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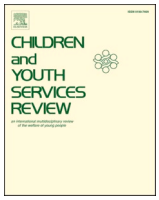

Uganda's system to care for orphans and vulnerable children: a sociopolitical analysis of its evolution☆

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ABSTRACT

Alarmingly high numbers of Ugandan children experience or are at risk of experiencing abuse and neglect. This article analyzes the state of priority for and quality of governance of Uganda's formal system for the care of orphans and vulnerable children (OVC). The government offers little meaningful priority for the issue, as evidenced especially by low government outlays for OVC care. Low priority underpins weak capacity of the system, and heavy dependence on international agencies and non-state actors for financing and service delivery. The present state of the OVC care system cannot be understood without reference to historical and sociopolitical context, including Uganda's troubled political history, the legacy of British colonialism, World Bank-led structural adjustment programs, and the HIV/AIDS pandemic. Nevertheless, there are strengths in the formal and informal care systems. These include a robust set of policies surrounding OVC protection, and long-standing family and kinship care practices that are the bedrock for protection of children at risk. To ensure effective care for OVC, the government and civil society institutions must build capacity to exercise stewardship over the OVC care system—both its formal and informal components. Given the government's inadequate attention to OVC care, addressing this challenge is as much a political as it is a technical matter. Above all else, a coalition needs to coalesce to push the government to act, one that links OVC care proponents in civil society, the state, and international agencies.

1. Introduction

In Africa, approximately 35 million children lack parental care (African Union & ACERWC, 2023) and, according to an estimate published in 2016, in sub-Saharan Africa there were approximately 49.4 million orphans (UNICEF, 2016). These and other children are at high risk for many forms of deprivation, abuse and neglect, including impoverishment, physical, sexual and emotional abuse, incarceration, institutionalization, and labor and sex trafficking (African Union & ACERWC, 2023). Few African governments prioritize the care of orphans and vulnerable children (OVC). A recent study revealed, for instance, that 87.5 % of countries in Central Africa, nearly 80 % of countries in East and West Africa, and 70 % of countries in Southern Africa lack policies on children without parental care (ACERWC 2023). And country studies of OVC care in Africa have identified deficiencies in, among other countries, Botswana, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa, South Sudan, Uganda, Tanzania, and Zimbabwe (Abdullah et al., 2018; Adebayo & Ogunbanwo, 2017; Ballet et al., 2022; Canavera et al., 2016; Cooper, 2012; Delaunay & Germain, 2012; Driscoll, 2020; Frimpong-Manso, 2014; Hailu, 2017; Jamieson, 2017; Laird, 2011, 2016; Littrell et al., 2012; Mogotlane et al., 2010; Muchacha et al., 2020; Nnama-Okechukwu et al., 2020; Onayemi et al., 2022; Roelen et al., 2017; Shawar & Zulu, 2025; Shawar et al., 2025; Shibuya & Taylor, 2013; Stuckenbruck & Roby, 2017; Wessells et al., 2012; Yarney et al., 2015).

Uganda is no exception to these problems facing OVC. The majority of Uganda's population—51.6 percent—are children (Uganda Bureau of

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Statistics, 2022), and many have experienced or are at risk of experiencing some form of abuse or neglect. Approximately three quarters have been subjected to one or more forms of violence—physical, sexual and emotional (MoGLSD, 2018). More than one in three female children have experienced sexual violence, and more than two in three male children have experienced physical violence (MoGLSD, 2018). About one in ten (11 %) has been orphaned (MoGLSD, 2019). Nearly a quarter (23 %) are poor (UNICEF and Government of Uganda, 2019), and more than half (59 %) live in a household unable to put aside money for emergencies (Gordon et al., 2019). Nearly one-third (30 %) do not complete primary school (Walakira et al., 2016). Of those in institutional care, 60 % have a living biological parent (Walakira et al., 2015).

These adverse conditions for Ugandan OVC take place in a challenging sociopolitical and economic environment: the country has suffered from a difficult colonial history; Ugandan state institutions are weak; corruption is pervasive; the country is heavily dependent on foreign aid; and the population growth rate, at three percent per annum, is high (Kamya & Walakira, 2017; KPMG 2023; Lister et al., 2006; Mamdani, 1996; Milligan, 2016; Sharpe, 2018; Walakira et al., 2016; World Bank, 2024). Given these difficulties, state and social institutions face considerable pressure to address the many needs of children at risk, even as they have constrained capacity to do so.

In response to these problems that exacerbate children's vulnerability, a formal OVC care system emerged and has been evolving since the colonial period, encompassing state institutions and policies. By OVC care system, we mean the set of arrangements within a country designed to ensure the care and protection of children who have lost one or both parents, or who have experienced or are at risk of some form of serious harm or neglect (Shawar & Shiffman, 2023). The formal system complements long-standing informal family, kinship and community practices that historically have formed the foundation of care for OVC.

This study examines the historical evolution of this formal OVC care system. The questions that guide this research are: how has this formal system evolved over time, what are the system's strengths and weaknesses, and what action is needed to surmount problems in the system? The analysis reveals that the system is characterized by comprehensive legislation and strong policies, but weak governance and heavy dependence on actors beyond the state, including international agencies and religious and other non-governmental organizations. The system's strengths and weaknesses have been shaped by several historical and political influences, especially colonialism, post-independence political turbulence, structural adjustment programs, the HIV/AIDS pandemic, the global rights movement, and weakening kinship ties.

This article is part of a research project on the governance of OVC care systems in low-income countries (Shawar & Zulu, 2025; Shawar et al., 2025; Shiffman & Min et al., 2025; Shiffman & Min, 2025; Shiffman et al., 2025). In the sections that follow, we first present the study's methodology, including a guiding framework consisting of three broad categories—policymaking, governance and context—that anchors all the analyses in the research project. Utilizing these categories, we then consider the historical and political factors that have shaped the system's evolution, strengths and weaknesses. In the discussion and conclusion, we identify policymaking and governance challenges that proponents face in seeking to augment the effectiveness of the formal OVC care system.

2. Methods

We adopted an exploratory, qualitative case study design (Yin, 2018), a methodology well suited to investigate Uganda's OVC care system in its real-life context, to examine the evolution of the system historically and to identify the system's contemporary challenges. This qualitative study design allowed us to obtain in-depth knowledge from key informants who have participated in or observed the OVC care system. The study involved both primary and secondary data collection and analysis. Primary data collection was complemented by an extensive review of existing literature relevant to understanding the Ugandan OVC care system.

2.1. Key informant interviews

Using an interview guide, we conducted 21 key informant interviews with a wide spectrum of government and non-government actors involved in policy and program design and implementation, including those who had direct interaction with children (Table 1). We identified key informants from existing documents as well as knowledge the researchers had about actors in the sector. We then used snowball sampling to identify additional individuals to interview, asking key informants for names of other individuals knowledgeable about the sector. Key informants included officials from the Youth and Children Affairs Department in the Ministry of Gender, Labour, and Social Development (hereafter referred to as MoGLSD), the Uganda Parliamentary Forum for Children, National Children's Authority, the Uganda Police Child and Family Protection Unit, national and international NGOs, and faith-based organizations. Of the 21 key informants, 5 were from public service/line ministries, 5 from semi-independent organizations in government, 10 from civil society organizations, and 1 was a researcher specializing in child welfare.

The key informants were purposively selected based on their daily interaction with the OVC care system in Uganda. Some of the interviews were conducted face-to-face while others were conducted via the Zoom platform because of the COVID-19 pandemic restrictions at the time. The interviews were conducted in English and audio recorded. All the interviews were transcribed verbatim. All field notes were typed and processed in word.

2.2. Analysis

To conduct the analysis, we used Braun and Clarke's thematic analysis techniques (Braun & Clarke, 2012), a six phase process involving familiarization with data, generating codes, searching for themes, reviewing themes, defining themes, and report writing.

The research team read and re-read the transcripts/text to identify emerging issues which were then grouped according to the objectives of the study for contextual analysis. Transcribed data was then exported into NVivo-12 for further management. A code book based on the study themes and emerging subthemes was developed and discussed among the team members. After the initial coding frame was developed, each

Table 1
Organizational affiliations of key informants.

Organization	Number of participants
Ministry of Gender, Labour, and Social Development (MoGLSD)	5 (Commissioners and Principal Officers)
Uganda Youth Development Link (UYDEL)	1 (Management)
International Labour Organisation (ILO)	1 (National staff)
UNICEF	1 (Specialist)
Makerere University	1 (Academic researcher on children)
Hope for Justice	1 (Management)
Kampala City Council Authority	1 (Officer/Supervisor on children's affairs)
Uganda Police Force	1 (Commissioner)
Transcultural Psychosocial Organization (TPO) Uganda	1 (Management)
SOS-Uganda	1 (Program Manager)
Parliament of Uganda	1 (Member of Parliament, Chairperson of a Committee)
National Children's Authority	1 (Management)
Justice Law and Order Sector for Children	1 (Program Coordinator)
Childs I Foundation	1 (Management)
Regional Psychosocial Support Initiative (REPSSI), Uganda	1 (Management)
Africhild Centre, Makerere University	1 (Management)
Uganda Child Rights Network (UCRNN)	1 (Management)

transcript was reviewed to identify new issues. Four researchers independently analyzed the twenty-one interview transcripts, exploring the data along with the key questions of the study to identify the relevant responses and to assign labels. The major themes formed the parent node, and the subthemes formed the child nodes. The research team met frequently to reconcile coding discrepancies and ensure consistent interpretations of the codebook.

To ensure the trustworthiness of the data collected, data collection tools were pretested using participants from civil society organizations. Also, the team shared the draft report with selected study participants and received feedback as a means of validating the study findings. In addition, we conducted extensive documentary reviews of published and grey literature to enable triangulation and validation of the study findings.

2.3. Framework for analysis

To conduct the analysis, we used the research project's organizing framework on political factors shaping OVC care systems (Shawar et al., 2025). The framework consists of three categories of factors—policymaking, governance and context—each with subcomponents, and is grounded in a review of relevant scholarship from political science, policy studies and sociology. Policymaking refers to the content and production of national legislation, regulations and strategies for OVC care and protection. It consists of two elements: policy content is the actual substance of policy; policy process concerns how policy is made. Governance refers to the quality of collective action on OVC care and protection. It consists of four elements, namely: i) commitment, ii) leadership, iii) coordination, and iv) capacity. Commitment pertains to the extent to which government and other national actors prioritize the issue and set up strong accountability mechanisms. Leadership concerns whether or not strong individuals and institutions exist to guide action on the issue. Coordination pertains to the extent to which government, international, non-governmental and community actors work together on the issue. And capacity refers to the skills, resources and motivation of relevant agencies within the government bureaucracy that carry out policy. The third category—context—pertains to the socioeconomic and political environment in which OVC care systems are situated, and that shapes both the problems the systems must address, and the effectiveness of the systems themselves. It consists of two primary elements – social values and social problems. Social values pertain to the beliefs families and communities hold that shape their practices with respect to care and protection of OVC, such as attitudes on kinship care. Societal problems pertain to large-scale political, socioeconomic and health difficulties—for instance pandemics—that shape the problems OVC care systems must address.

2.4. Ethical procedure

The study was approved by Makerere University School of Social Sciences Research Ethics Committee (MUSSS-2021-77) and the regulatory clearance was received from the Uganda National Council for Science and Technology (SS1064ES). Prior to data collection, all key informants were introduced to the study through a consenting process and participated voluntarily after signing a written informed consent or audio recorded consent for those whose interviews were conducted virtually. Participants were assured of confidentiality. In the study report, any identifying information was removed, and all the verbatim quotations were anonymized.

3. Results

Uganda's formal OVC care system is underpinned by a strong policy framework, but weak governance that disproportionately depends on actors beyond the state, including international donors and non-state organizations, to meet its objectives. The system's strengths and weaknesses have been shaped by historical and political context. These contextual influences include colonial rule that established the seeds of a formal OVC care system, but laid the groundwork for post-independence political turbulence, a weak state with circumscribed capacity to carry out OVC care policy, and disruption of kinship ties. Additional contextual influences were structural adjustment programs that deprived the state of resources for social protection; an HIV/AIDS epidemic that led to a crisis of orphanhood, yet helped to establish professional OVC care practices; a global rights movement that prompted the government to adopt robust OVC care policies, but also created tensions between the Ugandan and Western governments; and kinship care practices that historically have been the bedrock of OVC care, but that are under threat.

3.1. Context: sociopolitical forces behind strong policy and weak governance

3.1.1. Colonial system of OVC care disrupted by political turbulence following independence

The seeds of a formal OVC care system were planted during the colonial period, when the British Colonial Office and missionary organizations established local entities to address children's welfare. In 1918, the colonial government established a midwifery school to train girls to care for women and babies (Summers, 1991); in 1952, the Kampiringisa Rehabilitation Center to house delinquent children; in 1953, the Nsamizi Training Institute for Social Development to train social workers (Spitzer, 2019); and in 1959 the Naguru Reception Center to provide residential care for abandoned, abused and orphaned children. The colonial government also created community service departments that employed probation and social welfare officers charged with addressing the well-being of children and their families. Missionary organizations, too, addressed children's welfare, often with proselytizing aims. These included the Sanyu Babies' Home in 1929 and the Nsambya Babies' Home in 1958 for children without family care (Walakira et al., 2015), and a children's leprosy treatment center in 1930 (Vongsathorn, 2015).

Colonialism was far from a positive legacy for OVC care, however. The colonial regime exploited Uganda's ethnolinguistic diversity to maintain political control and secure financial gain (East Africa Living Encyclopedia, 2024), resulting in post-independence political instability and weak state capacity that has hampered the development of a strong formal OVC care system. In 1894, for instance, the British government declared Buganda—the principal kingdom in the area at the time— a protectorate, forming an alliance with Buganda chiefs that served British financial interests and preserved a measure of Buganda political power, but disadvantaged other kingdoms. Bunyoro Kingdom in particular suffered, as it lost land and had to furnish unpaid labor, resulting in a 1907 uprising against the colonial state.

These political and ethnic divisions continued post-independence and hampered the development of an effective state with capacity to provide social services (Britannica 2025; Lindenberg, 1991). Uganda had a strong economy at independence in 1962 tied to coffee and other exports (Lindenberg, 1991), but this economic advantage was soon squandered. The first post-independence government, headed by Milton Obote who was of Lango ethnicity, was a fragile alliance between the Uganda People's Congress Party (UPC) with a nationalist-socialist ideology, and Kabaka Yekka, a political party that represented the interests of the Buganda monarchy. Obote was unable to hold onto power and was overthrown in a coup by Idi Amin, of the Kakwa ethnic group. Amin oversaw a disastrous period for Uganda characterized by massacres of civilians and economic collapse—a 42 percent decline in per capita income during the 1970s (World Bank, 1988)—and the hollowing out of the state. Obote eventually regained political power after Amin undertook a calamitous campaign in Tanzania. But he was again ousted in a coup, and eventually replaced by General Yoweri Museveni, who has remained in power since 1986. In 2021, he won a sixth term in a series of

elections that observers have characterized as lacking transparency.

Ongoing political turbulence and autocratic rule since independence hindered the ability of the state to attend to OVC care; however, the state did undertake some initiatives. In the first quarter century after independence, the OVC care structures largely remained as established by the colonial administration. The most significant developments in the OVC care system included the establishment at Makerere University of a Department of Social Work and Social Administration in 1963 to provide training in social welfare and community development (Spitzer, 2019). Also, by 1971 the government had put in place a probation and welfare department based in the Ministry of Culture and Community Development with a mandate to regulate the registration and operation of approved children's homes as well as remand homes (Clarkson, 1971). In addition, the country established seven operational remand homes, including the Kampiringisa Rehabilitation Center whose origins were in the colonial era. And the justice system presently has a Child and Family Protection Unit and children and family courts. However, it was not until the second decade of the 21st century that the government developed a robust OVC policy framework (see below), centered on the national action plan for child wellbeing (Government of Uganda, 2016) and the Uganda National Child Policy (Government of Uganda, 2020).

3.1.2. Structural adjustment programs redirect resources from social protection

Alongside colonialism and post-independence political turbulence, structural adjustment programs (SAPs) initiated by the World Bank and supported by Western governments have hampered the development of an effective OVC care system by limiting state provision of resources for social protection (Nystrand & Tamm, 2018; Ssali, 2018; Walakira et al., 2014). The Ugandan government, after the turbulence of the Amin era, like many other low-income countries embraced a neoliberal economic agenda introduced by the World Bank in the 1980s, implementing SAPs that limited state expenditure by trimming the public service. The SAPs also redefined the government's role in the provision of social welfare services, relegating it to the periphery (Wakhweya, 1995). Although the SAPs were intended to transform the economy by making it self-sustaining through private sector leadership, the country witnessed mixed results, particularly with regard to provision of care to the most vulnerable groups—children among those most affected. During the height of the SAPs between 1980 and 1985, for instance, the country experienced an 11.3 % increase in its infant mortality rate and a 16.7 % increase in its child mortality rate (Kanji et al., 1991). The legacy of low priority for social development shaped by the SAPs persists. For instance, projected expenditure for social development in 2020/2021 was only 0.6 % of the national budget (UNICEF, 2023b).

3.1.3. HIV/AIDS disrupts families and forces national action on OVC care practices

More than any other development, the HIV/AIDS crisis placed enormous strain on the country's OVC care system. In addition to its direct impacts on health, HIV/AIDS shaped Ugandan society by increasing the number of orphaned children. A 2001 Demographic and Health Survey identified 1.6 million orphans in the country, half due to HIV/AIDS (UBOS and ORC Macro 2001). The AIDS orphan crisis spurred a proliferation of residential care facilities: between 1992 and 2013, the number of orphanages in the country increased from 30 to about 800 (Faith to Action Initiative, 2014). Many of these facilities did not meet government care standards (Mann et al., 2012), and 95 % were not appropriately licensed by the government and therefore operated in violation of child protection legislation (Faith to Action Initiative, 2014; Milligan, 2016). Moreover, many orphans were deprived of basic needs including adequate food and nutrition, healthcare, education, shelter and psychosocial care (Foster & Williamson, 2000; Walakira et al., 2017). A key informant, reflecting on the adverse effects of the HIV crisis on OVC care, commented:

> From the 1980s, we started talking about alternative care and residential care. This was a result of legal reforms and the situation then when we had HIV/AIDS scourge [and] wars. Some children … orphaned [due to HIV and AIDS] or neglected [did not have] relatives willing to take them up. This is when we began getting residential care facilities, the likes of SOS, Watoto [Child Care Ministries] and Mama Jane in Jinja. Childcare started shifting slowly because nobody was willing to care for the children and the economic situations were tough (Interview (i)4).

Yet the epidemic also spurred the initiation of some valuable OVC care practices. These practices included the holistic delivery of care encompassing both medical and non-medical services, such as psychosocial care, nutrition and support for affected families (Augustinavicius et al., 2019; Bikaako-Kajura et al., 2006; Luyirika et al., 2013). These also included interventions to improve parenting skills (Augustinavicius et al., 2019; Walakira et al., 2022). Community health workers were introduced to support care needs (Chang et al., 2021; Mwai et al., 2013). In addition, it was during this period that concepts such as case management developed (Rasanathan et al., 2014; Meya et al., 2022), and a professional social service workforce expanded (Bess et al., 2011).

One other effect of the HIV/AIDS epidemic on the OVC care system was a massive increase in resources and services from international donors, especially the US President's Emergency Plan for AIDS Relief (PEPFAR) which globally has provided care for 7 million OVC and their families (US Department of State, 2024). Since 2004, the US Government allocated $3 billion through PEPFAR to Uganda specifically, a sizable portion for care of OVC (US Embassy in Uganda, 2024). The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) also has been a major donor to Uganda for HIV/AIDS: in the period 2021–2023 alone there was an expected allocation of US$602 million in funding (Global Fund, 2024).

3.1.4. The global rights movement shapes policy but creates tensions with Western governments

Another form of international influence on Uganda's OVC care system has been the global rights movement (Ddumba-Nyanzi & Li, 2018). This movement, whose pinnacle moment was the 1989 United Nations General Assembly adoption of the Convention on the Rights of Children (UNCRC), placed pressure on governments across the world to enact laws that protect the rights and well-being of children. Uganda ratified the UNCRC in 1990, incorporated its principles into its new constitution in 1995, and passed the Children's Statute in 1996 to codify these principles (UNICEF, 2023a). The government's embrace of the UNCRC and other children's rights treaties and initiatives has provided the framework for a robust set of laws and regulations in the country protecting children (see Supplementary file no. 1).

At the same time, international pressure surrounding rights, including children's rights, has caused tensions between many Ugandan political and social leaders and citizens, on the one hand, and a number of Western governments, on the other. For instance, in 2023 President Museveni signed the Anti-Homosexuality Act, criminalizing same sex conduct. The move, widely criticized by Western governments, prompted the US government to enact visa restrictions and sanctions against certain Ugandan officials, and to curtail PEPFAR funds, redirecting more than US$ 5 million toward non-governmental organizations (United States White House, 2023).

3.1.5. Kinship care declines in the face of social change

The very need for a formal OVC care system emerged because of threats to the traditional means of caring for children at risk: kinship care. Historically, the family in Uganda has been comprised of immediate family members and an extended kinship network, whose members look after children without parental care (Matovu et al., 2020; Yiga, 2023). Scholars have documented that the role of kinship care is declining, a result of the HIV/AIDS pandemic, socio-economic

challenges, population mobility due to displacement, civil conflict and urbanization (Adamek et al., 2020; Mathambo & Gibbs, 2009), a phenomenon that has been labeled 'social rupture' (Abebe & Aase, 2007; Heymann & Kidman, 2009; Roby & Shaw, 2008). Another disruptive influence was British colonialism, which introduced the concept of the nuclear family, distorting traditional family relationships and creating tensions between official family law and customary law (Datzberger et al., 2024; Mamdani, 1996).

A key informant commented on the potential causes of the erosion of kinship care:

> Kinship care is declining, the reason being economic capacity of the would-be people to help is diminishing, families are getting smaller and narrower, and people are getting more individualistic. They would rather use their money to go for a trip and have money with the nuclear family than to send it to the relatives in the rural areas (i3).

3.2. Strong policies, weak governance

These contextual influences pertaining to history and politics—colonialism, political turbulence, structural adjustment, HIV/AIDS, the global rights movement, and decline of kinship care—have resulted in a formal OVC care system characterized by comprehensive legislation and strong policies but weak priority, low capacity and heavy dependence on actors beyond the state to deliver much needed services.

3.2.1. A strong policy framework and coherent administrative structure

Uganda's policy framework for OVC care is detailed and robust (Supplementary file no. 1), a product especially of support within the state, advocacy by domestic civil society groups, international influences, and the imperative to respond to the HIV/AIDS crisis. A centerpiece is the National Action Plan for Child Well-Being for the period 2016–2021 (Government of Uganda, 2016). The plan sought to strengthen family capacity to better care for children by creating alternative care panels in all districts; enumerate on an annual basis all institutionalized children; prevent family separation; and place institutionalized and street children in family-based care. Another milestone was the 2020 government enactment of the Uganda National Child Policy, developed to bring about cross-sectoral coordination to protect children's rights and advance child well-being with respect to survival, development, protection and participation (Government of Uganda, 2020). Beyond this, Uganda has enacted cash transfer programs as a means of reducing children's exposure to risks, enhancing household economic resilience, promoting human capital development, and providing social justice by redistributing resources to the most marginalized populations (Brooks, 2015; Ojong & Cochrane, 2021). The Ugandan experience is consistent with regional trends in OVC policy development, as several African countries have enacted robust policies on OVC care, including Botswana, South Africa, Rwanda and Zimbabwe (Kalibala & Elson, 2010; Monasch et al., 2007).

The government has also established a formal administrative structure for OVC care that on paper is comprehensive, with bodies at national, district, sub-county and community levels (MoGLSD, 2013). At the national level, the Department of Youth and Children Affairs—headed by a commissioner within the Ministry of Gender, Labour and Social Development—holds primary responsibility for child protection. At the district level, child protection is under the purview of the Community Based Services Department headed by a district community development officer, who is supported by a probation and social welfare officer directly responsible for child protection. In some districts, child protection committees have been set up to support delivery of child protection services. At the sub-county level, community development officers are expected to support probation and social welfare officers in child protection functions, and to supervise sub-county and town-level government programs. At the community level, multiple structures are assigned OVC care and protection responsibilities, including the Local Council, religious institutions, women's groups and other voluntary associations (MoGLSD, 2013).

3.2.2. Weak commitment

Despite robust policies and a seemingly cohesive set of administrative structures, government priority for OVC care is weak, evidenced especially by minimal government funding for social protection and OVC care. As noted above, in fiscal year 2020/2021 social development was projected to constitute just 0.6 % of the national budget, and by percentage was on a downward trend as the figure declined from 0.9 % for 2018/2019 to 0.7 % for 2019/2020 (UNICEF, 2023b). In the 2024/2025 national budget, social protection was allocated just 0.2 % (UGX 172 billion), which represents no change from the budget of the 2023/2024 financial year and slightly above half of the amount allocated to "special meals and drinks" (UGX 300 billion) (ISER, 2024). As a percentage of GDP, Uganda spent considerably less on social protection in 2023/24–0.17 %—than the recommended international target, and such spending has never exceeded 0.18 % of GDP in the period 2017–2024 (UNICEF, 2023b). With government priorities focused on defense, industrialization, energy and physical infrastructure (Government of Uganda, 2021; Sharpe, 2018; UNICEF, 2018; Kahungu, 2023; Grant Thornton, 2023), budgets for other sectors dwarf that for social development and OVC care. For fiscal year 2023/2024 transport and infrastructure was allocated 4.52 trillion Uganda Shillings (about US$1.2 billion), defense 3.3 trillion Uganda Shillings (about US$920 million), and agriculture 2.2 trillion Uganda Shillings (about US$610 million) (Grant Thornton, 2023). In contrast, of 2.4 trillion Uganda Shillings (about US$ 670 million) allocated by government to children's affairs in 2020 (including health and education), only 3.6 billion (about US$ one million) was for child protection (Mubangizi, 2021). Moreover, a six-year sectoral budget analysis of the Ministry of Gender and Labour Development (2016/2017 to 2021/2022) indicated that disability and the elderly took a lion's share of the budget, dwarfing that for youth and children affairs: in 2021/22 alone, 133 billion Uganda Shillings (about US$37 million) for disability and the elderly versus 4.5 billion Uganda Shillings (about US$1.3 million) for youth and children affairs (Africhild Centre, Makerere University, & ChildFund International, 2022).

3.2.3. Low capacity

These small budget allocations contribute to low capacity in the administrative system for OVC care (Milligan, 2016). One problem is inadequate staffing. Community development officers at the local council level have to oversee all aspects of development, and have little time to address OVC care (Bulwani & Twikirize, 2019). Moreover, they do not have sufficient budgets to respond to the care concerns of children (Bulwani & Twikirize, 2019; Mubangizi, 2021). Beyond this, the social services workforce assessment indicated that while 84 % of senior probation and social welfare officer positions had been filled, 51 % of these office holders also doubled as acting district community development officers, which diminished their functionality with respect to OVC care because of the heavy workload (Bulwani & Twikirize, 2019). A mapping study of alternative care institutions revealed that less than 30 percent had a qualified, acting social worker (Riley, 2012). The Kampiringisa National Rehabilitation Centre, a holding center for children taken off the streets, has not received dedicated resources to care for these children (Moore, 2010). A respondent, commenting on these issues of capacity, offered this observation about the workload of an office bearer at the local government level in urban Kampala:

> It is one of the biggest challenges to government. Look at Kampala City, Kawempe division has a population of more than 200,000 and is all served by one probation and social welfare officer (PSWO). They do probation work, they have to go to court, make social inquiry reports, attend suspect's parade at police to see whether there are no juvenile offenders, follow up on care orders and social welfare

work. All this is in the hands of one person; you will not see a PSWO here in Nakawa if it is not an adoption case (i7).

Training and skills development are also a problem. A study of OVC care institutions revealed that the majority did not have proper procedures to recruit and deploy qualified staff to work with children (Walakira et al., 2015). Probation and social welfare officers are mandated to compile a social welfare report for juvenile offenders to inform sentencing decisions; in most cases these reports are not completed (Moore, 2010). An assessment of staff in juvenile detention centers indicated that many have little understanding of children's vulnerability and risk factors (Moore, 2010). Local council executives at community levels are tasked with responding to child related issues, but many are not oriented in this role after election into office (MoGLSD, 2013). Responders to child abuse do not have skills in child friendly approaches for handling sexual exploitation: for instance, a study indicated that 42 % of law enforcement officers had poor awareness about online commercial sexual exploitation and abuse (ECPAT, Interpol, and UNICEF, 2021). A key informant from the NGO sector speaks to knowledge gaps among those in the government system:

No one takes the initiative to train them about what their mandate is in child protection. Again it takes the NGOs that come in to train them about their mandate. So the capacity gaps [and] knowledge gaps are there right from the village level. We have been delivering several trainings to national level, but of course we do it in collaboration with the respective government agencies. We have had to do training for the Child and Family Protection Unit of police, even for CIDs [Criminal Investigation Department] about child-friendly approaches to investigating cases of child sexual exploitation…. We have had to deliver training even for prosecutors. We have even had engagements with judicial officers, yes the knowledge gaps are there all across (i4).

Another key informant suggests the problems are less about staffing than about training and knowledge:

With [regard to] government investment in human capital for the social service workforce … the staffing levels we had in 2010 were around 37 % but now we are over 89 % … However, there are knowledge gaps, skills gaps, [limited] experience; attitude and mindset change [which] are lacking. If they lack this, they cannot improve on what they are doing (i6).

Yet another problem concerning capacity is corruption. A Child Protection Working Group in Uganda reports that 'quiet corruption' affects access to justice, the quality and quantity of education, and health services (Child Protection Working Group, 2018). Children and families without the resources to offer a bribe sometimes are denied access to critical protection services (Sharpe, 2018). A 2015 Violence Against Children Survey provided evidence that police and health workers demanded payment in exchange for services, resulting in infrequent reporting of violence (MoGLSD, 2018). Moreover, in 2005, the Global Fund to Fight AIDS, Tuberculosis and Malaria suspended five grants to the country following an audit report showing mismanagement in the Project Management Unit in the Ugandan Ministry of Health (Kapiriri & Martin, 2006), grants that were later reinstated. A key informant commented:

There are aspects of corruption in the system. That is why these policies are not followed. For example, if the supervisor who is a Probation and Social Welfare Officer (PSWO) went to [….] organization to supervise and found things are not in place and are done contrary to the law, the director will give you a heavy envelope to this PSWO to keep quiet even if there is a mess in the organization (i7).

3.2.4. State dependence on other actors

One consequence of weak priority and low capacity in the government's OVC care system has been heavy dependence on international agencies for funding and service delivery. Child protection funding from international donors dwarfs that coming from government. A sample of USAID and PEPFAR-funded child protection projects in Uganda reveals the historically outsized role of the US Government in particular in this sector (Supplementary file no. 2). Several of these projects have been in the tens of millions of dollars, a marked contrast to the Uganda government's allocation of just $950,000 for child protection in 2020 (Mubangizi, 2021). Another indicator of donor influence is the decline in funding going toward central budget support—the transfer of resources to the national treasury—in favor of direct financing for projects by donors. Exceeding fifty percent of public expenditure in the mid-2000s (Lister et al., 2006), donor central budget support stood at just five percent for fiscal year 2023/2024 (KPMG, 2023). A key informant reflects on implications of donor dependence for government control over OVC care and social development agendas:

We have major partners and donors. Each of them have their predetermined priorities. If you have USAID, they have certain priorities and interpretations in terms of child care and systems and what they are looking at. If you are working with them, they will be PEPFAR funded and vulnerabilities on HIV and effects on children and if they are looking at strengthening the system, they are looking at it in terms of referral and being affected by HIV. Even if it is a square and a circle you must bring into your proposal from your concept issues to do with HIV (i1).

Research for this study was conducted prior to the ascent to power in 2025 of the second Trump administration in the United States, and that administration's massive reduction of support for foreign assistance, including of PEPFAR and most USAID programs. These closures have created major difficulties for OVC service provision in Uganda, with loss of funding and critical support for many vulnerable children (Joy for Children 2025a; Joy for Children, 2025b; UNAIDS 2025). For instance, as of early 2025, all antiretroviral-providing facilities were reported to be operating at reduced capacity, some community-led and private facilities had stopped services, and services for mother to child vertical transmission prevention and early infant diagnosis had been adversely affected (UNAIDS), with an estimate that 41 newborns will contract HIV every day due to stoppage of some PEPFAR programs (Joy for Children, 2025a). In addition, a USAID-supported program providing school fees and nutritional support to OVC was shut down (Joy for Children, 2025b).

In addition to international agencies, the state has been dependent as well on non-state institutions and individuals—NGOs both domestic and international, individual contributors, private donors and religious organizations—for funding and service delivery. A sample of OVC care institutions reveals the heavy involvement of non-state actors in alternative care (Supplementary file no. 3). As noted above, many of the services for children in Uganda were started by churches or missionary-era organizations dating back to the British colonial era. After independence, some of these organizations continued to operate, and were joined by indigenous, faith-based residential facilities, run by Pentecostal pastors or churches (Milligan, 2016). Churches, faith-based organizations and people of faith play important roles in supporting the needs of the orphaned and vulnerable children across the continuum of care (Faith to Action Initiative, 2014).

While the involvement of non-state institutions in care benefits many children, the excessive reliance on these institutions has a number of adverse consequences—effects seen in other countries in Sub-Saharan Africa including Kenya whose child protection system is heavily reliant on institutional care (Chege & Ucembe, 2020). A study of these facilities revealed that many of the pastors and staff involved were ill-equipped to deliver quality OVC care services (Riley, 2012). Also, many have not registered with government and do not operate

according to the Approved Home Regulations promulgated in 2013 (Milligan, 2016; Walakira et al., 2015; Faith to Action Initiative, 2014), exposing children to exploitation and abuse (Riley, 2012; Walakira et al., 2015). In addition, many of the operators of these facilities are reluctant to resettle children or reunite children with their families when sponsorship is involved (Riley, 2012). As noted above, 60 % of children living in institutions have a living parent (Walakira et al., 2015). Analysts have documented that institutional care in Uganda has become an industry, with many institutions established as money-making entities and Western donors believing they are responding to what is being communicated as an 'orphan crisis' (Walakira et al., 2017).

In addition, such dependence on non-state institutions creates coordination problems among organizations delivering OVC care services, a function that normally the state would undertake but for lack of capacity does not. Most non-state institutions are ill-equipped to take up the coordination mantle. A key informant comments on coordination and service delivery problems that emerge because of excessive reliance on non-state institutions:

> Local government structures play a very critical role in ensuring coordination. If they are not adequately resourced to coordinate, then you find that there is very weak coordination. Other civil society organizations may work in the community without collaborating with the government structures. Their work becomes stand-alone interventions (i4).

These government capacity deficiencies notwithstanding, the introduction of Universal Primary Education and the country-wide implementation of child-focused health programs such as national immunization indicates that the government does have the ability to implement national interventions to help improve the welfare of children. The problems may lie less in inherent state capacity than in the willingness of the state to address OVC care.

4. Discussion

4.1. Factors underpinning the system's shortcomings

Uganda's formal OVC care system has not adequately addressed the needs of the country's many at-risk children. The factors that underpin the system's shortcomings correspond to ones in the framework that encompasses the categories of context (with sub-categories of social values and societal problems), policymaking (sub-categories of policy content and policy process) and governance (sub-categories of commitment, leadership, coordination and capacity).

4.1.1. Context

The system's weak performance cannot be understood without consideration of contextual influences. Specifically, Uganda's troubled political history and challenging social problems have made it difficult to establish well-functioning OVC care institutions, and have eroded social values surrounding kinship care that historically have anchored informal care for OVC.

While British rulers and missionaries during the colonial era set up the country's first formal care institutions, the legacy of colonialism on OVC care has been predominantly negative. The British exploited ethnic tensions in the country for their own financial and political gain, resulting in a turbulent post-independence history characterized by political instability, autocratic rule, and a weak state with inadequate capacity to carry out social programs effectively. These findings are consistent with recent development studies scholarship on Uganda that shows that social welfare policies were a product of unequal power relations and emerged from state-making initiatives following colonial rule (Glasman & Schlichte, 2023).

Another problematic influence was pressure from international financial institutions, such as the World Bank, which embarked on an ambitious neoliberal program of structural adjustment that left social programs, including OVC care, starved for resources. While the long-term effects of these policies on health outcomes and health systems have been recognized, the findings here show their effects on social welfare programs as well (Pfeiffer & Chapman, 2010).

The HIV/AIDS epidemic was arguably the greatest shock to the OVC care system in the post-independence era, a point made by other social work research on sub-Saharan Africa (Lachman et al., 2002). While it led to the introduction of useful practices such as case management, it dramatically increased the number of orphans in the country, overloading an already weak OVC care system.

These problems have been compounded by shocks to the informal care system—the family, kinship and community structures that historically have been the foundation for OVC care. British colonial legacies, impoverishment, urbanization and pressure on families arising from the HIV/AIDS epidemic have led to the erosion of kinship ties—trends observed in many sub-Saharan African countries (McMahan et al., 2017). These shocks resulted in a weakened informal care system and a level of demand on the formal care system that the government cannot adequately meet (Milligan, 2016).

4.1.2. Policymaking

Despite—and in part in response to—these challenges, the Ugandan government has managed to put in place a set of policies for OVC care with strong content. The robust set of policies is a function of pressure on government from civil society groups, international agencies, and actors within the state, and the imperative to address social problems including the HIV/AIDS orphan crisis. These policies are anchored by the National Action Plan for Child Well-Being, which outlines comprehensive measures to protect vulnerable children, and by the Constitution, which enshrines protection for children's rights and well-being. In addition, the government has established an administrative structure for OVC care that on paper appears comprehensive, with designated officials at national, district, sub-county and community levels.

These forces that have shaped the policy process have inadvertently skewed some priorities in Uganda. For instance, a number of international agencies have emphasized deinstitutionalization above other priorities, resulting in the neglect of other critical aspects of the OVC care agenda, such as enhancing family care to prevent separation. Other African countries have experienced these skewing effects as well, including Ghana, Rwanda and Zimbabwe (Frimpong-Manso, 2014; Murthi & Jayasooriya, 2020; Muchacha et al., 2020).

4.1.3. Governance

At the heart of Uganda's OVC care problems are difficulties surrounding governance: the willingness and ability of government to devote resources to the problem, to lead and coordinate actors, and to take action to address the country's OVC care challenges. The government offers little commitment to OVC care, as evidenced by the minimal resources it provides for social and child protection, a challenge that many sub-Saharan African countries grappling with extensive child vulnerability face (Milligan, 2016). Its budget allocations indicate that its priorities lie elsewhere—in defense, industrialization and infrastructure development. Moreover, despite the apparently cohesive administrative structures in place, the government lacks the ability to exercise effective leadership and coordination of the OVC care sector, a phenomenon that may have been exacerbated by problems with decentralization reform (Namakula et al., 2023). This inability has resulted in development partners and NGOs taking on coordination functions in some localities, and no coordination in other localities, a pattern observed in many countries in sub-Saharan Africa (Rosenberg et al., 2008).

A consequence of these deficiencies in priority, leadership and coordination is weak government capacity to deliver OVC care services. Staffing at all levels of government is insufficient and skills of many government personnel inadequate, resulting in many unserved OVC, with development partners and civil society organizations filling the

gaps. In these governance problems, Uganda stands in contrast to several other countries in sub-Saharan Africa including Botswana, which has a less comprehensive policy framework but spends more and achieves higher coverage of social protection (Republic of Botswana, 2019), and South Africa, with a more centralized system that has demonstrated stronger outcomes in areas such as cash transfers, monitoring, and educational support (Republic of South Africa, 2021). Uganda stands in contrast also to Rwanda which integrates OVC policies into a wider system of social and financial protection, and which has undertaken several initiatives geared toward OVC (Republic of Rwanda, 2022; UNICEF Rwanda, 2025). These initiatives include the creation of a cadre of professional child protection workers; the establishment of nearly 30,000 community child protection volunteers (known as 'Inshuti z'Umuryango' or 'Friends of the Family'); and the adoption of justice for children policies and guidance in 2013 and 2017.

4.2. Future research

The historical analysis enables us to identify several areas for future research that could result in information useful for strengthening the OVC care system. First, this study has focused on the national-level; examining instances of sub-national effectiveness in OVC care governance, especially at the district level, may provide insights for other districts, and for national-level governance. Second, it will be important to document effects of and gaps in care that have resulted from the recent, sudden withdrawal of US support for development in Uganda generally, and OVC care specifically, given the historically large role the United States has played. Alongside this, it would be valuable to assess the government and social response, particularly the extent to which state and social institutions have stepped up to fill in gaps. Third, historically it has been kinship care, not government support, that has been the bedrock of OVC care in the country. Continuing a research agenda on kinship care and how it may be strengthened is essential.

4.3. Political challenges

The analysis organized by the framework categories also enables us to identify central challenges for improving care for OVC in Uganda. These can be grouped into actions needed by government, international donors, civil society and affected families, and cross-cutting needs.

With respect to government, the primary need is to allocate sufficient domestic resources to those institutions within the state responsible for OVC care—particularly the Ministry of Gender, Labour, and Social Development—to carry out OVC care mandates. There is also a need to enhance the authority of the Ministry to coordinate and regulate the multiple state and social actors working on OVC care at national and sub-national levels. With respect to international donors, the main need is to secure additional support from donors other than the United States, given the sudden withdrawal of support by the Trump administration. This withdrawal presents an opportunity for remaining and any new donors to calibrate support in ways that guarantee the well-being of affected families and children without disincentivizing state action. With respect to civil society, a primary need is to establish mechanisms for coordination among NGOs and other non-state entities to ensure effective delivery of services at national and sub-national levels. Such mechanisms exist in Cambodia (Shiffman & Min, 2025) and Zambia (Shawar & Zulu, 2025), and there is no reason they could not emerge in Uganda. An equally crucial imperative is to augment the voice in the policy process of those directly affected—children and their families—so that policies and programs are carefully tailored to their needs.

There are several needs that are cross-cutting. Especially crucial is to enhance policies and programs that could reverse the decline in the quality of traditional, informal modes of care for OVC, particularly kinship care—historically the bedrock for the protection of OVC—so that care systems are culturally appropriate and in line with the day-to-day realities of Ugandan children. Another need is to strengthen human resource capacity, especially at sub-national levels, to deliver coordinated care for OVC, a challenge that demands coordinated action by government, international donors and civil society institutions.

Far from purely technical or policy design concerns, these needs are political. Ugandan political leaders remain insufficiently concerned about OVC, and these children lack the political power to make these leaders concerned. In this respect, two challenges require attention. First is the construction of government capacity to exercise effective stewardship over a national OVC care system, including both formal and informal components. This is a challenge that requires involvement of the Office of the Presidency to ensure these ministries are given sufficient political backing to exercise oversight and facilitate coordination. Second is the formation of a political coalition linking actors involved with OVC care—including those within the state, international agencies, religious institutions, civil society organizations and affected families. This coalition should establish an internal governing structure, and use its power to push political leaders to provide the resources needed for OVC care. The coalition needs to frame the issue of OVC care as both a moral imperative—one that shapes Uganda's standing in the international arena, and as a development issue—one that affects the country's future economic prospects.

In sum, while Uganda has made some progress in the past several decades in augmenting the quality of care for OVC, the country has far to go. The government will not address the enormous needs of these children unless a political coalition forms that pushes it to do so.

Declaration of competing interest

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Author contributions

EJW, ADK, RN, and JS conceptualized this research. IK, RN, and ADK conducted interviews. RN and IK conducted the document review. RN and IK led data analysis with input from EJW and ADK. All authors (EJW, ADK, RN, IK, and JS) were involved in drafting, editing and revising this manuscript.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2025.108472.

Data availability

To protect the confidentiality and anonymity of key informants, the interview transcripts that have been used are confidential.

References

Abdullah, A., Cudjoe, E., & Manful, E. (2018). Barriers to childcare in children's homes in Ghana: Caregivers' solutions. *Children and Youth Services Review, 88*, 450–456.

Abebe, T., & Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science & Medicine, 64*, 2058–2069.

Adamek, M. E., Chane, S., & Kotecho, M. G. (2020). Family and Kin care of elders in Sub-Saharan Africa. In P. Maharaj (Ed.), *Health and Care in Old Age in Africa* (pp. 61–77). London: Routledge.

Adebayo, K. O., & Ogunbanwo, A. O. (2017). Children without a family should come out!: Sociocultural barriers affecting the implementation of interventions among orphans and vulnerable children in Nigeria. *Vulnerable Children and Youth Studies, 12*(4), 375–383.

African Union, & ACERWC (African Committee of Experts on the Rights and Welfare of the Child).. (2023). *Children without Parental Care in Africa*. Maseru, Lesotho: ACERWC.

Africhild Centre, Makerere University, & ChildFund International. (2022). *Budget analysis for child protection in Uganda, FY/2017/18-FY2021*. Kampala, Uganda: Africhild Centre and ChildFund International.

Augustinavicius, J. L., Familiar-Lopez, I., Winch, P. J., Murray, S. M., Ojuka, C., Boivin, M. J., & Bass, J. K. (2019). Parenting self-efficacy in the context of poverty and HIV in Eastern Uganda: A qualitative study. *Infant Mental Health Journal, 40*(3), 422–438. https://doi.org/10.1002/imhj.21774

Ballet, J., Konaté, F., Kouamé, S. Y., Maternowska, C., & Olié, L. (2022). Child protection policy: Understanding drivers of violence affecting children in Côte d'Ivoire. *Development Policy Review, 40*(1). https://doi.org/10.1111/dpr.12548

Bess, A., López, L., & Tomaszewski E. (2011). *Social Welfare Workforce Strengthening Conference: Investing in those who care for children. Conference Report*. USAID: Cape Town. https://www.socialserviceworkforce.org/system/files/resource/files/Investing_in_Those_Who_Care_for_Children_Social_Welfare_Workforce_Strengthening_Conference_Conference_Report_1.pdf (Accessed. Feb. 24, 2024).

Bikaako-Kajura, W., Luyirika, E., Purcell, D. W., Downing, J., Kaharuza, F., Mermin, J., Malamba, S., & Bunnell, R. (2006). Disclosure of HIV status and adherence to daily drug regimens among HIV-infected children in Uganda. *AIDS and Behavior, 10*, 85–93. https://doi.org/10.1007/s10461-006-9141-3

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in Psychology* (Vol. 2). American Psychological Association. https://doi.org/10.1037/13620-004.

Britannica. (2025). *Museveni in office*. Britannica, e-document. https://www.britannica.com/place/Uganda/Museveni-in-office. (Accessed January 15, 2024).

Brooks, S. M. (2015). Social Protection for the poorest: The adoption of antipoverty cash transfer programs in the global south. *Politics & Society, 43*(4), 551–582. https://doi.org/10.1177/0032329215602894

Bulwani, G. K., & Twikirize, J. (2019). *Functional review of the government social service workforce in relation to child protection*. Kampala: Ministry of Gender Labour and Social Development.

Canavera, M., Lanning, K., Polin, K., & Stark, L. (2016). "And then they left": Challenges to child protection systems strengthening in South Sudan. *Children & Society, 30*(5), 356–368.

Chang, L. W., Mbabali, I., Hutton, H., Amico, K. R., Kong, X., Mulamba, J., Anok, A., Ssekasanvu, J., Long, A., Thomas, A. G., & Thomas, K. (2021). Novel community health worker strategy for HIV service engagement in a hyperendemic community in Rakai, Uganda: A pragmatic, cluster-randomized trial. *PLoS Medicine, 18*(1), Article e1003475. https://doi.org/10.1371/journal.pmed.1003475

Chege, N., & Ucembe, S. (2020). Kenya's over-reliance on institutionalization as a child care and child protection model: A root-cause approach. *Social Sciences, 9*(4), 57. https://doi.org/10.3390/socsci9040057

Clarkson, E. (1971). An overseas consultant in the probation service of Uganda. *International Social Work, 14*(1), 34–41. https://doi.org/10.1177/002087287101400105

Cooper, E. (2012). Following the law, but losing the spirit of child protection in Kenya. *Development in Practice, 22*(4), 486–497.

Datzberger, S., Parkes, J., Bhatia, A., Nagawa, R., Kasidi, J. R., Musenze, B. J., & Devries, K. (2024). Young people's experiences of informal kinship care in Luwero, Uganda. *Children and Youth Services Review, 159*, Article 107527.

Ddumba-Nyanzi, I., & Li, M. (2018). *Assessing Alternative Care for Children in Uganda*. USAID: Kampala. https://bettercarenetwork.org/sites/default/files/Assessing%20Alternative%20Care%20for%20Children%20in%20Uganda_FINAL_tr-18-250.pdf. (Accessed Feb. 24, 2024).

Delaunay, V., & Germain, L. G. (2012). Institutional care and child abandonment dynamics: A case study in Antananarivo. *Madagascar. Child Indicators Research, 5*(4), 659–683.

Driscoll, J. J. (2020). The role of para social workers in rural communities in Uganda: Strengthening community resilience for the protection of children. *Child Abuse Review, 29*(5), 416–432. https://doi.org/10.1002/car.2656

ECPAT, Interpol, & UNICEF. (2021). *Disrupting Harm in Uganda: Evidence on Online Child Sexual Exploitation and Abuse*. Global Partnership to End Violence Against Children. https://www.end-violence.org/sites/default/files/2021-11/DH_Uganda_ONLINE_final%20Report.pdf. (Accessed Feb 24, 2024).

East Africa Living Encyclopedia. (2024). *Uganda history*. Africa Studies Center, University of Pennsylvania: Philadelphia. https://www.africa.upenn.edu/NEH/uhistory.htm#:~:text=British%20colonization%20of%20Uganda%20began,then%20the%20area's%20principal%20kingdom. (Accessed January 15, 2024).

Faith to Action Initiative. (2014). *Children, Orphanages, and Families: A summary of research to help guide faith-based action*. Faith to Action. http://faithtoaction.org/wp-content/uploads/2014/03/Faith2Action_ResearchGuide_V9_WEB.pdf. (Accessed February 13, 2024).

Foster, G., & Williamson, J. (2000). A review of current literature on the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS, 14*(suppl. 3), S275–S284.

Frimpong-Manso, K. (2014). From walls to homes: Child care reform and deinstitutionalisation in Ghana. *International Journal of Social Welfare, 23*(4), 402–409.

Glasman, J., & Schlichte, K. (2023). The historicity of state formation: Welfare services in Uganda and Cameroon. In K. Schlichte, & S. Stetter (Eds.), *The Historicity of International Politics: Imperialism and the Presence of the Past* (pp. 84–103). Cambridge: Cambridge University Press.

Government of Uganda. (2016). *National Action plan for child well-being 2016-2021*. Kampala: USAID and Government of Uganda.

Global Fund. (2024). *Uganda – Country overview description*. The Global Fund: Geneva. https://data.theglobalfund.org/location/UGA/overview#:~:text=The%20Global%20Fund%20currently%20has,million%20signed%20for%202021%2D2023. (Accessed January 17, 2024).

Gordon, D., Eroğlu, S., Fahmy, E., Fifita, V., Nandy, S., Oloya, A., Pomati, M., & Anderson, H. (2019). Multidimensional Child poverty and deprivation in Uganda Volume 1: The extent and nature of multidimensional poverty and deprivation. Republic of Uganda: Kampala. https://www.unicef.org/esa/sites/unicef.org.esa/files/2019-10/UNICEF-Uganda-2019-Child-Poverty-Report-Vol1.pdf. (Accessed January, 20, 2024).

Government of Uganda. (2020). *National Child Policy*. Ministry of Gender, Labour and Social Development: Kampala. https://bettercarenetwork.org/sites/default/files/2020-09/Final%20National%20Child%20Policy%20Uganda%20August%202020.pdf (Accessed, January 15, 2024).

Government of Uganda. (2021). *Budget Speech, FY 2021/22*. Ministry of Finance, Planning and Economic Development: Kampala. https://budget.finance.go.ug/sites/default/files/National%20Budget%20docs/Budget%20Speech%20FY%202021-22.pdf (Accessed, February 24, 2024).

Grant Thornton. (2023). *Uganda Budget 2023*. Grant Thornton: Kampala. https://www.gtuganda.co.ug/globalassets/1.-member-firms/uganda/media/pdf-documents/grant-thornton_budget-booklet_-2023-24.pdf (Accessed August 23, 2023).

Hailu, D. (2017). An ethnography of social assistance to Ethiopian children by non-governmental organizations: Types, adequacy and predictability. *Social Policy & Administration, 51*(5), 817–836.

Heymann, J., & Kidman, R. (2009). HIV/AIDS, declining family resources and the community safety net. *AIDS Care, 21*(sup 1), 34–42. https://doi.org/10.1080/09540120902927593

ISER. (2024). *Key Takeaways from Uganda's 2024-25 National Budget*. https://iser-uganda.org/wp-content/uploads/2024/06/Key-Takeaways-from-Ugandas-2024-25-National-Budget.pdf. (Accessed December 15, 2024).

Jamieson, L. (2017). Children and young people's right to participate in residential care in South Africa. *The International Journal of Human Rights, 21*(1), 89–102.

Joy for Children. (2025a). *Impact of USAID Funding Withdrawal on Local Communities in Uganda*. https://joyforchildren.org/impact-of-usaid-funding-withdrawal-on-local-communities-in-uganda/ (Accessed June 30, 2025).

Joy for Children. (2025b). *Uganda Faces Health Crisis as USAID Funding Withdrawal Deepens*. https://joyforchildren.org/uganda-faces-health-crisis-as-usaid-funding-withdrawal-deepens/ (Accessed June 30, 2025).

Kahungu, M. T. (2023). Government names 10 priority areas for Shs49 trillion budget. *The Polity*. https://parliamentwatch.ug/news-amp-updates/government-names-10-priority-areas-for-shs49-trillion-budget/ (Accessed January 04, 2024).

Kalibala, S., & Elson, L. (2010). *Protecting hope: Situation analysis of vulnerable children in Uganda 2009*. New York: Population Council.

Kamya, I. R., & Walakira, E. J. (2017). Perpetrators or protectors of children against violence: Police officers in Uganda and their encounters with children in street situations. In D. Kaawa-Mafigiri, & E. J. Walakira (Eds.), *Child abuse and neglect in Uganda* (pp. 179–197). Springer International.

Kanji, N., Kanji, N., & Manji, F. (1991). From development to sustained crisis: Structural adjustment, equity and health. *Social Science & Medicine, 33*(9), 985–993. https://doi.org/10.1016/0277-9536(91)90003-U

Kapiriri, L., & Martin, D. K. (2006). The Global Fund Secretariat's Suspension of Funding to Uganda: How could this have been Avoided? *Bulletin of the World Health Organization, 84*(7), 576–580. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2627384/.

KPMG. (2023). *Uganda 2023/24 budget brief*. KPMG: Kampala. https://assets.kpmg.com/content/dam/kpmg/ke/pdf/tax/2023/Uganda%202023-24%20National%20Budget%20Insights_Brief.pdf (Accessed on February 13, 2024).

Lachman, P., Poblete, X., Ebigbo, P. O., Nyandiya-Bundy, S., Bundy, R. P., Killian, B., & Doek, J. (2002). Challenges facing child protection. *Child Abuse & Neglect, 26*(6–7), 587–617.

Laird, S. E. (2011). Social work with children and families in Ghana: Negotiating tradition and modernity. *Child & Family Social Work, 16*(4), 434–443.

Laird, S. E. (2016). Protecting children from nutritional and medical neglect in sub-Saharan Africa: A five-country study. *International Journal of Social Welfare, 25*(1), 47–57.

Lindenberg, M. (1991). *Evaluating reconstruction assistance in post war Uganda: The World Bank Institutional Capacity Building*. Harvard Kennedy School: Cambridge. https://www.thecasecentre.org/products/view?id=7504. (Accessed January 04, 2024).

Lister, S., Baryabanoha, W., Steffensen, J., & Williamson, T. (2006). *Evaluation of general budget support Uganda country report. A joint evaluation of general budget support 1994-2004*. Department for International Development: Glasgow. https://assets.publish

ing.service.gov.uk/media/5a79bd4ded915d042206aadd/gbs-uganda.pdf (Accessed February 21, 2024).
Littrell, M., Murphy, L., Kumwenda, M., & Macintyre, K. (2012). Gogo care and protection of vulnerable children in rural Malawi: Changing responsibilities, capacity to provide, and implications for well-being in the era of HIV and AIDS. *Journal of Cross-Cultural Gerontology, 27*(4), 335–355.
Luyirika, E., Towle, M. S., Achan, J., Muhangi, J., Senyimba, C., et al. (2013). Scaling up paediatric HIV care with an integrated, family-centred approach: An observational case study from Uganda. *PLOS ONE, 8*(8), Article e69548. https://doi.org/10.1371/journal.pone.0069548
Mamdani, M. (1996). *Citizen and subject: Contemporary Africa and the legacy of late colonialism*. Princeton: Princeton University Press.
Mann, G. L., Long, S., Delap, E., & Connell, L. (2012). *Children living with and affected by HIV in residential care*. Every Child, Maestral and UNICEF. https://bettercarenetwork.org/sites/default/files/Children%20Living%20with%20and%20Affected%20by%20HIV%20in%20Residential%20Care%20-%20Desk-based%20Research.pdf (Accessed, Feb 24, 2024).
Mathambo, V., & Gibbs, A. (2009). Extended family childcare arrangements in a context of AIDS: Collapse or adaptation? *AIDS Care, 21*(sup1), 22–27.
Matovu, S., Rankin, S., & Wallhagen, M. (2020). Ugandan Jajjas: Antecedents and rewards of caring for grandchildren in the context of HIV. *International Journal of Older People Nursing, 15*(2). https://doi.org/10.1111/opn.12304
Meya, D. B., Kiragga, A. N., Nalintya, E., Banturaki, G., Akullo, J., Kalyesubula, P., Sessazi, P., Bitakalamire, H., Kabanda, J., Kalamya, J. N., Namale, A., et al. (2022). Impact of an intensive facility-community case management intervention on 6-month HIV outcomes among select key and priority populations in Uganda. *AIDS Research and Therapy, 19*(1), 62. https://doi.org/10.1186/s12981-022-00486-9
Milligan I. (2016). *Alternative child care and deinstitutionalisation: A case study of Uganda.* European Commission: Brussels. https://strathprints.strath.ac.uk/59819/1/Milligan_2016_Alternative_Child_Care_and_Deinstitutionalisation.pdf. (Accessed, Feb 24, 2024).
MoGLSD & UNICEF (2013). *The status of child protection systems in Uganda: Child protection systems' mapping report.* Ministry of Gender, Labour and Social Development and UNICEF: Kampala. https://bettercarenetwork.org/sites/default/files/CP%20Systems%20Mapping%20Report%20%20Printed%20Version248.pdf. (Accessed, February 24, 2024).
MoGLSD. (2019). *Orphans and other vulnerable children statistical report 2017-2018.* Kampala: Ministry of Gender, Labour and Social Development.
MoGLSD. (2018). *Uganda Violence against Children Survey: Findings from a National Survey, 2015*. Ministry of Gender, Labour and Social Development and UNICEF: Kampala. https://www.unicef.org/uganda/media/2156/file/Violence%20Against%20Children%20Survey%202018.pdf. (Accessed, Feb, 24, 2024).
Mogotlane, S. M., Chauke, M. E., van Rensburg, G. H., Human, S. P., & Kganakga, C. M. (2010). A situational analysis of child-headed households in South Africa. *Curationis, 33*(3), 24–32.
Monasch, R., Stover, J., Loudon, M., Kabira, D., & Walker, N. (2007). National response to orphans and other vulnerable children in sub-Saharan Africa: The OVC Policy and Planning Effort Index, 2004. *Vulnerable Children and Youth Studies., 2*(1), 40–59.
Moore, M. (2010). *Juvenile Detention in Uganda: Review of Ugandan Remand Homes and the National Rehabilitation Centre*. African Prisons Project. https://archive.crin.org/en/docs/Juvenile%20_detention_Uganda.pdf. (Accessed Feb. 24, 2024).
Mubangizi, P. (2021), Child-focused budgets are crucial. *Daily Monitor*. https://www.monitor.co.ug/uganda/oped/commentary/child-focused-budgets-are-crucial-3379912.
Muchacha, M., Dziro, C., & Mtetwa, E. (2020). The implications of neoliberalism for the care of orphans in Zimbabwe: Challenges and opportunities for social work practice. *Aotearoa New Zealand Social Work, 28*(2), 84–93.
Murthi, S., & Jayasooriya, C. (2020). Deinstitutionalisation and the best interest of the child: The case of Rwanda and lessons for South Asia. *Institutionalised Children Explorations and Beyond, 7*(2). https://doi.org/10.1177/2349300320932331
Mwai, G. W., Mburu, G., Torpey, K., Frost, P., Ford, N., & Seeley, J. (2013). Role and outcomes of community health workers in HIV care in sub-Saharan Africa: A systematic review. *Journal of the International AIDS Society, 16*(1), 18586.
Namakula, J., Nsabagasani, X., Paina, L., Neel, A., Msukwa, C., Rodriguez, D.C., & Ssengooba, F. (2023). What slows the progress of health systems strengthening at subnational level? A Political Economy Analysis of three districts in Uganda *medRxiv* 2023.11.09.23298302. doi: DOI: 10.1101/2023.11.09.23298302.
Nnama-Okechukwu, C., Agwu, P., & Okoye, U. (2020). Informal foster care practice in Anambra state, Nigeria and safety concerns. *Children and Youth Services Review, 112*, Article 104889.
Nystrand, M. J., & Tamm, G. (2018). Social service provision and social security in Uganda: Entrenched inequality under a Neoliberal regime. In J. Wiegratz, G. Martiniello, & E. Greco (Eds.), *Uganda: The dynamics of neoliberal transformation* (pp. 164–177). London: Zed Books.
Ojong, N., & Cochrane, L. (2021). Public policy and social protection in Africa: The rise of cash transfers. In G. Onyang (Ed.), *Routledge handbook of public policy in Africa Onyang* (pp. 488–498). Routledge.
Onayemi, O. M., Imhonopi, D., & Oyekola, I. A. (2022). Neglecting the neglected: Encumbrances to children's successful transitioning from orphanages to adoptive homes in Nigeria. *SAGE Open, 12*(1), 215824402210799.
Pfeiffer, J., & Chapman, R. (2010). Anthropological perspectives on structural adjustment and public health. *Annual review of anthropology., 39*(1), 149–165.
Rasanathan, K., Muñiz, M., Bakshi, S., et al. (2014). Community case management of childhood illness in sub-Saharan Africa – Findings from a cross-sectional survey on policy and implementation. *Journal of Global Health, 4*(2), Article 020401. https://doi.org/10.7189/jogh.04.020401
Republic of Botswana. (2019). *National Situation Analysis of Orphans and Vulnerable Children in Botswana: Executive Summary Report 2019*. USAID and 4Children. https://ovcsupport.org/wp-content/uploads/2019/10/OVC-Situation-Analysis-Report-Executive-Summary-BOOKLET-final-9-3-2019.pdf. (Accessed July 11, 2025).
Republic of Rwanda. (2022). *Third Periodic Report on the implementation of the African Charter on the Rights and Welfare of the Child*. Government of Rwanda. https://www.acerwc.africa/sites/default/files/2023-06/Rwanda%203rd%20Periodic%20Report%20EN.pdf. (Accessed July 11, 2025).
Republic of South Africa. (2021). South Africa's Third Periodic Country Report to the African Committee of Experts on the Rights and Welfare of the Child: Implementation of the African Charter on the Rights and Welfare of the Child. Government of South Africa. https://www.acerwc.africa/sites/default/files/2022-09/SOUTH%20AFRICA%202nd%20periodic%20report.pdf. (Accessed July 11, 2025).
Riley, M. (2012). *The state of institutional care in Uganda [Baseline Study]*. Kampala: Ministry of Gender, Labour and Social Development and UNICEF.
Roby, J. L., & Shaw, S. A. (2008). Evaluation of a community-based orphan care program in Uganda. *Families in Society, 89*(1), 119–128. https://doi.org/10.1606/1044-3894.3716
Roelen, K., Delap, E., Jones, C., & Karki Chettri, H. (2017). Improving child wellbeing and care in Sub-Saharan Africa: The role of social protection. *Children and Youth Services Review, 73*, 309–318.
Rosenberg, A., Hartwig, K., & Merson, M. (2008). Government-NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa. *Evaluation and Program Planning, 31*(1), 51–60. https://doi.org/10.1016/j.evalprogplan.2007.08.005. Epub 2007 Aug 28 PMID: 17949811.
Sharpe R. (2018). *Uganda: Overview of corruption and anti-corruption*. Christian Michelsen Institute: Bergen, Norway. https://www.u4.no/publications/uganda-overview-of-corruption-and-anti-corruption-2018.pdf.
Shawar, Y. R., Meraj, S., Koon, A. D., & Shiffman, J. (2025). Political factors shaping national systems of care for orphans and vulnerable children in low-income countries: Scoping review and framework. *Children and Youth Services Review, 176*, Article 108377.
Shawar, Y. R., & Shiffman, J. (2023). Global priority for the care of orphans and other vulnerable children: Transcending problem definition challenges. *Globalization and Health, 19*(1), 75.
Shawar, Y. R., & Zulu, J. M. (2025). The evolution of priority for the care of orphans and vulnerable children in Zambia. *Children and Youth Services Review, 175*, Article 108328.
Shibuya, T., & Taylor, V. (2013). Alternative care options and policy choices to support orphans: The case of Mozambique in the context of the SADC. *International Social Security Review, 66*(1), 71–95.
Shiffman, J., Kamya, I., Koon, A. D., Meraj, S., Min, S., Nakanjako, R., Walakira, E. J., Zulu, J. M., & Shawar, Y. R. (2025). The governance of national care systems for orphans and vulnerable children in low-income countries: Findings and implications. *Children and Youth Services Review*.
Shiffman, J., & Min, S. (2025). The evolution of priority for the care of orphans and vulnerable children in Cambodia. *Children and Youth Services Review*.
Shiffman, J., Min, S., Walakira, E. J., Zulu, J. M., & Shawar, Y. R. (2025). Introductory editorial: Special issue on the governance of national care systems for orphans and vulnerable children in low-income countries. *Children and Youth Services Review*.
Spitzer, H. (2019). Social work in East Africa: A mzungu perspective. *International Social Work, 62*(2), 567–580. https://doi.org/10.1177/0020872817742696
Ssali, S. N. (2018). Neoliberal health reforms and citizenship in Uganda. In J. Wiegratz, G. Martiniello, & E. Greco (Eds.), *Uganda: The dynamics of neoliberal transformation* (pp. 178–200). London: Zed Books.
Stuckenbruck, D., & Roby, J. L. (2017). Navigating uncharted terrain: Domestic adoptions in Kenya. *Child & Family Social Work, 22*(4), 1440–1447.
Summers, C. (1991). Intimate colonialism: The imperial production of reproduction in Uganda, 1907-1925. *Journal of Women in Culture and Society, 16*(4), 787–807.
UBOS and ORC Macro. (2001). *Demographic and Health Survey 2000–2001*. Calverton, MD, USA: Uganda Bureau of Statistics, Entebbe, and ORC Macro: Kampala.
UNAIDS. (2025). *Impact of US funding cuts on HIV programmes in Uganda.* UNAIDS. https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250319_Uganda_fs. (Accessed June 30, 2025).
UNICEF. (2016). *For every child, end AIDS: Seventh stocktaking report.* New York: UNICEF.
UNICEF and Government of Uganda. (2019). *Situation analysis of children in Uganda 2019*. UNICEF: Kampala. https://www.unicef.org/uganda/media/5181/file/Situation%20Analysis%20of%20Children%20in%20Uganda%202019-FINAL.pdf.
UNICEF Rwanda. (2025). *Child Protection.* https://www.unicef.org/rwanda/child-protection. (Accessed June 25, 2025).
UNICEF. (2018). *Uganda: Social Policy Outlook*. UNICEF: Kampala. https://www.unicef.org/esa/sites/unicef.org.esa/files/2018-09/UNICEF-Uganda-2018-Social-Policy-Outlook.pdf. (Accessed Feb 24, 2024).
UNICEF (2023a). *Celebrating 30 years of the Convention on the Rights of the Child.* UNICEF: Kampala. https://www.unicef.org/uganda/celebrating-30-years-convention-rights-child (Accessed January 18, 2024).
UNICEF. (2023b). *Securing Public Investment in Social Protection: Financial 2023/2024*. UNICEF: Kampala. https://www.unicef.org/uganda/media/15956/file/Social%20Protection%20Budget%20Brief%20.pdf (Accessed February, 14, 2024).
United States White House. (2023). *Fact Sheet: The United States Response to Uganda's Anti-Homosexuality Act and Persistent Human Rights Abuses*. https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2023/12/11/fact-sheet-the-united-states-response-to-ugandas-anti-homosexuality-act-and-persistent-human-rights-abuses/. (Accessed January 18, 2024).

US Department of State. (2024). *Results and Impact – PEPFAR*. https://www.state.gov/results-and-impact-pepfar/. (Accessed January 17, 2024).

US Embassy in Uganda. (2024). *The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)*. https://ug.usembassy.gov/embassy/health-programs/u-s-presidents-emergency-plan-aids-relief-pepfar-2/. (Accessed January 17, 2024).

Vongsathorn, K. (2015). A Real Home: Children, family, mission, and the negotiation of life at the Kumi Children's Leper Home in colonial Uganda. *The Journal of the History of Childhood and Youth, 8*(1), 55–74. https://doi.org/10.1353/hcy.2015.0002

Wakhweya, A. M. (1995). Structural adjustment and health. *British Medical Journal, 311* (71). https://doi.org/10.1136/bmj.311.6997.71

Walakira, E. J., Ddumba-Nyanzi, I., & Bukenya, B. (2015). *Child care institutions in selected districts in Uganda and the situation of children in care: A baseline survey report for the strong beginnings project*. Terres des Hommes Netherlands and Makerere University. https://bettercarenetwork.org/sites/default/files/Child%20Care%20Institutions%20in%20Selected%20Districts%20in%20Uganda%20and%20the%20Situation%20of%20Children%20in%20Care.pdf. (Accessed, 24 February, 2024).

Walakira, E. J., Ddumba-Nyanzi, I., & Luwangula, R. (2016a). *Strong beginnings—A family for all children project. end of project evaluation report.* Terres des Hommes Netherlands and Makerere University. https://bettercarenetwork.org/sites/default/files/Alternative%20care%20Intervention%20project%20-Evaluation%202016.pdf. (Accessed December, 05 2023).

Walakira, E. J., Kikulwe, D., Luwangula, R., Riley, M., Bukenya, B., & Ddumba-Nyanzi, I. (2017). System strengthening to improve alternative care for neglected and child survivors of violence in Uganda: Critical areas for consideration. In E. J. Walakira, & D. Kaawa-Mafigiri (Eds.), *Child Abuse and neglect in Uganda*. Netherlands: Springer.

Walakira, E. J., Muhangi, D., Munyuwiny, S., Matovu, F., Awich, E., Ddumba Nyanzi, I., Kayiwa, J., Akellot, J., Mubiri, P., Majugo, J., Mutebi, A., & Ruiz-Rodriguez, M. (2016). *The state of the Ugandan child – An analytical overview*. Kampala/Washington DC: USAID/QED.

Walakira, E. J., Nnyombi, A., Ssenfuuma, J. T., Kyamulabi, A., Kato, F., Natukunda, H. P., Lange, L., & Oliver, D. (2022). A qualitative insight into children's and care-givers' experience following re-integration from Uganda's residential care facilities into family-based care. *Global Studies of Childhood*. https://doi.org/10.1177/20436106221087297

Walakira, E. J., Ochen, E. A., Bukuluki, P., & Allan, S. (2014). Residential care for abandoned children and their integration into a family-based setting in Uganda: Lessons for policy and programming. *Infant Mental Health Journal, 35*(2), 144–150. https://doi.org/10.1002/imhj.21432

Wessells, M. G., Lamin, D. F. M., King, D., Kostelny, K., Stark, L., & Lilley, S. (2012). The disconnect between community-based child protection mechanisms and the formal child protection system in rural Sierra Leone: Challenges to building an effective national child protection system. *Vulnerable Children and Youth Studies, 7*(3), 211–227.

World Bank. (1988). *Uganda Towards Stabilization and Economic Recovery, Report No. 7439-UG*. The World Bank. https://documents1.worldbank.org/curated/en/419601468176658288/pdf/multi0page.pdf. (Accessed January 20, 2024).

World Bank. (2024). *Population growth (annual %) –Uganda.* https://data.worldbank.org/indicator/SP.POP.GROW?locations=UG. (Accessed January 30, 2024).

Yarney, L., Mba, C., & Asampong, E. (2015). Qualitative study on the socio-cultural determinants of care of children orphaned by AIDS in the Ashanti and eastern regions of Ghana. *BMC Public Health, 15*(1), Article 6.

Yiga, D. (2023). Child protection systems in Uganda. In J. Duerr Berrick, N. Gilbert, & M. Skivenes (Eds.), *Oxford Handbook of Child Protection Systems* (pp. 900–921). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197503546.013.39.

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Sage: Thousand Oaks, CA.