Social worker	28
C. Sempebwa	24 August 2013 Kasangati	Adoptive parent and Executive Director of Kulika	53
R. Mugabe	27 August 2013 Makerere University	Masters student	29
C. Bigirimana	27 August 2013 Makerere University	Masters student	38
K. Mulondo	21 August 2013 Kampala	Director of Uni-Trust Community Development association	37
B. Walakira	23 August 2013 Kampala(via email)	Executive Director-Health Child	38
Ndagire F(not real name)	26 August 2013 Kampala	Adoptive parent	42
Kirabo M(not real name)	22 August 2013 Kampala	Foster parent	37
Kisakye J(not real name)	31 August 2013 Kampala	Adoptive parent	50

Source: own design

Appendix 4 Interview guide for Government Officials

Research topic: Nobody's child but everybody's child: Strengthening Alternative Family and Community Based Care Options for Abandoned Children placed in Ugandan Institutions.

Introduction: My name is Nakimbugwe Grace Lisa, a student of International Institute of Social Studies in the Hague. I am undertaking a Master's Degree course in Social Policy and Development and specializing in Children and Youth Studies. My research topic is on how to strengthen family and community care options for abandoned children in Ugandan care institutions. I particularly became interested in this topic in-order to investigate why the few abandoned children become nobody's children and not everybody's children in the community. More and more children continue to be abandoned and end up in orphanages and other care institutions known to be bad for their overall wellbeing and should therefore be reintegrated back with their families and communities.

I have chosen to include you in my sample and promise to keep information prevailed to me with confidentiality. I therefore seek for your consent to ask you questions on this problem topic. I also request to record this session for further reflections on what shall be said to be able to accurately analyze and interpret my data later on.

Request for your consent

I (name & signature) agree to take part in the study conducted by Nakimbugwe Grace Lisa, a student of International Institute of Social Studies, on how to strengthen family and community care options for abandoned children in Uganda.

Section A: Personal data.

Time of interview:

Place of interview:

Name:

Age:

Marital status:

Educational Level:

Post:

Section B.

In your own view, whom do you regard as abandoned children?.....

Your Department? Ministry deals directly with children and youth issues, what issues fall under your mandate?.....

How do abandoned children fit into your activities and how are they helped?.....

Is there any close collaboration with the Institutions that care for these abandoned and other vulnerable children? What kind of Collaboration? Do you believe it's sustainable?.....

How has the Government of Uganda helped abandoned children especially those placed in institutions?.....

Has the government encouraged reintegration of such children back into their families and communities?.....

How?.....

Has the government encountered any problems in these efforts? What are these problems?.....

In your opinion, what are the alternative care options for abandoned children other than placing them in institutions?.....

How can the above mentioned family and community care options be strengthened?.....

Do you have any further thoughts/suggestions on the topic?.....

Thank you!

Appendix 5 Interview guide for child organizations

Research topic: Nobody's child but everybody's child: Strengthening Alternative Family and Community Based Care Options for Abandoned Children placed in Ugandan Institutions.

Introduction of myself (refer to the appendix 4)

Request for your consent

I (name & signature) agree to take part in the study conducted by Nakimbugwe Grace Lisa, a student of International Institute of Social Studies, on how to strengthen family and community care options for abandoned children in Uganda.

Section A. Personal data.

Time of interview:

Place of interview/ Name of Organization

Name:

Age:

Marital status:

Educational Level:

Post:

Section B.

How does your organization identify abandoned children?.....

How does your Organization deal with abandoned Children?.....

What challenges does your organization meet as it executes its work on children?.....

How do you go about these challenges?.....

Does it have plans of re integrating the children with their parents or extended families? At what age/period is that done?.....

For the children whose relatives cannot be traced what arrangements do you have for them?.....

Do you keep track of where these children go and do you monitor their wellbeing?.....

Do you agree that all children should be taken care of by their families and communities? Why?.....

What are the perceptions of the community members on reintegrating abandoned children back to their families and communities?.....

What do you think should be done to strengthen the family and the community to take up their roles and responsibilities for every child?.....

How can the family and community be reorganized to accept those abandoned children back?.....

How best can families and communities be included in government plans, programs and structures with regards to children's wellbeing?.....

Section C

What forces parents to abandon their children?.....

Do you think social exclusion plays a part in child abandonment?

How?.....

What can be done to stop this

act?.....

Do you have any further thoughts on this top-

ic?.....

Thank you

Appendix 6 Interview guide for community members

Research topic: Nobody's child but everybody's child: Strengthening Alternative Family and Community Based Care Options for Abandoned Children placed in Ugandan Institutions.

Introduction of myself(refer to appendix 4)

Request for your consent

I agree to take part in the study conducted by Nakimbugwe Grace Lisa, a student of International Institute of Social Studies, on how to strengthen family and community care options for abandoned children in Uganda.

Section A.

Time of interview:

Place of interview:

Name:

Age:

Marital status:

Education level:

Post:

Section B.

In your own view, whom do you regard as an abandoned child?.....

Do you agree that it is an increasing problem in Uganda?.....

What are some of the reasons that force mothers and caregivers to abandon their children?.....

Do you think people who abandon their children or relinquish their responsibilities for others may be forced to do so by social exclusion? If yes, why do you say so?.....

Do you think social inclusion will in a way reduce child abandonment and how?.....

When placed in care institutions, research has indicated that they miss a lot in their lives, what do you have to say about that?.....

What are some of the perceptions of community members as well as their attitudes on reintegration of children into their families and communities?.....

What are some of the family and community based care options for abandoned children other than placing them in institutions?.....

How can these alternative family and community based care options be strengthened to take up their roles and responsibilities even for those abandoned children in institutions?.....

How can the community be reorganized to take up full responsibility so that every child is everybody's child?.....

Are there any other suggestions you can make to strengthen the family and community in protection of their own children?.....

Thank you!