

# Country Care Profile

## Uganda



## Acknowledgements

This country care profile was produced under the leadership of Better Care Network (BCN) in partnership with UNICEF and with the support of the Oak Foundation. It is part of a series produced by the Better Care Network, to provide a comprehensive overview and analysis of the care reforms across different countries and regions. This initiative aims to promote information exchange and learning, as well as to encourage and reinforce care reform in other countries. For more Country Care Profiles, please visit: <https://bettercarenetwork.org/about-bcn/what-we-do/technical-guidance/country-care-profiles>.

We extend our gratitude to Gillian Mann and Emma de Vise-Lewis, from Child Frontiers, who prepared a first draft of this report in 2018, and to Ismael Ddumba-Nyanzi, who updated and completed the profile through a comprehensive review.

We also express our thanks to the technical staff from the Department of Youth and Children Affairs (DYCA) under the Ministry of Gender, Labour, and Social Development (MGLSD) for their commitment, extensive support, and valuable comments and feedback on the draft care profile. We also appreciate the many stakeholders who graciously dedicated their valuable time, despite their demanding schedules, to meet with our consultants and generously share their insights and expertise.

Lastly, we would like to thank the Better Care Network (BCN) team, particularly Florence Martin and Rebecca Nhep, for their insightful comments and suggestions throughout the process. Without their support and dedication, the preparation of this report would not have been possible.

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# Country Care Profile

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## Acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome	KCHPF	Keeping children in healthy and protective families
ACU	Alternative Care Unit	MDAs	Ministries, departments, and agencies
ACP	Alternative care panel	M&E	Monitoring and evaluation
AVSI	Association of Volunteers in International Service	MGLSD	Ministry of Gender, Labour and Social Development
BOCY	Better Outcomes for Children and Youth	MIS	Management information system
CBO	Community-based organization	NASWU	National Association of Social Workers of Uganda
CBSDs	Community-based services departments	NCA	National Children's Authority
CRC	Convention on the Rights of the Child	NCWC	National Child Well-being Steering Committee
CRS	Catholic Relief Services	NGO	Non-governmental organization
CSO	Civil society organisation	NIRA	National Identification Registration Authority
CWDs	Children with disabilities	NSPPI	National strategic programme plan of interventions for orphans and other vulnerable children
CWPC	Children without parental care	OVC	Orphans and other vulnerable children
DCOF	Displaced Children and Orphans Fund	PPP	Purchasing power parity
DYCA	Department of Youth and Children Affairs	PSW	Para social worker
DOVCU	Deinstitutionalisation of Orphans and other Vulnerable Children in Uganda project	PSWOs	Probation and social welfare officers
DHS	Demographic and Health Survey	SOCY	Sustainable Outcomes for Children and Youth
ECD	Early childhood development	SOPs	Standard Operating Procedures
FARE	Family Resilience Project	UBOS	Uganda Bureau of Statistics
FBO	Faith-based organisation	UDHS	Uganda Demographic and Health Survey
GDP	Gross domestic product	UNICEF	United Nations Children's Fund
HDI	Human Development Index	UNHCR	United Nations High Commission for Refugees
HIV	Human immunodeficiency virus	UNHS	Uganda National Household Survey
ICA	Intercountry adoption	VAC	Violence against children
INGO	International non-governmental organisation	VSLA	Village savings and loan associations
JLOS	Justice, Law and Order Sector		

# Contents

Acknowledgements	2		
Acronyms and abbreviations	4		
<hr/>			
<b>1</b>	<b>Introduction</b>	6	
1.1	Purpose and objectives.	6	
1.2	Methodology.	6	
1.3	Structure of the country profile.	6	
<hr/>			
<b>2</b>	<b>Overview of country context</b>	7	
2.1	Country context.	7	
2.2	Children's living arrangements and risk factors.	8	
<hr/>			
<b>3</b>	<b>Care system reforms in Uganda</b>	12	
3.1	Legal and policy framework.	13	
	• Ratification of key international instruments.	13	
	• National Laws and Statutory Instruments.	13	
	• Policy Framework.	16	
	• Regulations, Guidelines and Standards.	18	
3.2	Structures, Functions and Capacities.	20	
	• Government Ministries, Departments and Agencies (MDAs).	20	
	• District and Community Structures.	23	
	• Development partners and private donors.	23	
	• Civil Society Organisations (CSOs), including faith-based organisations (FBOs).	28	
	• Academic, research institutions and professional bodies.	28	
	• Committees and Networks.	29	
	• Communities, families and children.	29	
3.3	Preventing the need for alternative care.	30	
	• Family strengthening to prevent separation.	30	
	• Family reunification and reintegration.	32	
3.4	Provision of alternative care services.	35	
	• Gatekeeping mechanisms.	35	
	• Authorising and ensuring quality care.	36	
	• Formal and informal alternative care options.	36	
3.5	Leaving care and aftercare support.	45	
3.6	Domestic and intercountry adoption.	45	
3.7	Care for children during emergencies.	47	
3.8	Support system for children's care and protection.	49	
	• Social service workforce.	49	
	• Data and information management systems.	51	
	• Financing care reform.	52	
	• Public awareness and advocacy.	52	
<hr/>			
<b>4</b>	<b>Conclusion</b>	53	
<hr/>			
<b>5</b>	<b>Key areas of learning</b>	54	
	• Key results and promising practices.	54	
	• Challenges and lessons learned.	54	
<hr/>			
	<b>Annex</b>	56	
	Care reform in Uganda: Timeline of key system achievements.		

# 1 Introduction

## 1.1 Purpose and objectives

This country care profile for Uganda part of a series produced by the Better Care Network. It focuses on efforts to strengthen and improve the care system in Uganda, drawing on the Guidelines for the Alternative Care of Children. The profile covers key areas such as:

- Enactment and implementation of the legal and policy framework;
- Preventive and family support services;
- Availability and range of family-based alternative care services;
- Residential care and deinstitutionalisation efforts;
- Support for children transitioning out of alternative care arrangements;
- Domestic and intercountry adoption;
- Information management systems; and
- Social service workforce.

Additionally, the profile provides an overview of lessons learned, successes, gaps, and ongoing needs in care reform. It also offers recommendations for further work required to strengthen the national care system.



## 1.2 Methodology

The development of this care profile was informed by the UN Convention on the Rights of the Child (CRC) (1989), the Guidelines for the Alternative Care of Children (2009), the Convention on the Rights of Persons with Disabilities (2006), the African Charter on the Rights and Welfare of the Child (1990), and the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption (1993). These key international and regional frameworks informed all definitions of the range of alternative care options.

Information collected for this profile was compiled and analysed based on a review of published and grey literature, as well as documentation and reports from the Government of Uganda, NGOs, FBOs, and international agencies working on care reform at the national, regional, and global levels. Consultations were also held with key stakeholders in Uganda through face-to-face meetings, interviews, and Skype. Over 50 key stakeholders were interviewed, including representatives from relevant government departments, development partners (such as UNICEF and USAID), international and local non-governmental organisations (NGOs), academic and research institutions, and professional bodies. In all cases, informed consent was obtained, and the principles of ethical research were upheld. Primary data were not collected from children living in alternative care for this report; the experiences and perspectives of boys and girls in these circumstances presented in this report are derived from existing published and grey literature.

## 1.3 Structure of the Country Profile

The content of each of the country profiles addresses the following topics:

- Overview of country context, including the population of children living outside of family care or at risk;
- Description of child protection and child care system, including care reforms;
- Childcare national legal and policy frameworks;
- Prevention of the need for alternative care, including analysis of national deinstitutionalisation strategies and interventions;
- Analysis of formal alternative care;
- Analysis of informal alternative care;
- Domestic and intercountry adoption;
- Care during an emergency;
- Public awareness and advocacy;
- Conclusion and key lessons.

## 2 Overview of country context

### 2.1 Country context

Uganda is a landlocked country located in East Africa with an estimated population of 40.9 million, and a population density of 173 persons per square kilometre.<sup>2</sup> It is bordered to the east by Kenya, to the north by South Sudan, to the west by the Democratic Republic of the Congo, to the southwest by Rwanda, and to the south by Tanzania. The country is divided administratively into 135 districts and one city (the capital city of Kampala), which are grouped into 14 sub-regions, and Kampala capital city. Each district is further divided into counties and municipalities, and each county is further divided into sub-counties.

About 55 per cent of the country's population is below the age of 18 and approximately half (47 per cent) is younger than 15.<sup>3</sup> The Human Development Index (HDI) value for 2019 was 0.544—which put the country in the low human development category—positioning it at 159 out of 189 countries and territories.<sup>4</sup> Life expectancy at birth is 61 years for males and 65.6 years for females.<sup>5</sup>

Uganda's economy has grown substantially over the last decade, with an average real gross domestic product (GDP) growth rate of 4.89 per cent between 2010 and 2020.<sup>6</sup> Due to the effects of the COVID-19 (coronavirus) pandemic, Uganda recorded real GDP growth of 3 per cent in FY 2019/20, less than half the 6.4 per cent recorded in FY2018/19. This was the slowest rate in almost three decades, and the pace of expansion only picked up marginally to 3.3 per cent in FY2020/21.<sup>7</sup> Uganda's debt-to-GDP ratio also increased from 41.0 per cent in FY2019/20 to 49.9 per cent as of June 2021. It is projected to peak at 53.1 per cent at the end of FY 2022/23.<sup>8</sup>

Based on the new poverty line of USD 1.77 per person per day (equivalent to UGX 8,700) the share of Ugandans living in poverty stands at 30.1 per cent. In absolute numbers, an estimated 12.3 million Ugandans are living below the national poverty line, with rural areas disproportionately affected.<sup>9</sup>



**Table 1****Country Demographic, Economic and Social Indicators**

Location	East Africa
Total Population (mid 2020)	40.9 million (Uganda National Household Survey, 2019/20)
Population under 18 years (%)	55% (Uganda Demographic and Health Survey, 2016; 2014 census report)
Population under 15 years (%)	47% (Uganda Demographic and Health Survey, 2016)
Life expectancy at birth	Female: 65.6 years; Male: 61 years (UNDP Human Development Report, 2020)
Human Development Index (HDI) Score and Rank	0.555, rank 159 out of 193 countries (UNDP Human Development Report, 2023/2024)
Gross National Income* (GNI) per capita (2017 ppp Int. \$)	US\$ 2,241 (UNDP Human Development Report, 2023/2024)
Population living below the international income poverty line (as defined by UNDP HDR), (ppp Int. \$1.90 a day) (%)	41.7% (UNDP Human Development Report, 2020)
Population living below the national income poverty line, the national poverty line (%)	30.1% (Uganda National Household Survey 2019/2020)

\* Gross National Income (GNI) per capita expressed in constant 2017 international dollars converted using purchasing power parity (ppp) conversion rates.

## 2.2 Children's living arrangements and risk factors

Most children in Uganda live in parental care, but a significant number of them, 20 per cent, live in a household without a biological parent (UDHS, 2016). Poverty is widely recognised as a major driver of family and child vulnerability, leading to a variety of risks and threats including loss of parental care and family-child separation. For example, children are placed in residential care (children homes) by their parents as a result of challenges that impede their capacity to provide adequate care, including poverty and lack of access to basic social services, especially education.<sup>10</sup> Based on the national monetary poverty line, almost a quarter (23 per cent) of Ugandan children are classified as 'poor' or living in households that are below the poverty line.<sup>11</sup> Further analysis indicates that more than half (56 per cent) of Uganda's children experience multiple deprivations.<sup>12</sup> For children in households with three or more children, the figure is more than 60 per cent. In some of the poorest and most densely populated regions of the country, such as Acholi, Busoga, Karamoja, and West Nile, three-quarters or more of children are multidimensionally poor.<sup>13</sup>

Orphanhood and living arrangements are also key indicators of vulnerability for children.<sup>14</sup> According to the 2016 Uganda Demographic and Health Survey (UDHS), 9.1 per cent of children under 18 had experienced the death of one or both parents. Of those, 8 per cent had experienced the death of one parent and 1.1 per cent had lost both parents (double orphanhood).<sup>15</sup> Nearly 1 per cent (0.8%) of children under the age of 15 had experienced the death of both parents.

**Figure 1**

### Survival status of biological parents among all children under 15 and 18 in Uganda, 2016

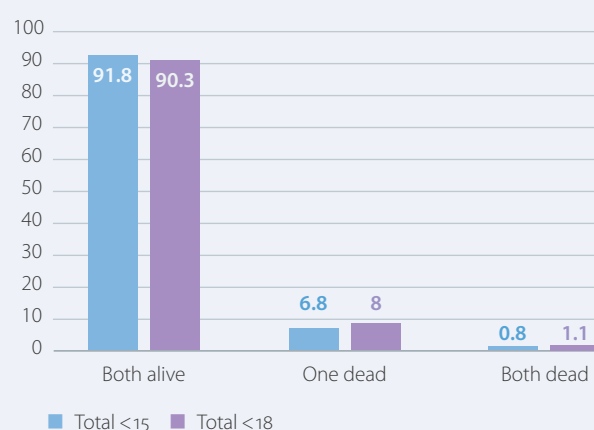
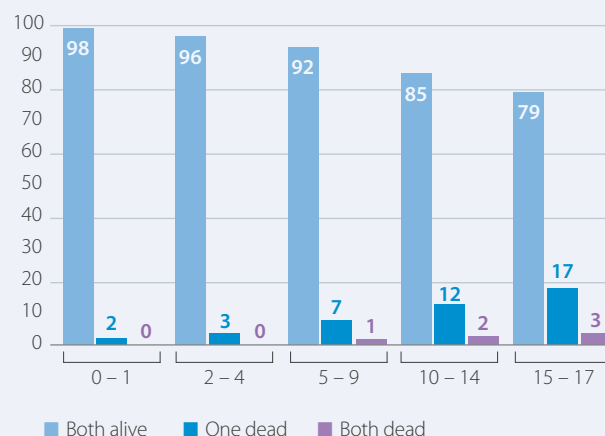


Figure 2 shows the prevalence of orphanhood by children's age. Overall, the burden of orphanhood, particularly single orphanhood, remains high, especially for the oldest age groups. For those aged 0–4 years, 2.8 per cent had experienced the death of one or both parents.

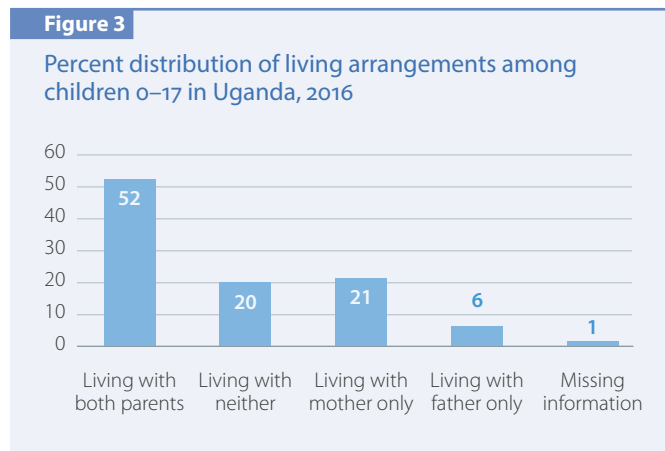
**Figure 2**

### Percent distribution of parental survival status of children, by age-group, 2016

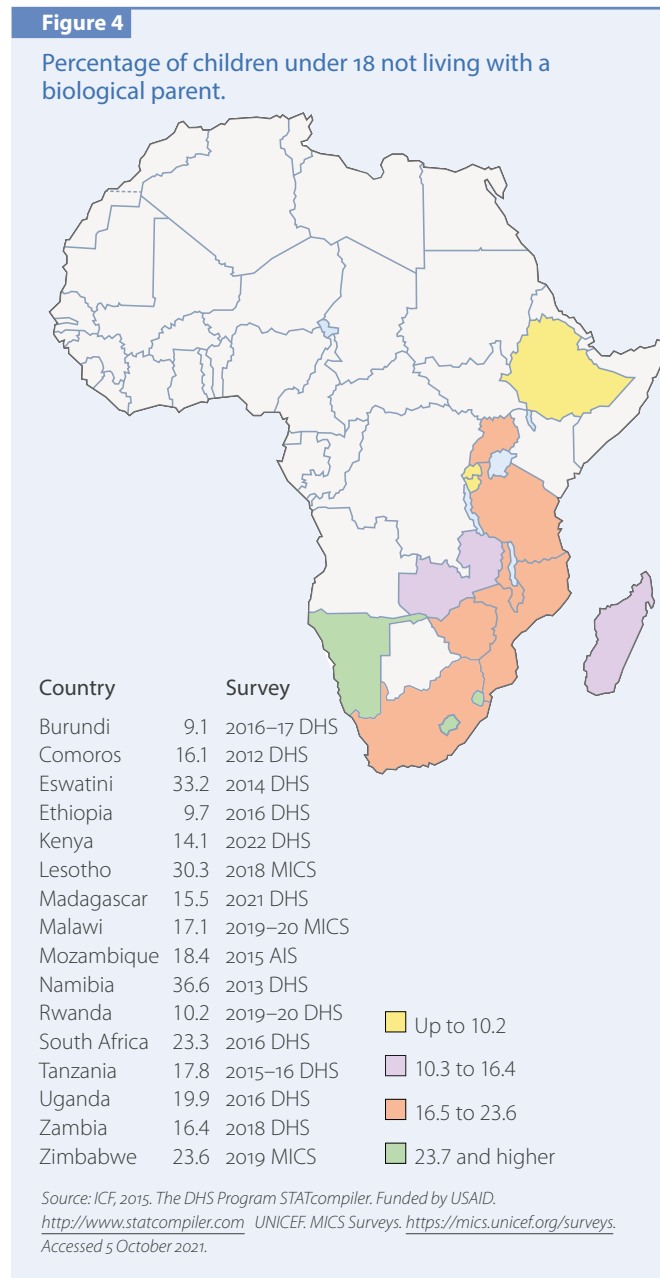


The prevalence of orphanhood also varies by region. According to the 2016 UDHS, the prevalence is comparably higher in the Acholi sub-region than in the rest of the country: 13 per cent of children under 18 had experienced the death of one or both parents. Paternal orphans are much more common than maternal orphans in the sub-region (7.4 and 5 per cent, respectively), and 3 per cent of children are double orphans. While many orphaned children continue to live in families—typically with a surviving parent or sibling or members of their extended family—a considerable number fall through the cracks of regular familial support networks.<sup>16</sup>

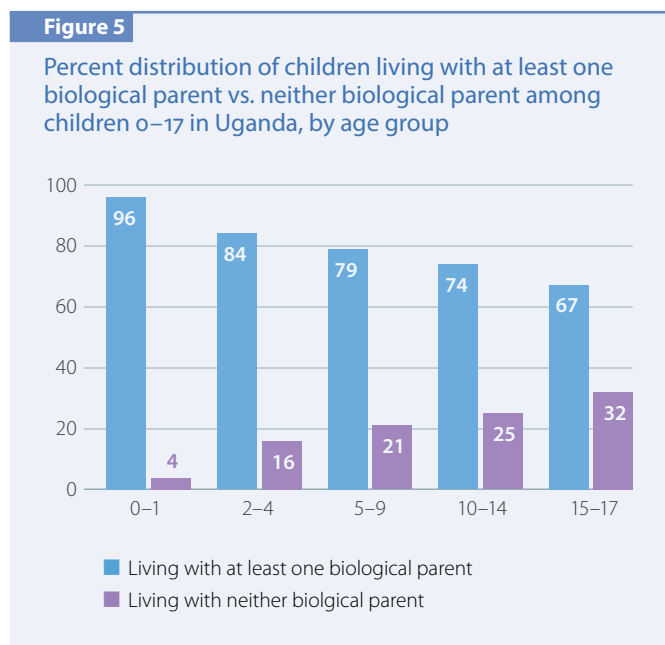
In terms of living arrangements, many children in Uganda live with only one biological parent, and a significant percentage do not live with either of their parents. According to the 2016 UDHS, 52 per cent of children under 18 live with both biological parents, 21 per cent live with their mother only, and 6 per cent live with their father only. Two in every ten children (20 per cent) do not live with either of their biological parents (see Figure 3). This is striking as the prevalence of double orphanhood has decreased steadily in Uganda over the last decade, from 3 per cent in 2006 to 1 per cent in 2016. At the same time, the percentage of children not living with biological parents, even though both parents are alive, increased by 3 per cent compared to 2011 UDHS data. In the context of the Eastern and Southern African region, Uganda is among countries with a higher prevalence of children not living with a biological parent (see Figure 4).



There are also significant variations in living arrangements across age groups, rural versus urban settings, and regions. Notably, younger children are more likely to be living with at least one biological parent compared to older children. Part of this can be explained by the death of a biological parent. Since more children experience the loss of a parent as they get older, the proportion of children living with their only surviving parent increases with age. For example, according to 2016 UDHS data, 63 per cent of children under age 4 lived with both parents. In comparison, among adolescents aged 15 and 17, only 38 per cent lived with both parents.<sup>17</sup>



Strikingly, the proportion of children aged 2–4 years not living with their biological parents is five times higher compared to those aged 0–1 years (16 versus 4 per cent). Data also shows that over 3 per cent of the children aged 0–4 years live with only their biological father even though their mother is alive. This is more pronounced among children aged 2–4 years compared to those aged 0–1 (3.4 versus 0.9 per cent), (see Figure 5). This is very significant for such a young and critical age. More research is needed to understand the mechanisms behind these living arrangements and their implications in terms of children’s well-being.

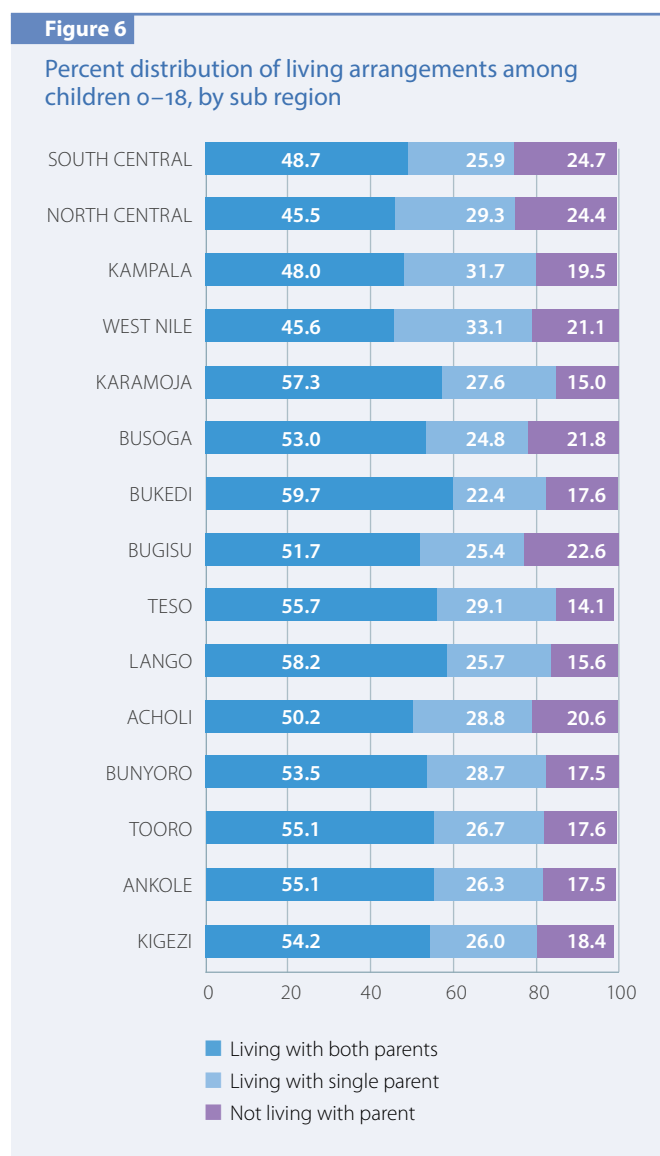


Regarding geographic location, the proportions of young children not living with either biological parent, even when both are alive, is comparably higher in urban areas (17 per cent urban versus 15.2 per cent rural). The same holds true for children living with their mother only, even though their father is alive (19.3 per cent urban vs. 16.7 per cent rural), with a particularly high prevalence in Kampala.

Further (see Figure 6), 2016 UDHS data revealed that while orphanhood is much more prevalent in the north of the country, the prevalence of children not living with a biological parent is significantly higher in the Central (Buganda) region (24.7 per cent South Central versus 24.4 per cent North Central). Furthermore, the high prevalence of children not living with a biological parent, even when both parents are alive, is also comparably high in the Buganda/Central region: 19.6 per cent in North Central and 19.5 per cent in South Central compared to 12.3 per cent in Acholi and 11.5 per cent in Teso and Lango. This indicates that, except for Uganda’s northern region, orphanhood is not the major reason why children are not living with their biological parents.

An analysis of the 2011 DHS data for Uganda on the living arrangements of children ages 0–17 not living with a biological parent found that 96 per cent of these children lived in households headed by a relative, highlighting the critical role played by kinship care in the country. The child’s age strongly correlated to kinship care arrangements; children under age 2 were more likely to live in households headed by grandparents (84 per cent), compared to only 29 per cent of children aged 15–17. These older children were equally likely to live in a household headed by their aunts or uncles.<sup>18</sup>

Data also indicates that 0.3 per cent of households in Uganda are headed by children.<sup>19</sup> Children living in child-headed households (CHHs) are at increased risk of neglect, violence, sexual assault, and other forms of abuse.<sup>20</sup>



Estimates also indicate that more than 20,000 children are living and/or working on the streets in Uganda.<sup>21</sup> A 2017 enumeration of street-connected children carried out across four districts (i.e. Kampala, Jinja, Iganga, and Mbale) indicated that there were 15,476 children aged 7-17 years and 763 children under the age of 7 living and/or working on the streets in these four locations, 26 per cent of them in Kampala.<sup>22</sup>

The number of children aged 7-17 years identified as living on the streets was 3,822, with over 2,600 children living on the streets in Kampala.<sup>23</sup> The study revealed that some children living and/or working on the streets retain family connections; when asked whether they had parents living in the district, around 50 per cent of children working on the streets and 25 per cent of children who were homeless in Iganga, Jinja and Mbale replied that one or both parents were living within the district. In Kampala, far fewer children reported that their parents were in the district: only 18 per cent of children working on the streets and 10 per cent of children living on the streets said their parents were living in the district. Regarding family life, children working on the streets and returning to homes to sleep mostly reported sleeping in a home with family members in Iganga, Jinja, and Mbale (86 per cent), whilst in Kampala over half slept in homes with other children.<sup>24</sup>

Further, available data indicates that there are 15,250 children residing in 363 children's homes in Uganda, with slightly more boys than girls (51% vs. 49%).<sup>25</sup> Nine percent of the children in care have at least one form of disability. Nearly half children in residential care are below 10 years of age (47 percents), with 9 percent under 3 years. Research also shows that more than two-thirds of the children living in residential care in Uganda have a living parent and could live with their families given the right support services.<sup>26</sup> Reasons for placement of children in residential care include material poverty and lack of access to basic social services, violence or neglect in the household, child abandonment, parental death or illness, and other factors affecting family functioning (such as marriage breakdown or parental drug and alcohol abuse).<sup>27</sup>

Disability is one of the main causes of child abandonment<sup>28</sup> and placement of a child in residential care. According to the 2017 Uganda Functional Difficulties Survey, seven per cent of children aged 5 to 17 years and four per cent of children aged 2 to 4 years have at least one form of disability.<sup>29</sup> Further, analysis of data from children homes indicates that between 7 and 9 per cent of children living in residential care have at least one form of disability.<sup>30</sup> Research suggests that parents can more easily become stressed with the demands placed on them from parenting a child with a disability, and families often struggle to balance earning a living with caring for a child with disabilities.<sup>31</sup> In addition, children with disabilities (CWDs) are abandoned due to the stigma surrounding disability, extra costs associated with caring for CWDs and inadequate access to specialised services in

communities, including inclusive education.<sup>32</sup> Families with CWDs are found to spend around 31 per cent more on education-related costs, on average, in comparison to families with children without disabilities. This is even higher for families of children who face more severe forms of disabilities: these families spend around 50 per cent more, on average.<sup>33</sup>

Family-child separations within the context of forced displacement during humanitarian emergencies also remain a major concern in the regional context. The official statistics from the Office of the Prime Minister (OPM) and the United Nations High Commissioner for Refugees (UNHCR) indicate that by January 2022, Uganda was hosting over 1,582,892 refugees and asylum seekers,<sup>34</sup> primarily from neighbouring South Sudan and the Democratic Republic of the Congo, as well as Burundi and Somalia. About 60 per cent of this population are children.<sup>35</sup> Refugee children face diverse protection risks, including separation from their parents and other family members. In the context of Uganda, the number of unaccompanied or separated refugee children (UASC) is particularly high, with over 35,455 UASCs registered with the OPM.<sup>36</sup> For details on care for children in emergencies, see section 3.7.



PHOTO: CHILD'S FOUNDATION

### 3 Care system reforms in Uganda

This section provides an overview and analysis of the care reforms in Uganda.<sup>37</sup> The analysis focuses on six key system components of the care systems: governance, financing, social services workforce, services, and interventions for children without or at risk of losing parental care, evidence and data for decision-making, and public awareness and advocacy efforts to promote positive norms and/or foster social norm change. The key elements for each component are summarised in Table 2.

**Table 2**

#### Key elements of a national care system

Care system component	Key elements
Governance	<ul style="list-style-type: none"> <li>Legislation, policies, and guidelines supportive of effective care; standards and enforcement mechanisms.</li> <li>Structures, functions and capacities.</li> <li>Gatekeeping mechanisms and procedures for authorising and ensuring the quality of care.</li> <li>Effective coordination mechanisms.</li> </ul>
Services	<ul style="list-style-type: none"> <li>Services across the continuum of care are accessible and meet standards.</li> <li>Effective case management and gatekeeping processes.</li> <li>Provision of appropriate and monitored care for children.</li> <li>Focus on prevention.</li> </ul>
Social Service Workforce (Professional and Paraprofessional)	<ul style="list-style-type: none"> <li>Adequate and qualified workforce.</li> <li>Planning, development, and support of the workforce</li> </ul>
Finance	<ul style="list-style-type: none"> <li>Financial resource allocation and expenditure on children's care.</li> </ul>
Evidence and data for decision-making	<ul style="list-style-type: none"> <li>Robust data collection, information management and reporting systems</li> <li>Availability of reliable, useful, and timely data for decision making</li> <li>Programme-specific monitoring and evaluation</li> <li>High-quality research</li> </ul>
Public Awareness and advocacy	<ul style="list-style-type: none"> <li>Communication, advocacy, and social mobilisation activities</li> </ul>

**Table 3**

#### Status of Uganda's ratification of key international and regional child rights instruments

Convention or Protocol and year of adoption	Entry into Force	Status of ratification	
		Status	Date
UN Convention on the Rights of the Child (CRC), 1989	02 Sept 1990	Ratified	16 Sept 1990
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, 2000	18 Jan 2002	Ratified	30 Nov 2001
Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, 2000	12 Feb 2002	Ratified	06 May 2002
African Charter on the Rights and Welfare of the Child (ACRWC), 1990	29 Nov 1999	Ratified	17 Aug 1994
UN Convention on the Rights of Persons with Disabilities (CRPD), 2006	03 May 2008	Ratified	25 Sept 2008
International Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), 1979	03 Sept 1981	Ratified	22 Jul 1985
International Labour Organization (ILO) Minimum Age Convention, 1973, (No. 138)	19 Jun 1976	Ratified	25 Mar 2003
International Labour Organization (ILO) Convention, 1999 (No. 182) (Worst Forms of Child Labour) Convention	19 Nov 2000	Ratified	21 Jun 2001
Refugee Convention, 1951	22 Apr 1954	Ratified	27 Sept 1976
Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption (Hague Convention), 1993	01 May 1995	Non-Party	

### 3.1 Legal and Policy framework

#### Ratification of key international instruments

Uganda has ratified or is a signatory to several key international and regional conventions and protocols that provide the framework for care reforms (see Table 3). In so doing, the country has assumed various obligations to promote family care and family-based alternative care. However, progress in implementing the provisions reflected in the different instruments remains uneven. Furthermore, Uganda is not a party to the 1993 Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption,<sup>38</sup> and the domestic legislation on intercountry adoption (ICA) has not been revised to ensure full compliance with the provisions of the Convention.

#### National Laws and Statutory Instruments

Uganda has a strong national legal and policy framework related to children's care and protection (see Table 4). The Constitution of the Republic of Uganda 1995 (as amended, 2018) is the supreme law of the land, with which all other sources of law and every enactment or judicial decision must be in conformity.<sup>39</sup> Article 34 of the Constitution deals specifically with children's rights and

Article 31 deals specifically with the rights of the family, recognising parents as rights holders and the primary duty bearers for the care of children.

The Children Act, Cap 59 is the principal legislation governing the care and protection of children.<sup>40</sup> The Act covers the child's right to grow up in an appropriate family environment and contains provisions on care, protection, and maintenance. The Children Act was amended in 2016 to reform and consolidate the law relating to children. The Children (Amendment) Act, 2016 establishes new protective legislation regarding the guardianship of children, intercountry adoption, and protection of children from multifarious forms of violence.<sup>41</sup> Specifically, it places a duty on the Ministry of Gender, Labour and Social Development (MGLSD) to develop a comprehensive national strategy for targeted prevention and early intervention programmes for children and their families across the country, restricts legal guardianship to citizens of Uganda, recognises fostering as an essential precursor to adoption and reduces fostering requirement to 12 months, and provides for intercountry adoption as the last option available to orphaned, abandoned or legally relinquished children—after all alternative care options have been exhausted.<sup>42</sup>



PHOTO: UNICEF/UN059779/OSÉ

**Table 4****National laws and statutory instruments**

National laws and policies	Description
Constitution of the Republic of Uganda 1995 (as amended, 2018).	The Constitution is the supreme law of the land and all laws flow from and must be consistent with the provisions and the spirit of the Constitution. The Constitution underscores the right of all children to parental care and protection (Article 34(1)). It is the right and duty of parents to care for and bring up their children (Article 31(4)) Children may not be separated from their families, or the persons entitled to bring them up against the will of their families or of those persons, except in accordance with the law (Art. 31(5)). The Constitution has a comprehensive Bill of Rights that is also applicable to children (see Article 21).
Children Act, Cap 59 (amended in 2016).	Provides the overarching legal framework for the care and protection of children and embeds the main principles of the Convention on the Rights of the Child (CRC).
Local Government Act, Cap. 243 (1997), as amended in 2020.	Outlines the duty of the local government to protect and promote the welfare of children (s.10). As per the Local Governments Act (as amended, 2020), local authorities are mandated to deliver children's care and protection services.
<u>Persons with Disability Act (2020).</u>	Provides for the right to quality education, health, and rehabilitation services and prohibits discrimination against persons with disabilities (PWD), including children.
Refugee Act (2006).	Section 32 of the Refugee Act provides that every refugee child is entitled to the rights and freedoms provided for in the Children Act, Cap 59 (amended in 2016).
Penal Code Act, Cap 120 (as amended).	Defines criminal violations including violations against children and provides for sanctions. Amendments provide for the charge of child-to-child sex. The Penal Code Act also contains definitions and several offences relevant to the involvement of officials and non-officials in falsifying documentation (Section 89), which is a common element of 'paper orphaning' to facilitate intercountry adoption (see section 3.6 of this report). The Penal Code Act also contains offences that relate to forcible or fraudulent removal or relinquishment of children from parental responsibility or guardianship (Section 159).
The Education Act (2008).	Provides for the decentralisation of education services and implementation of the education policy of the Government, and it clarifies the functions and services provided by the Government.
The Prisons Act (2006).	Section 59 of the Act allows children born in custody to stay with their mothers in prison until they are 18 months old. It also mandates the State to provide clothing and other 'necessities of life' to infants living with their mothers in prison, until they reach the age they are to be removed from the prison. When an infant reaches the age of 18 months, the law requires that the infant be placed with a relative or family friend willing and able to provide support. When this option is not available, the infant is to be placed under the care of a child welfare institution (Prisons Act of 2006, section 59).
Prevention of Trafficking in Persons Act (2009).	Creates offences and sets out the steps for the prosecution and punishment of offenders, protection of victims of trafficking in persons, and other related matters. The PTIP Act lists over 35 offences including offences of aggravated trafficking in persons, child trafficking, attempt, conspiracy, failure to act, and promoting trafficking in persons, among others. Section 4 of the PTIP sets out the conditions under which an act of trafficking is considered an aggravated offence. A person commits the offence of aggravated trafficking where: (a) the victim of trafficking is a child; and (b) adoption, guardianship, fostering and other orders in relation to children are undertaken for exploitation. Section 4(b) specifically includes the use of care orders, including but not limited to adoption, guardianship and fostering, to facilitate exploitation. In doing so, the Act recognises as a form of aggravated trafficking, situations where care orders are misappropriated to facilitate the transfer of a child under the guise of 'legality' into an alternative care setting for exploitation. In addition, <sup>43</sup> section 4(d) enables aggravated trafficking charges to be brought against other organisations that, under the guise of charity, are involved in unlawfully recruiting/transferring/receiving children into approved or unapproved children homes, for exploitation

*continued...*

**Table 4***... continued*

National laws and policies	Description
Domestic Violence Act, 2010.	Specifies domestic violence as a ground for the removal of a child from parental responsibility. A protection order issued under the provisions of the Domestic Violence Act can include an order to temporarily award custody of a perpetrator's child to another person or institution, thus suspending the perpetrator's parental rights and responsibilities (section 13).
Divorce Act (Cap 249).	Includes specific provisions on custody of children, and maintenance during divorce, separation, or nullity.
Succession Act (Cap 162), amended in 2022.	Provides for succession matters for both testate and intestate succession in case of the death of an adult male or female.
Birth and Death Registration Act (Cap 390).	Consolidates the law relating to the registration of births and deaths.
Prohibition of Female Genital Mutilation Act (2010).	Prohibits female genital mutilation/cutting (FGM/C), which is one of the key drivers of family-child separation.
<b>Relevant statutory instruments</b>	
Children (Approved Homes) Rules No. 52, 2013	These rules stipulate minimum quality standards for children homes, including requirements and processes for the approval of homes providing substitute family care, the admission of children into approved homes, frequency of inspection, and reporting.
Adoption of Children Rules, 1997 (Statutory Instruments No. 52, 1997).	Outlines procedures for application and approval for adoptions.



PHOTO: UNICEF/3E1A2698/Karin Scherbrucker

## Policy Framework

Several policies and frameworks have been developed over the last decade to enhance children's care in Uganda (see Table 5). For example, on 22 June 2020, the Cabinet approved a National Child Policy (NCP)<sup>44</sup> to replace the National Orphans and Other Vulnerable Children Policy (NOP), 2004.<sup>45</sup> The policy was developed following a comprehensive review of the NOP and the second National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children (2011/12–2015/16).<sup>46</sup> The NCP outlines care and protection for children as one of the four key national priorities, and the National Child Policy Implementation Plan (2020–2025) underlines key actions and activities to strengthen and support families to care for children, and for children without parental care, to ensure access to quality and disability-inclusive alternative family-based care options.<sup>47</sup>

The National Framework for Alternative Care (NFAC), 2012 provides guidance on the processes, structures, and services to support children without parental care and those at risk.<sup>48</sup> The Framework emphasises the primacy of family care and delineates a continuum of care for vulnerable children in Uganda (see Figure 7). These are outlined in three main groupings and are to be utilised based on the determination of the best interest of the child. The three groupings are family-based care, community-based care, and residential care, comprising multiple care options. This ordering prioritises family-based and community-based care and emphasises the importance of retaining the child's family, community, and cultural ties wherever possible.

**Table 5**

### Relevant policies and strategies

Policies and strategies	Description
National Child Policy (NCP), 2020.	The NCP seeks to provide a framework for addressing issues related to children's rights and well-being in a holistic manner. It underscores the need to strengthen and support families to care for children, prevent unnecessary family-child separation and establish and strengthen systems to ensure quality alternative family-based care. The NCP also underscores the need to review and ensure a comprehensive package of child-sensitive social protection services that address social, health, education, nutrition, psychosocial and economic vulnerabilities that children face in Uganda.  A National Child Policy Implementation Plan (2020/2021–2024/2025) was developed to provide a roadmap and a common agenda of action to operationalise the National Child Policy (2020).
The Third National Development Plan (NDP) (2020/21–2024/25).	The NDP highlights social protection as one of the key priorities. It prioritises promoting access to social care and support services for orphans and other vulnerable children (OVC).
The National Framework for Alternative Care (NFAC), 2012 and Draft National Action Plan on Alternative Care for Children, 2016/17–2020/21.	The Framework outlines the principles of alternative care provision and provides for a continuum of care for children without parental care. The Draft National Action Plan on Alternative Care for Children (2016/17–2020/21) operationalises the NFAC. The Framework is currently under revision.
The National Integrated Early Childhood Development Policy (NIECD), 2016.	The NIECD policy seeks to address the multi-dimensional needs of young children by building more effective and coherent efforts among sectors to achieve positive early childhood development (EDC) outcomes for all children. The goal of the policy is to provide direction and guidance to all sectors for quality, inclusive, coordinated, and well-funded ECD services and programmes. The NIECD Action Plan (2016–2021) sets out the aim to protect the rights of young children to security, basic nutrition, basic health care and basic education.
National Social Protection Policy (NSP), 2015.	The NSP focuses on the social protection system that is built on two pillars, namely social security, and social care and support services. This policy provides for children's care and protection under a component of social care for children. It targets orphans and other vulnerable children such as those who are abandoned, in contact with the law, and subject to exploitative labour.
National Policy on Disability (NPD), 2006.	The NPD provides guidelines and sets parameters for service delivery to people with disabilities, including children, and outlines the need for the provision of specialised care services.
National Action Plan for Child Well-Being, 2016–2021.	The plan outlines key interventions to ensure all children survive, grow, and develop to their full potential, protected from the many threats that jeopardise their future. The Plan is structured around three objectives: 1) better health; 2) better nutrition, and 3) better care for children.

**Table 5**

... continued

Policies and strategies	Description
Special Needs and Inclusive Education Policy (Draft), 2011.	The policy provides for inclusive education, including the provision of appropriate support for students with special education needs (SEN). For example, the policy makes it mandatory for all schools to have special needs teachers trained and placed in different classrooms. It also requires schools to have the right infrastructure like ramps to ease the movement of learners with physical disabilities.
Universal Primary Education Policy (UPE), 1997, and Universal Secondary Education Policy (USE), 2007,	The UPE and USE provide for free education at the primary and secondary levels. Free education is fundamental in guaranteeing every child has access to education opportunities.

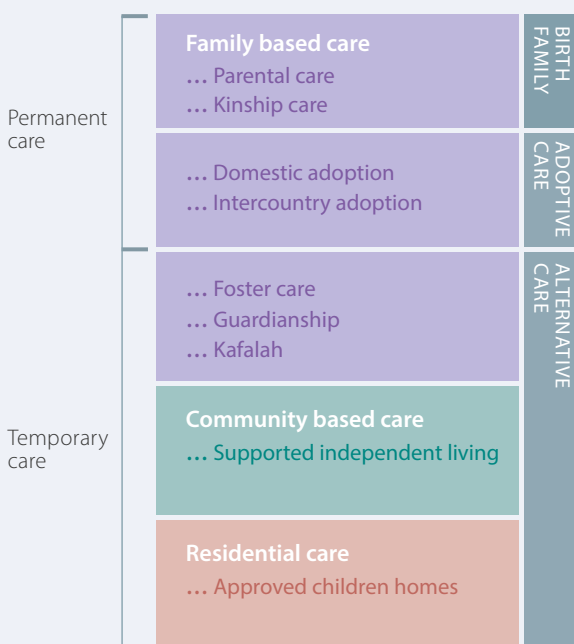
Family-based care includes all forms of alternative care in which a child is raised by a family, rather than in an institution. Family-based care options include parental care, kinship care, foster care, guardianship, and adoption. Residential care is proposed as a last resort for children in need of alternative care.<sup>49</sup> Residential care includes any group living arrangement where children are looked after by paid staff in a specially designated facility. It covers a wide variety of settings ranging from emergency shelters and small group homes to larger-scale institutions such as orphanages or children homes.

To operationalise the NFAC, a Draft National Action Plan on Alternative Care for Children (2016/17–2020/21) was developed.<sup>50</sup> The plan establishes strategies for the deinstitutionalisation of the care system, including prevention of family separation, development of family-based alternatives, and strengthening oversight, coordination, and regulation of alternative care provision in the country.<sup>51</sup> However, the plan was never approved and there have not been systematic efforts to track the progress of implementation.

A participatory self-assessment of the national alternative care system was conducted in 2018<sup>52</sup> with support from the USAID-funded MEASURE Evaluation project. Based on the gaps that were identified in this assessment, the MGLSD has been working to revise the NFAC and update the Draft Action Plan. As of the writing of this report, the revised framework and Draft Action Plan are due for submission to the senior management and the policy committee of the MGLSD for review and approval. In addition, the Government is in the process of developing a family policy that will provide a national framework for supporting families in their caregiving role<sup>53</sup> and is working to establish systematic linkages to existing social protection schemes.<sup>54</sup>

**Figure 7**

Continuum care for children



## Box 1

### Legal and policy gaps

The laws and policies outlined in Tables 4 and 5 demonstrate the significant efforts made in recent years by the Government of Uganda to reform the protection and care system. However, the existing laws and policies are inadequately disseminated, implemented, and enforced. This policy-practice gap is largely attributed to inadequate resources, a lack of adequate skilled and supported social service workforce, and inadequate coordination among government ministries, departments, and agencies at the national and sub-national levels. For example, despite the provisions in the Children Act and the Children (Approved Homes) Rules, 2013 on the approval and inspection of children homes, in practice individuals and NGOs continue to open and operate homes without the required government approval or inspection.

Section 15 of the Children (Approved Homes) Rules, 2013 requires that each approved home be inspected at least once every six months by the probation and social welfare officers (PSWOs) and public health inspectors (PHIs). An inspection report should be prepared by PSWOs and the public health inspector stating whether the approved home has complied with the provisions in approved home rules. However, routine inspections are not regularly conducted due to a combination of factors, including a shortage of financial resources, the heavy workload of PSWOs, and/or inadequate knowledge and skills to conduct inspections. Even where inspections are carried out, there is limited capacity to implement follow-up actions, such as the closure of residential care facilities that do not meet minimum standards.<sup>55</sup>

Second, existing laws, policies and guidelines do not have sufficient focus on informal kinship care practices, which contributes to the lack of support for kinship care families. In addition, existing social protection policies and strategies are scarcely connected or linked to the National Framework for Alternative Care and related action plans, and child rights and protection are rarely considered as a distinct component for the design, implementation, and evaluation of national social protection mechanisms.

Lastly, the Children Act sets forth a guiding principle requiring a child's best interests to be of paramount consideration in all decisions and questions pertaining to children's care and upbringing.<sup>56</sup> However, the Act does not expressly stipulate that residential care should be used as a measure of last resort. Rather, section 4(2) states that 'the best substitute care available shall be provided' in instances where separation of children from their parents is deemed necessary. Further amendments to the Children Act should be considered to address these gaps and bring the Act into full conformity with the prioritisation of family care and the principle of last resort articulated in Article 20 of the CRC.

### Regulations, Guidelines and Standards

Several guidelines and practice standards have been developed or are currently under development to support and enhance the provision of care for children without parental care (see Table 6). Most of these standards and guidelines are specific to different forms of alternative care, including residential care. However, the implementation of existing guidelines and standards is inconsistent and enforcement mechanisms by the PSWOs and MGLSD remain weak. At both the national and sub-national (district, city, and municipality) levels, insufficient financial resources are allocated to ensure systematic implementation or enforcement. For example, on average less than 0.02 per cent of local government budgets are allocated to the probation and social welfare office.<sup>57</sup>

Additionally, familiarity with many of the guidelines and standards in place has not filtered down to those responsible for applying them, including PSWOs and other caseworkers. The 2019 functional review of the government social service workforce found that only 21.4 per cent of the sampled social service workers have been oriented on the relevant policies, laws, statutes, regulations, and guidelines.<sup>58</sup> As a result, while guidelines and standards on residential care exist, they are not widely followed.



PHOTO: UNICEF/UN059777/05E

**Table 6****Regulations, guidelines and standards**

<b>Regulations, guidelines, standards</b>	<b>Status</b>	<b>Description</b>
Guidelines for Foster Care in Uganda (Draft), 2019	Draft	The guidelines provide detailed guidance on foster care provision, including guidance on recruitment, training, and support for foster carers, and on case management for children in foster care.
Case Management Standard Operating Procedures (SOPs) for Child Programming in Uganda, 2019	2019	Provides clear and practical guidance on OVC case management including a set of standardised approaches and tools to ensure that partners working to empower vulnerable children and their families are guided by common steps, shared tools, and consistent indicators to monitor and measure vulnerability reduction.
Case Management for Separated Children: Standard Operating Procedures and Tools (Draft), 2019	Draft	The SOPs provide detailed guidance and tools for case management for separated children and are meant to be used alongside the National Handbook for Probation and Social Welfare Officers, 2020, The Handbook for Case Management in Children Protection, 2016, and the Case Management SOPs and Tools for child programming in Uganda, 2019.
National Handbook for Probation and Social Welfare Officers, 2020	2020	The Handbook is designed to assist Probation and Social Welfare Officers (PSWO) in the provision of probation and social welfare services to vulnerable children and families in Uganda. The handbook outlines the major aspects and considerations in the provision of relevant services to improve childcare and protection outcomes.
National Gatekeeping Guidelines for Children in Uganda (Draft), 2022	Draft	The Gatekeeping Guidelines are intended to help everyone who has a responsibility for making decisions regarding the care of children without or at risk of losing parental care. The purpose of the Guidelines is to enhance the operationalisation of the current legal and policy framework on care and protection for children without or at risk of losing parental care. The guidelines outline key principles and considerations for gatekeeping and standards and protocols for the establishment and operationalisation of Alternative Care Panels (ACPs).
Guidelines on Closure of Children Homes (Draft), 2019.	Draft	The guidelines provide clear and practical guidance on closure of children homes that are operating without government approval and/or below minimum quality standards, in a way that minimises the risk of harm and ensures positive outcomes for children.
National Guidelines for Routine Monitoring of Alternative Care, 2019	2019	The National Guidelines for Routine Monitoring of Alternative Care provide guidance on how to collect and report data on children in formal alternative care in a standardised way, and to analyse and present the data to make them available for use. The guidelines articulate the necessary data management procedures, and the roles and responsibilities of different stakeholders for generating high-quality data on alternative care, including the collection and analysis of data, mechanisms for routine data review, joint supervision and support visits to districts, and data quality assurance procedures.
National Parenting Guidelines, 2018	2018	The National Parenting Guidelines provide general guidance on parenting and parent support to prevent family separation.
SOPs for family reintegration from remand homes and the National Rehabilitation Centre	2015	SOPs for family reintegration from remand homes and the National Rehabilitation Centre were developed in 2015 (MGLSD, 2016). There are no specific SOPs on family reintegration of children from other alternative care settings.
Handbook for Case Management in Child Protection, 2016	2016	The Handbook aims to help standardise child protection case management practices in Uganda, taking practitioners through various stages from case identification to case closure. It is intended to serve as a self-study guide for people with previous training and practical experience in child protection case management.

*continued...*

**Table 6**

... continued

Regulations, guidelines, standards	Status	Description
The National Child Participation Guide for Uganda, 2008	2008	The Guide is intended to facilitate meaningful participation of children from the family level to the national, regional, and international levels (in accordance with Art. 12 of the United Nations Convention on the Rights of the Child). It is designed to be a user-friendly tool to provide tips, tools, and techniques for engaging children.
National Quality Standards for the Protection, Care and Support of Orphans and other Vulnerable Children in Uganda		The National Quality Standards for the Protection, Care, and Support of Orphans and other Vulnerable Children in Uganda include some provisions for services that are relevant for family strengthening. These standards, however, need to be reviewed for applicability and relevance in the wider context of alternative care provision.

### 3.2 Structures, Functions and Capacities

#### Government Ministries, Departments and Agencies (MDAs)

The Ministry of Gender, Labour, and Social Development (MGLSD) is the lead ministry responsible for coordinating and overseeing care reforms and alternative care provision for children in Uganda, as part of a broader child protection mandate. The MGLSD is also responsible for the development and implementation of social protection policies and programmes to support and protect families. The lead department for care reform in the MGLSD is the Department of Youth and Children Affairs (DYCA) under the Directorate of Social Protection.

The Local Government Act 1997 (as Amended in 2020) places responsibility for the delivery of most services on district local governments (DLGs). For example, at the district level, the Community-Based Services Department (CBSD) is mandated to plan, manage, and deliver welfare services to children and other vulnerable groups. Therefore, the MGLSD role is restricted to policy formulation, establishing minimum standards of services, technical backstopping, coordination, and monitoring of care and protection services for children. An Alternative Care Unit (ACU) was established in 2014–15 within the DYCA to coordinate and monitor the implementation of the National Alternative Care Framework and enforce the Children (Approved Homes) Rules, 2013.

In September 2017, the Principal Probation and Welfare Officer, MGLSD indicated that the Alternative Care Unit (ACU) had assessed 564 children homes for compliance with the minimum quality standards since 2013.<sup>59</sup> It has also closed several children homes that did not meet the minimum operational standards as articulated in the Approved Homes Rules, 2013.<sup>60</sup> Currently, there are 163 approved children homes in Uganda. Nonetheless, the capacity of the ACU to fulfil its mandate continues to be hampered by limited human, material, and financial resources.

The ACIU is allocated a paltry UGX 12.5 million (USD 36,000) on a quarterly basis for oversight and coordination of alternative care provision. Therefore, it largely relies on external partners, such as UNICEF and NGOs, to implement different alternative care programmes in Uganda. The reliance on donor funding to undertake this work means that it operates in a constrained and ad-hoc manner.

Further, the National Children Authority (NCA) was established by the Children (Amendment) Act 2016 to replace the National Council for Children. The NCA is mandated to coordinate and monitor the implementation of all child-related policies and laws; recommend appropriate legal, administrative, and other reforms involving the interests of children; provide information and education to the public regarding child safety and the protection of children's interests and prepare and maintain a national database on children.

Other key government Ministries, Departments, and Agencies (MDAs) and their respective roles/function regarding the care and protection of children are outlined in Table 7. The array of MDAs involved in the provision of care and protection services for children highlights the need for an effective coordination mechanism to ensure the efficient delivery of child protection services. The National Child Policy, 2020 provides for the establishment of the National Child Well-being Steering Committee (NCWC) to provide multi-sectoral oversight and coordinated action to ensure better outcomes for all children, including children without adequate parental care. Nonetheless, human resource and logistical challenges continue to constrain the ability of key MDAs and other key actors, both at the national and district levels, to fulfil their mandates.



PHOTO: UNICEF/UN0297665/ADRIKO

**Table 7**

**Key government Ministries, Departments and Agencies (MDAs)**

Stakeholder	Roles and responsibilities
Ministry of Gender, Labour, and Social Development (MGLSD)	Lead ministry responsible for coordinating and overseeing all aspects of care reform and alternative care for children in Uganda. The lead department for care reform in the MGLSD is the Department of Youth and Children Affairs under the Directorate of Social Protection.
Ministry of Local Government (MoLG)	The MoLG oversees and coordinates the implementation of the decentralisation policy. The Community-Based Services Departments (CBSD) under the MoLG are mandated to plan, manage, and deliver welfare services to children and other vulnerable groups, working in collaboration with other key government departments represented at the district level, including the District Education Office, the District Directorate of Health Services, the police, district/resident state attorneys, and district courts.
Ministry of Education and Sports (MoES)	Responsible for the provision of universal, quality, and accessible basic education, and support for quality early learning programme development and registration.
Ministry of Finance, Planning and Economic Development (MoFPED)	Responsible for planning, resourcing, and monitoring public expenditures approved by the Cabinet. This includes the allocation of financial resources and monitoring expenditure of the MGLSD and other ministries that provide services to ensure optimal health and development of children.

*continued ...*

**Table 7***...continued*

Stakeholder	Roles and responsibilities
Ministry of Health (MOH)	Responsible for the provision of health and nutrition programmes, parenting support programmes, and early learning support for parents of children between the ages of 0 and 2 years through health facilities and home visits by mother and child community workers. The MOH is also responsible for conducting health and safety inspections of residential care facilities every six months.
Judiciary	The Courts of Judicature make decisions about the removal of a child from a family, the most appropriate and beneficial care and protection placements, and the protection of children's and their caregiver's rights and responsibilities.
Ministry of Internal Affairs	Under the Ministry of Internal affairs, the Uganda Police Force is responsible for the enforcement of the policies, legislations, regulations, ordinances, by-laws, and guidelines related to children's care and protection. The Uganda Prisons Service is responsible for supporting children (less than 18 months) incarcerated with their mothers. When an infant reaches the age of 18 months, the law requires that the infant be placed with a relative or family friend willing and able to provide support. When this option is not available, the infant is to be placed under the care of a child welfare institution (Prisons Act of 2006, section 58). The NGO Bureau is responsible for licensing and registration of NGOs. The ministry also houses the Coordination Office for the Prevention of Trafficking in Persons.
Office of the Prime Minister (OPM), Department of Refugees	Responsible for the registration and oversight of the refugee community in Uganda, and co-chairing of the CPSWG in refugee settlements and refugee-hosting districts. OPM closely works with UNHCR and other child protection actors to ensure the protection of children.
National Identification and Registration Authority (NIRA)	Responsible for birth registration and the provision of identity documents. The NIRA is also mandated to issue adoption certificates and to maintain the registry on adoption.
Ministry of Foreign Affairs (MoFA)	The MoFA plays a key role with regard to intercountry adoption. Once the High Court has issued a written ruling reflecting the final adoption of the child, adoptive parents must register the adoption with the NIRA. NIRA must inform the Ugandan Ministry of Foreign Affairs of the adoption. The Ministry of Foreign Affairs is required to maintain the adopted child's records.
Uganda Registration Services Bureau (URSB)	Every person granted a guardianship order is required to register the order with URSB. URSB is also mandated to maintain registers on legal guardianship.
Other Government Ministries, Agencies and Departments (e.g., Ministry of Agriculture, Ministry of Water)	Implementation of sectoral policies and strategies that impact the welfare of families and communities.

## District and Community Structures

At the district level, the Community-Based Services Departments (CBSDs) are mandated to plan, manage, and deliver welfare services to children and other vulnerable groups, working in collaboration with other key government departments represented at the district level, including the District Education Office, the District Department of Health Services, the Child and Family Protection Unit (CFPU) of the police, district/resident state attorneys, and child and family courts. Within the CBSDs, the Probation and Social Welfare Officers (PSWOs) oversee the provision of care and protection services for children. In this role, PSWOs are responsible for: the removal of children in need of protection and placement in alternative care, including residential or foster care; assistance with the reunification of children with their parents or guardians; and the preparation of welfare reports to help courts determine the most appropriate alternative care options for each child.<sup>61</sup> In addition, PSWOs are responsible for ensuring that approved children homes meet minimum standards as articulated in the Children (Approved Homes) Rules, 2013, through regular inspections and monitoring. District PSWOs and District Health Officers are also members of the approved children's home management committees. They are also responsible for conducting assessments to inform decisions regarding approval, renewal of approval, and closure of children homes.

In addition, para social workers (PSWs), an informal workforce, have become a key resource for delivering services to vulnerable children and families in Uganda.<sup>62</sup> For example, some programmes rely on PSWs and other informal community-based child protection structures to support efforts to prevent family separation, as well as to facilitate family tracing, reunification, and reintegration. Accordingly, the National Child Policy, 2020 recognises PSWs as a critical community-level child protection structure. A competency framework for PSWs was developed in 2019, outlining their functions and competencies and how these workers should be trained, deployed, and supported. Nonetheless, further research to understand the conditions under which the PSW model is most effective and sustainable in different social, economic, political, and cultural contexts is essential.<sup>63</sup> Additional efforts are also required to ensure the consistency and quality of PSW training, supervision, and remuneration.

Further challenges related to the provision of care and protection services for children in a decentralised context have been reported. Notably, PSWOs are appointed by District Service Commissions and report to the heads of the CBSDs in the respective districts. The CBSD head reports directly to the chief administrative officer (CAO), who is supervised by the Ministry of Local Government (MoLG). The MGLSD provides technical guidance and oversight for carrying out the MGLSD's policy and mandate at the district and community level, through the office of the chief administrative officer (CAO).<sup>64</sup> However, the fact that PSWOs have no obligation

to report to the MGLSD hampers the implementation of MGLSD recommendations and limits the MGLSD's quality assurance and oversight function at the sub-national level.

## Development Partners and Private Donors

Various development partners, such as the United States Agency for International Development (USAID), the Foreign, Commonwealth and Development Office (FCDO), UNICEF, and European donors and foundations, support care reform activities in Uganda. They have in the recent past provided both financial and technical support for system strengthening and deinstitutionalisation efforts in Uganda. For example, USAID has a large child protection portfolio in Uganda and supports many of the country's care reform projects (See Table 8).

Nonetheless, some private donors, including foundations, faith groups, and individuals from within and outside the country, continue to fund residential care rather than invest in community support services to keep families together and promote deinstitutionalisation. For example, a report on children homes in three districts found that the majority are funded through child sponsorship by individuals or churches, especially from the U.S., international NGOs, and charities.<sup>65</sup> Similarly, a 2017 funding stream analysis of residential care in Uganda indicates that Christian faith-related funding and individuals motivated by their religious beliefs (whether individual donors or volunteers) play a critical role in funding residential care and less of a role in supporting family-based care. This adds to the pull factors drawing more vulnerable children away from family or community care and into residential care.



PHOTO: UNICEF/SCHERBRUCKER

**Table 8**
**Key care reform projects in Uganda**

Project and timeframe	Funder	Implementing partners	Interventions	Sub-regions (Districts)
<i>Keeping Children Healthy and Safe (KCHS).</i> 2020–2025	USAID	AVSI Foundation & Transcultural Psychosocial Organisation (TPO)	The project focuses on strengthening the community-based services departments through the identification, response, and follow up of gender-based violence (GBV) and violence against children (VAC) cases. In particular, the CBSDs are supported to mentor and train the Community Development Officers and para-social workers and ensure the existence of child well-being committees at the district and sub-county level to enhance the capacity to identify, report, follow up and support GBV and VAC cases.	Ankole (Mbarara, Ntungamo, Sheema, Ibanda, Isingiro, Mitooma, Rwamparla, Kiruhura, Kazo, Rubanda, Bushenyi); Kigezi (Rubanda, Rukungiri, Kanungu, Kabale, Rukiga, Kanungu); South Central (Kyotera, Rakai).
<i>Integrated Child and Youth Development (ICYD).</i> 2020–2025	USAID	Education Development Center (EDC) and Bantwana Initiative of World Education Inc	This is a five-year effort to a) improve early grade reading outcomes for school children through materials enhancement, teacher development and support, and community engagement; b) strengthen school- and community-based child protection and violence prevention structures; c) strengthen services to HIV-Positive children and adolescents and their families affected by HIV; d) improve access for out-of-school youth to accelerated learning and work readiness training through grants to local youth-serving organisations.	Acholi (Gulu, Agago, Kitgum, Omoro); Bugisu (Mbale); West Nile (Arua); Bukedi (Busia, Tororo); Bunyoro (Masindi, Hoima, Kagadi, Kakumiro, Kibaale, Kikuube); Kampala (Kampala capital city); Karamoja (Kotido); Lango (Lira, Apac, Dokolo, Kwania, Kole, Oyam); North Central (Luwero, Kasanda, Mubende, Kasanda, Nakaseke, Mityana, Kiboga); Teso (Katakwi, Soroti); Tooro (Kyenjojo); South Central (Wakiso, Bukomansimbi, Kalungu, Lwengo, Masaka, Sembabule, Mpigi, Lyantonde, Gomba, Kalangala); West Nile (Arua, Madil-Okollo, Nebbi, Packwach).
<i>Sustainable Outcomes for Children and Youth (SOCY) and Better Outcomes for Children and Youth (BOCY).</i> 2015–2020	USAID	Catholic Relief Services (CRS) for SOCY and Bantwana Initiative of World Education Inc for BOCY	<p>These two USAID-funded projects sought to improve the health, nutrition, education, and psychosocial well-being of vulnerable children and to reduce abuse, exploitation, and neglect.</p> <p>Both projects focus on strengthening households economically and supporting parents; strengthening the capacity of local governments and civil society organisations (CSOs) to improve access to services (health, social welfare, shelter, and education) for vulnerable families and children; and improving coordination of community-based services to effectively retain children along the continuum of care. Both projects also supported the establishment of alternative care panels (as a gatekeeping structure to improve placement decision-making) and strengthened the capacity of districts to supervise and regulate the operations of children homes in accordance with the NACF 2012 and the Children (Approved Homes) Rules, 2013.</p>	<p>SOCY: Ankole (Bushenyi, Kiruhura, Ntungamo, Isingiro, Mbarara, Sheema, Mitooma, Ibanda); Bunyoro (Hoima, Kibaale); Kampala (Kampala capital city); Kigezi (Kabale, Kanungu, Rukungiri); North Central (Mityana, Luwero); South Central (Rakai, Gomba, Wakiso); Tooro (Kamwenge, Kasese, Kyenjojo).</p> <p>BOCY: Acholi (Gulu, Agago, Kitgum, Omoro). Bukedi (Tororo, Busia); Busoga (Kamuli, Jinja, Iganga, Mayuge, Namayingo, Bugiri); Karamoja (Kotido); Lango (Oyam, Apac, Kole, Dokolo, Lira); Bugisu (Mbale); Western Nile (Arua).</p>

*continued...*

Table 8

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Project and timeframe	Funder	Implementing partners	Interventions	Sub-regions (Districts)
<i>Keeping Children in Healthy and Protective Families (KCHPF), 2015–2019</i>	USAID's Displaced Children and Orphans Fund (DCOF)	CRS/4Children, with Makerere University, TPO, and Child's i Foundation	KCHPF was funded by USAID/Displaced Children and Orphans Fund (DCOF) as part of the Coordinating Comprehensive Care for Children (4Children). This operational research project supported the reintegration of children living in residential care back into family care in Uganda through the provision of a household-based parenting programme, individualised case management support and a reunification cash grant aimed at strengthening the reintegration process. KCHPF sought to expand the global evidence base on what works to support households where children are reunified after having been placed in residential care. 4Children conducted a two-arm randomised controlled trial (RCT) to measure the impact of the parenting programme on reintegration outcomes. Both the intervention and comparison groups received case management support delivered by trained case managers along with the cash grant. The parenting programme — delivered only to families who were randomised into the intervention group — was an adaptation of the Sinovuyo parenting programme and was delivered through a cadre of trained parenting education facilitators. <sup>66</sup>	North Central (Mukono); South Central (Bukomansimbi, Kalungu, Kyotera, Lwengo, Rakai, Sembabule).
<i>Family Resilience (FARE), 2016–2019</i>	USAID's Displaced Children and Orphans Fund (DCOF)	Association of Volunteers in International Service (AVSI), RETRAK.	<p>The Family Resilience (FARE) project was part of a larger project called Accelerating Strategies for Practical Innovation &amp; Research in Economic Strengthening (ASPIRES), implemented by FHI 360. It was developed to help build the evidence base on how to appropriately match economic strengthening (ES) activities to prevent family separation and support family reintegration. It was based on a theory of change that a combination of case management, social support, and household economic and livelihood strengthening would stabilise highly vulnerable households to facilitate the return of separated children to family care and prevent future family disintegration.</p> <p>Overall, the project worked with 605 families (350 under prevention and 255 under reintegration). Economic and family-strengthening interventions were guided by a specific Household Development Plan (HDP) that considered the uniqueness of each family's needs and resources. Economic strengthening activities included cash transfer, accompanied by training in microenterprise selection, planning, and management (SPM), for a small number of the most economically vulnerable families; village savings and loan associations (VSLA), with SPM training for some groups; and apprenticeships for youths. Family strengthening activities included home visiting and counselling by project social workers for all families, training on parenting skills for caregivers, etc.<sup>67</sup></p>	Kampala (Kampala capital city); South Central (Wakiso).

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Table 8

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Project and timeframe	Funder	Implementing partners	Interventions	Sub-regions (Districts)
<i>Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM).</i> 2015–2018	USAID's Displaced Children and Orphans Fund (DCOF).	Child Fund International.	Like FARE, ESFAM was funded by USAID's Displaced Children and Orphans Fund (DCOF) through FHI 360's Accelerating Strategies for Practical Innovation & Research in Economic Strengthening (ASPIRES). The aim was to pilot and assess different economic strengthening interventions in programming aimed at preventing child-family separation and reintegrating separated children with their families. The project's theory of change hypothesised that equipping families with the means to improve their economic situations would also improve their ability to keep children in the household.  The 700 families targeted by the project (611 identified to be at very high risk of separation and 89 with children who had been placed in residential care and then subsequently reunified with their families) were invited, based on an assessment of the level of their economic vulnerability, to participate in one of three intervention packages anchored on particular economic interventions: a) limited-term cash transfers plus optional participation in a saving group; b) bank savings account in which ESFAM matched households' deposits (matched savings account, or MSA); and c) participation in a village savings and loan association (VSLA). Each of these packages also included case management support to the child and family, development of family plans, and home visits including counselling and coaching on social and economic issues by para social workers, training on child protection and parenting skills, and psychosocial support. Children who were reunified also received a reunification package including food, bedding, clothing, and funds for school uniforms. <sup>68</sup>	Acholi (Gulu); Busoga (Kamuli); North Central (Luwero).
<i>Deinstitutionalisation of Orphans and Vulnerable Children in Uganda (DOVCU).</i> 2014–2017	USAID's Displaced Children and Orphans Fund (DCOF).	DOVCU was implemented by a consortium that includes ChildFund International (lead), TPO Uganda, Retrak, and Child's i Foundation.	The project sought to improve the well-being of more than 43,200 vulnerable children and to reintegrate at least 2,087 children currently living in residential care or on the street into family-based care. Over 43,000 children in vulnerable households were supported and 1,743 children were reunified. The project adopted an integrated approach, which included family strengthening/support to prevent unnecessary separation of children from their families, placing children living outside family care in family-based care and building the capacity of PSWOs and children homes to support case management, conducting family tracing, and assess and monitor households at risk of separation. Family strengthening interventions included parenting skills training, household economic strengthening (e.g., cash transfers), home visits, substance abuse counselling, peer-to-peer support and building capacity of community-level structures to support identification and referrals of vulnerable families and children at risk of separation.	Acholi (Gulu); Bugisu (Mbale); Busoga (Kamuli, Jinja, Iganga); Kampala (Kampala capital city); Kigezi (Kabale); Lango (Lira); North Central (Luwero); South Central (Wakiso); Tooro (Kasese, Kabarole).

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**Table 8***...continued*

Project and timeframe	Funder	Implementing partners	Interventions	Sub-regions (Districts)
<i>Alternative Care Consortium on Systems Strengthening (ACCoSS)</i> . 2016–2018	SOS Netherlands	SOS Children's Village.	The project focuses on strengthening MGLSD and district capacity to implement the national framework for alternative care, providing tailored support to strengthen families in need, and supporting the reintegration of 100 children from residential care back to their families. The prevention component targets 70 households across 4 districts. Specific interventions range from family counselling, education support, and livelihood support to skills development. Capacity strengthening activities include supporting the MGLSD and districts to conduct assessment and follow-up of children reintegrated, training on PSWO on alternative care provisions, and supporting quarterly engagement meetings with Children Wardens and social workers.	Busoga (Jinja); North Central (Buikwe, Mukono); South Central (Wakiso).
<i>Family Reintegration and Prevention of Separation (FRAPS)</i> 2016–2019	Comic Relief	Tigers Club (TC) and Child Restoration Outreach (CRO).	The project was implemented in partnership with Tigers Club (TC) and Child Restoration Outreach (CRO) in selected sub-counties of Wakiso and Mbale districts of Uganda. The project aimed to provide care and protection for highly vulnerable children, young people, and families in communities that are at risk of living or working on the streets.	Bugisu (Mbale); South Central (Wakiso).
<i>Sustainable Comprehensive Responses for Vulnerable Children and their Families (SCORE)</i> 2011–2018	USAID	AVSI Uganda, with CARE, TPO and FHI 360.	SCORE was implemented from April 2011 to April 2018 and sought to decrease the vulnerability of critically- and moderately vulnerable children (VC) and their households. The activity's goal was to build economic resilience, enhance food security, improve child protection, and increase access to education and critical services. <sup>69</sup> The first phase of the project (2011–2016) targeted 35 districts in Uganda; the second phase (2016–2018) focused on 23 districts. <sup>70</sup>	Acholi (Lamwo, Kitgum, Amuru, Nwoya); Lango (Otuke, Alebtong); Ankole (Ruburizi, Mitoma, Shema, Buhweju); Kampala (Kampala Capital city); North Central (Mukono, Buikwe, Buvuma); Busoga (Namayingo, Luuka, Buyende), Bukedi (Busia, Butalej, Budaka); Bugisu (Sironko, Bulambuli, Bududa).
<i>Strong Beginnings – A Family for All Children</i>		Child's i Foundation, African Network for Prevention and Protection Against Child Abuse and Neglect (ANPPCAN), Makerere University, Alternative Care Initiative (ACI)	This project focused on preventing unnecessary separation of children, reintegrating children from children homes into family care, and improving the quality of care in residential homes, through awareness-raising and training of children's home managers and social workers.	Busoga (Jinja); Kampala (Kampala capital city); South Central (Wakiso).

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**Table 8**

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Project and timeframe	Funder	Implementing partners	Interventions	Sub-regions (Districts)
<i>Strengthening Uganda's National Response for Implementation of Services for Orphans and Other Vulnerable Children (SUNRISE-OVC).</i> 2010–2015	USAID	International HIV/AIDS Alliance and Uganda Women's Effort to Save Orphans (UWESO) and Management Sciences for Health (MSH)	This five-year USAID-funded system-strengthening project focused on enhancing the capacity of local governments to deliver and monitor high-quality OVC services in 80 districts in Uganda. SUNRISE-OVC Project's overall goal was to improve access, coverage, and quality of essential services for OVCs and their households by strengthening Local Governments (LGs) and community systems. Specific interventions centred around training the workforce, strengthening LG planning, management, and coordination mechanisms (at the district level, lower local governments (LLGs), and community), and promoting demand, use and information management systems for OVC data by Local governments (LGs).	Acholi (Gulu, Kitgum, Pader, Amuru); Ankole (Bushenyi, Ibanda, Isingiro, Ntungamo, Mbarara, Kiruhura); Bugisu (Mbale, Silronko, Bukwo, Kapchorwa, Manafwa); Bukedi (Busia, Budaka, Pallisa, Butaleja); Busoga (Bugiri, Igangda, Jinja, Kaliro, Kamuli, Mayuge); Bunyoro (Hoima, Buliisa, Masindi, Kibaale); Karamoja (Kotido, Abim, Kaabong, Moroto, Nakapiripirit); Kigezi (Kanugu, Kabale, Kisoro, Rukungiri); Lango (Oyam, Lira, Apac, Dokolo, Amolatar); North Central (Mukono, Kayunga); Teso (Amuria, Kaberamaido, Katakwi, Kumi, Soroti, Kalaki); Tooro (Kabarole, Bundibugyo, Kyenjojo, Kamwenge, Kasese); West Nile (Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Yumbe).

### Civil Society Organisations (CSOs), including faith-based organisations (FBOs)

Many CSOs and faith-based organisations are contributing to care reform, including those that provide family-support services as part of OVC programming. For example, NGOs such as Catholic Relief Services (CRS), ChildFund International, Child's i Foundation, and TPO Uganda have been undertaking different interventions focused on strengthening/supporting families to prevent unnecessary separation, supporting family reunification and reintegration, and providing a range of alternative care services for children without parental care.

According to the most recent census, which was conducted in 2014, 82 per cent of Uganda's population is Christian. The largest Christian group is Roman Catholic (39 per cent). 32 per cent is Anglican, and 11 per cent is Pentecostal Christian. Muslims constitute 14 per cent of the population. The faith community and faith-based organisations in Uganda are also key actors in the protection of vulnerable children and families and the care of children without adequate parental care. The influence of faith groups and churches on the proliferation of residential care is widely acknowledged: most of the children homes in the country are funded or directly run by faith groups and churches.<sup>71</sup> In recent

years, increasing numbers of FBOs have also become involved in deinstitutionalisation initiatives. The Children at Risk Action Network<sup>72</sup> (CRANE), working closely with the Faith to Action Initiative and the Catholic Dioceses, are involved in ongoing efforts to raise awareness about the benefits of family care and support efforts to transition from residential care to family and community-based care. In addition, the Catholic Care for Children in Uganda (CCCU), with the Association of Religious in Uganda, is working closely with the 24 Catholic-run children homes to transition from residential care towards community development, family strengthening, and family preservation initiatives.<sup>73</sup> Religious and faith-based communities are also significant entry points for the identification of vulnerable children, support for families, and recruitment of foster or adoptive families.

### Academic, research institutions, and professional bodies

Academic and research institutions and professional bodies are also important actors in care reform in Uganda, especially in relation to workforce development. Academic institutions, for example, play a key role in pre-and in-service training, as well as continuous professional development for the social service workforce. Social work training at the university level was first introduced at Makerere

University in 1963, with a degree programme commencing in 1969. Currently, over 22 higher education institutions (HEIs) across the country offer social work programmes at Bachelor's, Master's, Diploma, and Certificate Levels. All the programmes are accredited through the National Council for Higher Education (NCHE). In 2019, the MGLSD, in collaboration with the NCHE, developed minimum standards and a competency framework for social work education and training.<sup>74</sup> These general standards are expected to improve the quality of university-based social work programmes, and consequently the quality of pre-service training for social workers across the country. In 2014, Makerere University in collaboration with the MGLSD developed an alternative care training curriculum to address the alternative care training needs of social workers.<sup>75</sup>

Further, Makerere University hosts the AfriChild Centre for the study of the African child. Established in 2013, the Centre conducts multidisciplinary research, policy advocacy, and training to improve child protection practices.<sup>76</sup>

On the other hand, the National Association of Social Workers of Uganda (NASWU), a membership organisation of professional social workers, focuses on enhancing the professional growth and development of its members, creating, and maintaining professional standards, and promoting social work best practices. The association is a member of the International Federation of Social Workers (IFSW) and the Global Social Service Workforce Alliance (GSSWA) and works closely with the International Association of Schools of Social Work (IASSW). Founded in 1972, the NASWU has more than 7,900 members, including 32 social work teaching institutions, 3,553 students, and over 30 social work agencies spread across the country.<sup>77</sup>

Details regarding the social service workforce and workforce development efforts in Uganda are included in section 3.8.

### Committees and Networks

At the MGLSD level, the National Child Protection Working Group (NCPWG) was established in 2009 as a coordination forum for actors working in the child protection subsector. The NCPWG is one of the sub-groups of the National Child Well-being Steering Committee (NCWC). The functions of the NCWC are outlined in the National Child Policy, 2020. The revised National Framework for Alternative Care for Children provides for the establishment of an Alternative Care Technical Working Group (ACTWG) as a sub-group of the NCPWG. The ACTWG seeks to bring together Government, development partners and civil society representatives to provide technical and strategic leadership in the implementation of the National Framework for Alternative Care and the Plan of Action.

In addition, several networks and associations have been established to advance care reform goals. For example, the Children at Risk Action Network (CRANE) was formed in 2003,

bringing together Christian organisations caring for children to foster learning and information sharing.<sup>78</sup> In addition, the 'Ugandan Care Leavers' Association' was established in 2016, with support from Alternative Care Initiatives (ACI) and Bula Inc, to provide young adults who had spent significant amounts of time in residential care with a platform to come together to share experiences and support one another.<sup>79</sup> The network has over 300 members from across Uganda and frequently participates, at the request of the government, in policy and framework development activities.

### Communities, families, and children

Families and communities play an important role in caring for children facing adversity in Uganda. Most of the care and support for children without parental care is informal and often initiated and undertaken without the involvement of the government or other service providers. The 2011 UDHS data indicated that 20 per cent of children (0–17 years) lived with neither of their biological parents: 96 per cent of them lived in households headed by a relative, primarily grandparents as well as aunts and uncles (also known as kinship care). Based on the current population projections (see Table 1), more than 4 million children are living under kinship care (with relatives). This highlights the critical role played by kinship care in the country. Nonetheless, there is generally limited formal support to ensure that caregivers are equipped with the needed resources to provide adequate care.

There are also several community-based structures involved in children's care and protection. For example, para-social workers play a key role in supporting efforts to prevent family separation, tracing families, facilitating family reunification and reintegration, and augmenting case management. Cultural and traditional leaders and elders play an important role in the welfare of children at the community level.

Within the family environment, parents, and caregivers play an important role in the overall development of their children. They make sure children are healthy and safe, equip them with the skills and resources to succeed as adults and transmit basic cultural values. Parents also play a key role in alternative care placement decision-making. For example, if a child cannot live with his or her parents, for any reason, parents must be consulted to determine a suitable form of alternative care.

Children are also recognised as key actors in the care reform process, and the current policy and legal framework require that children participate in decisions that affect them. Their views should be sought and considered during care planning and placement decision-making. However, there is currently limited guidance on how to ensure the effective participation of children and young people in alternative care decision-making.

### 3.3 Preventing the need for alternative care

#### Family strengthening to prevent separation

Supporting and strengthening families to reduce social exclusion and to lower the risk of separation, violence, and exploitation of children is considered an important entry point for strengthening the care and protection system for children. The need for protective essential services and the strengthening of capacities of families to prevent unnecessary separation of children is articulated in the National Social Protection Policy (NSPP), 2015, the National Child Policy (NCP), 2020, National Framework for Alternative Care (NFAC), 2012, and other child welfare-related policies. For example, the NSPP prioritises the provision of direct income support, and social support services to vulnerable families and children.

Consequently, several programmes have been developed and implemented by the Government of Uganda to support vulnerable households or families at risk, including the Social Assistance Grants for Empowerment (SAGE), Uganda Women Entrepreneurship Programme (UWEP) and Youth Livelihood Programme (YLP). For example, through SAGE, the Government has been extending cash transfers to vulnerable households. SAGE applies two targeting methodologies for its social transfers: the Vulnerable Family Support Grant (VFSG), which employs a composite index based on demographic indicators of vulnerability to determine eligibility; and the Senior Citizens' Grant (SCG), which uses age to determine eligibility. Under the VFSG, adult women

(if they are present in a beneficiary household) are selected by the programme to be the physical recipient of transfers (men are selected if women are not present). Under the SCG, the transfer is given to the specific older person enrolled. Preliminary evaluations of the effectiveness of SAGE revealed reductions in poverty levels in targeted households and consequent improvements in the well-being of children under their care.<sup>80</sup> However, such schemes do not reach everyone in need, and exclusion from social protection remains a major challenge. For example, children who live outside conventional family unions, such as child-headed households, are not targeted. In addition, there are no specific schemes targeting kinship caregivers.

In addition, there are currently no child-focused social protection schemes in Uganda. However, proposals for the expansion of direct income support programmes across the lifecycle are integrated into the Draft Vision for Social Security, including the gradual implementation of inclusive child-focused schemes.<sup>81</sup> The Draft Vision for Social Security includes costed proposals for the provision of a child disability benefit and child benefit in 2023/24 which will gradually grow into a Universal Child Benefit (UCB), embedded in a system of inclusive income support programmes across the lifecycle.<sup>82</sup>

In addition, several programmes in support of children, parents, and families have also been developed and implemented by NGOs, often with the support of development partners such as



PHOTO: CHILD'S FOUNDATION

USAID and UNICEF. Most of the services for children and families are provided within the context of OVC programming<sup>83</sup> implemented by different NGOs and may not be evenly distributed across all districts in need of these services (see Table 8).

In addition, recent care reform projects such as Deinstitutionalisation of Orphans and other Vulnerable Children in Uganda (DOVCU), Keeping Children in Healthy and Protective Families (KCHPF), Family Resilience (FARE), and Economic Strengthening to Keep and Reintegrate Children into Families (ESFAM) prioritised the provision of services to reduce the unnecessary separation of children from their families. These services include parenting skills training, family counselling, psychosocial support, and household economic strengthening (HES) interventions, including the provision of cash transfers, microloans, start-up kits for business and agricultural activities, vocational skills training for older children, links with savings programmes, and support for income-

generation activities (see Table 8). Implementing partners often build the capacity of government staff as part of their efforts.

These and other pilot projects such as the Families, Not Orphanages Project (2017–2019) and No Child Left Behind Project (2018–2021) implemented by Child's i Foundation (CiF) have demonstrated that comprehensive inclusion strategies, coupled with targeted support services, can be extremely effective in strengthening parental responsibility and empowering families most at risk. Evaluation of these programmes suggests that economic interventions may be necessary, but alone are insufficient to prevent family-child separation. Comprehensive approaches and integrated service packages are needed to prevent family-child separation. The intensity and duration of support needed may vary by family/household and context. In some circumstances, mapping and responding to the causes of separation may require detailed analysis at the case level.

## Box 2

### Families, Not Orphanages Project (2017–2019)

The Families, Not Orphanages Project was implemented by Child's i Foundation (CiF) in two districts: Kampala (Makindye Division) and Tororo District. The project sought to support targeted communities to develop mechanisms to protect children at risk from being separated, strengthen families, and provide alternative family-based placements for children to ensure the safe transition of children from residential care.<sup>84</sup>

Project interventions were underpinned by the ACTIVE Family Support (AFS) Model, developed by Hope and Homes for Children. AFS is a flexible and holistic model used to provide protection and support to vulnerable children and families in the community, particularly children at risk of institutionalisation or separation from their families.<sup>85</sup> The model is also applied to support the sustainable reintegration of separated children back into their own families, including children in residential care settings. The model centres on the provision of intensive, individualised services/support to families that will allow children to live in a safe and stable family environment in their communities.

The project established community development networks (CDNs) and built the capacity of members to support the identification and referral of vulnerable families and children at risk of separation. Vulnerable children and families received a range of support and services to address the identified risks and vulnerabilities and to improve family functioning. Overall, 97 households were supported to prevent separation. Within these households, 355 children were directly supported, considering the specific needs of each household across five core domains: living conditions, health, education, family and social relationships, and household economy. Specific interventions included psychosocial support and counselling, parenting skills, education support for children, coverage of emergency medical bills for children or caregivers, livelihood support, including support for income-generation activities, and skills development and support for adolescents.<sup>86</sup> An evaluation of the AFS model identified three key strengths. First, it is underpinned by a strength-based and family-

focused approach. Second, to support families, robust individualised case management support and family-strengthening services are provided. Third, it involves working with community-level structures (i.e., para social workers, village health teams, and local councils) to ensure children who are at risk of separation are identified and appropriately supported.

The project supported the reintegration of 31 children with their families through a structured, rigorous case management process. This involved participatory decision-making about the suitability of family reintegration (based on child and family assessments), preparing the child, family, and community for reintegration, carefully planned reunification, and extensive follow-up and support. The latter involved the provision of intensive, individualised services to families that allow children to transition from residential care to safe and stable family environments in their community. The individualised case management and support to facilitate children's reintegration was provided collaboratively by Child i Foundation social workers, children's home staff, probation, and social welfare officers (PSWOs), community development officers (CDOs), community volunteers, and other relevant community child protection stakeholders, depending on the location.

The project also supported the training of the social service workforce and other alternative care stakeholders to improve their capacity to provide quality services that prevent the unnecessary separation of children from their families, support and strengthen vulnerable children and families identified as at risk of separation, and to monitor and support children who are reintegrated into family-based care. The training targeted government staff (PSWOs, CDOs), NGO workers, para social workers (PSWs) and others who are responsible for making decisions about appropriate placements and who establish, deliver, or oversee a range of preventive and responsive services for children and families. Over 454 duty bearers and alternative care stakeholders were trained.



In addition, participants were unanimous in their view that specially targeted support services to prevent family separation are weak and under-resourced. Further, services dealing with alcohol and/or substance abuse, respite services, support and care services for single and adolescent parents and their children, specialised support for parents with disabilities and/or parents of children with special needs and disabilities, and services for dealing with children born in custody<sup>87</sup> (e.g., born when the mother is in prison) are severely limited. Key stakeholders interviewed also raised some concerns about limited linkages between deinstitutionalisation and prevention efforts and existing social protection mechanisms.

Finally, the role of informal, community-based child protection mechanisms to strengthen family care and address care and protection challenges faced by children and their caregivers are increasingly recognised as a major component of an effective child protection system; as such, it is of critical importance to care reforms. However, there is a growing body of research and commentary highlighting the failure of formal child protection systems to engage and mesh with informal, traditional systems. A recent detailed survey of informal child protection practices in Uganda discovered 'some, albeit poor, linkage between formal and informal (Community) Protection Systems.'<sup>88</sup>

### Family reunification and reintegration

The legal and policy framework in Uganda prioritises immediate family reunification for separated children unless it is not in the child's best interests, or against their expressed wishes. Over the last decade, several programmes, albeit with limited geographic scope, have been implemented by NGOs focused on reunification and reintegration of children leaving residential care and children in street situations (CSS) with their families. Included among them are the Strong Beginnings project (2014–2015), the Deinstitutionalisation of Orphans and other Vulnerable Children Project in Uganda (DOVCU), and the Keeping Children in Healthy and Protective Families (KCHPF) project. The DOVCU project, for example, supported the reunification of 1,743 children (mainly living in residential care and on the street) back into family-based care across 12 districts in Uganda.<sup>89</sup> The services and support provided before and after reunification vary by programme but generally include individualised case management to assess and prepare children and parents for reunification, ongoing counselling, family strengthening (e.g., parenting skills training) education and vocational support, skills training, small business start-up capital, and psychosocial support.

Despite some remarkable success, several risks and challenges related to family reunification and reintegration have been identified, some of which are related to specific projects. Notably,

cases of reunification breakdown have been reported, with children re-entering care. Reunification breakdown is mainly attributed to limited post-reunification support and services, lack of comprehensive assessments and resolution of the problems that first precipitated entry into care, and lack of investment in the quality of work that would ensure a safe reintegration. Particularly, practitioners face challenges in adequately supporting geographically dispersed families. For example, several key stakeholders reported that in some cases children are returned to families when the situation is still not safe or appropriate,

### Box 3

#### Deinstitutionalisation of Orphans and Other Vulnerable Children project In Uganda (DOVCU)

The DOVCU project funded by USAID lasted 42 months (July 2014 – December 2017). It sought to improve the well-being of more than 43,200 vulnerable children and to reintegrate at least 2,087 children currently living in residential care or on the street into family-based care.<sup>90</sup>

The project adopted an integrated approach, which included family-strengthening interventions to prevent family-child separation and support the reintegration of children in family care across 12 districts (see Table 8). Family strengthening interventions included the provision of microloans, small grants start-up kits for business and agricultural activities, vocational skills training for older children, links with savings programmes, and support for income-generating activities. In addition, the project built the capacity of PSWOs and staff from children's homes to support case management, conduct family tracing, and assess and monitor households at risk of separation. Overall, 2,234 households were directly supported through the project's prevention component, and 1,743 children reunified with their biological extended family through a structured, rigorous case management process.

Over 80 per cent of the children (n=1,439) were reunified outside of DOVCU's 12 focus districts and sub-counties and therefore did not benefit from the project's family-strengthening interventions. Nonetheless, all children who were reunified, within or outside of the 12 focus districts, received a reintegration package, which included consumable items and supplies such as mattresses, blankets, sugar, soap, beans, sanitary pads, underwear, notebooks, pens, and clothes. The reunification process and the support provided to enable reintegration were implemented collaboratively between district officials, children's homes, remand homes, PSWOs, CDOs, para-social workers, and local council leadership.

Notwithstanding, the 2018 performance evaluation revealed that the project had limited impact on strengthening the overall district case management system for children at risk. Each stakeholder seems to have continued doing their case management (with varying levels of quality), and there is still no shared understanding of the role of the PSWO and CDOs in the quality assurance of the case management and follow-up to reintegration cases managed by each entity. The involvement of PSWOs and CDOs in case management varies depending on the type of case and their interpretations of their professional role.<sup>91</sup>

with negligible follow-up. An evaluation of the DOVCU project observed that for 1,439 children who were reunified outside of DOVCU's 12 focus districts and sub-counties, the prospects for sustainability of placement are more precarious, given that the project did not support families and communities in these sub-counties and districts to address the factors which otherwise are reported as factors contributing to separation, and in most cases, there was no follow-up.<sup>92</sup>

Some characteristics of the families and their children, or elements in the family's environment, also have been reported to negatively influence reunification outcomes. These include poverty and financial hardships, domestic violence, inadequate or unstable housing, behaviour problems and relationship difficulties, and addiction or other forms of substance abuse. In most cases, the support to families was deemed inadequate to guarantee long-term care or help families create stable environments for children. Stakeholders interviewed also reported that programmes face limitations in their ability to strengthen family resilience to sudden shocks, which increases the risk of re-separation. More comprehensive case analysis and case management may be needed to address vulnerabilities and improve capabilities and opportunities for poor and vulnerable households.

In addition, several key stakeholders highlighted challenges in supporting the reintegration of children with disabilities (CWDs) from residential care. Notably, families are often reluctant or sometimes decline to have CWDs come home. This was linked to family concerns about additional practical demands on family resources, the stigma associated with having a child with a disability, parental attitude towards CWDs, and the lack of specialised community-based services to support children with disabilities and their families, including specialist home-visits for children with disabilities. In addition, there is currently no guidance on how to adapt the case management process to make sure there is enough community support for the child and family. Under the DOVCU project, children with disabilities were said to be excluded from reunification processes; children's home managers and social workers said these were considered to be more difficult cases to reintegrate.<sup>93</sup>

Another ongoing discussion is the extent to which children homes should be required, as opposed to 'encouraged' (and hence not made to face consequences in the event of non-compliance) to reintegrate the children in their care with their families. Many children homes have a 'revolving door' in which every space freed up when a child is reintegrated is quickly filled by another child entering the system. Learning from recent and ongoing deinstitutionalisation processes in other countries suggests that compliance with such regulations is rarely voluntary; it takes strong leadership from the government and enforcement of compliance through strict penalties.

Some of the key lessons from recent reintegration programmes include the need to consider reintegration as a multi-dimensional process that requires tailored support for children and families as well as consistent monitoring. All stakeholders interviewed acknowledged that for reintegration to be effective, it had to be a considered and methodical process, and recognised

the importance of supporting children and families to ensure durable reintegration and to prevent future unnecessary family separation. There is also a need to further test which combinations of economic and social interventions offered by the different reintegration programmes are most effective at keeping children within their families.

#### Box 4

#### Lessons learned from the Keeping Children in Healthy and Protective Families

Keeping Children in Healthy and Protective Families (KCHPF) was a USAID/DCOF-funded operational research project (\$5.5 million) that aimed to reintegrate children living in residential care into family-based care. It also sought to contribute to the evidence base by testing the impact of adding a household-based parenting program to a standardized reintegration package, which included individualized case management support and a reunification cash grant. The project facilitated the reunification of 108 children with their families, with 77 of them enrolled in the study. Several challenges related to the reintegration of children from residential care with their families were documented:

- **Unapproved children's homes:** Many children's homes in Uganda are unapproved and unknown to national and district authorities. Authorities generally had limited information on the number and location of children's homes in project districts, making it difficult to ensure their participation and support for reintegration.
- **Limited awareness and enforcement of the regulatory framework for children outside of family care:** The project encountered inconsistent levels of awareness among the government social service workforce regarding the policies and legal frameworks related to children living outside of family care or their role in operationalizing them.
- **Limited support for reintegration:** Staff and donors of children's homes often view placement in the facility as being in the child's

best interest and are unaware of the adverse effects of residential care. Consequently, they may be unwilling to support reintegration, sometimes withholding or providing inaccurate information about the children in their care.

- **Limited information on children in residential care and their families:** Only a few children's homes in project districts had complete case files on the children in their care, including the location and contact information of their families. This lack of information necessitated significant effort in family tracing by the project.
- **Families have multiple and complex needs.** Many families in the project faced numerous challenges and lacked resources to meet their needs. Community-level health, education, and social service programs were often lacking, particularly in rural areas. Some families were reluctant to have children leave children's homes due to fears of losing support provided by the homes.
- **Short duration of the project.** The assessment, tracing, and preparation of children and families for reunification are time-intensive processes. Due to the time-bound nature of the project cycle, these initial steps had to be completed within tight timeframes. Additionally, the project chose to reunify school-aged children only during school holidays to avoid disrupting their education, resulting in logistical challenges and limitations in the number of families the project could work with within the timeframe.



PHOTO: CHILD'S FOUNDATION

### 3.4 Provision of alternative care services

This section provides a detailed analysis of the continuum of care services for children without adequate care, existing gatekeeping mechanisms, and measures for authorising and ensuring the quality of care for children placed in alternative care settings. Alternative care broadly refers to any arrangement, formal or informal, temporary, or permanent, for a child who is living away from his or her parents. In Uganda, alternative care for children is available in different forms and contexts, such as family-based care in extended or foster families and residential care (children homes).

#### Gatekeeping mechanisms

The Government of Uganda has established substantive requirements and procedural safeguards for placing children in alternative care, ensuring it is used only when necessary and that children receive the most suitable support to meet their individual needs. The formal responsibility for coordinating and processing admissions to any form of alternative care lies with the PSWO at the district level, who, before placing the child in formal care, is required to apply to the competent court for a care order along with a written welfare report<sup>94</sup> that outlines the reasons behind the request. The report should be based on a rigorous assessment of the child and/or family situation.

The courts of judicature are responsible for authorising placement in alternative care. Placement orders are made by different courts of law, taking into consideration the welfare report submitted by a PSWO. The Children Act (amended in 2016), for example, allows for the Family and Children Court to grant a care order or an interim care order, upon application by a PSWO or other authorised person, which can place a child in the care of the warden of an approved children's home or with approved foster parents. The Family and Children Courts also have the authority to hear and determine applications relating to children's care and protection and make orders that mandate family support services to prevent separation or to return children in alternative care to their families.<sup>95</sup>

However, there are glaring gaps between policy goals and practice, with many children entering or remaining in care without a valid care order. Notably, many children continue to be placed in residential care without a formal assessment and a care order issued by a competent court. For example, an analysis of data from 70 children homes in three districts (Buikwe, Jinja, and Wakiso) in 2019 found that out of 2,833 children in alternative care, only 17 per cent had a care order authorising their placement.<sup>96</sup> In most cases, children are directly placed in residential care by their families and relevant authorities (police, CDOs, PSWOs) without following the formal procedures. In addition, reports indicate that in some cases, care orders, especially for children residing in children homes, are attained long after the child has physically resided with the home or approved foster parents.<sup>97</sup>

Further, the UN Guidelines on Alternative Care of Children and the Convention on the Rights of the Child stipulate that children who have been placed outside of the family are entitled to monitoring and periodic review of all aspects of their placement. This ensures continuity of service delivery and enables professionals to reassess whether the placement is in that child's best interests or whether other care options are better suited. This crucial oversight is frequently disregarded. Regular reviews of placement and the quality of care provided to children take place only occasionally, a result of inadequate human and financial resources.

National Gatekeeping Guidelines for Children are currently being developed by MGLSD to enhance the operationalisation of the current legal and policy framework on care and protection for children without or at risk of losing parental care. The guidelines outline key principles and considerations for gatekeeping and standards and protocols for the establishment and operationalisation of Alternative Care Panels (ACPs).<sup>98</sup>

#### Alternative Care Panels (ACPs)

The National Framework for Alternative Care (2012) provides for the establishment of Alternative Care Panels as a mechanism to improve decision-making around placement. At the national level, the ACP, established in 2013, plays a key role in making decisions about child placement, including making recommendations regarding children considered for pre-adoption fostering, inter-country and domestic adoptions, legal guardianship, and assessment of the suitability of prospective foster and adoptive parents and guardians. For example, the Family Division of the High Court, which handles all intercountry adoptions, is required to consider the report from the alternative care panel before granting any adoption order.

National Guidelines on Establishment and Implementation of Alternative Care Panels were developed in 2019, outlining arrangements for establishing and maintaining the panels, including direction on membership, roles, and functions. Available data indicate that the national ACP, which sits monthly, handled 120 applications for fostering and adoption in 2021, with 40 applicants recommended for adoption.<sup>99</sup> However, there is currently no sustainable government funding for the ACP with its functionality heavily dependent on funding from donor-supported projects.

At the district level, ACPs were piloted between 2015 and 2017 in 12 districts as part of the DOVCU project.<sup>100</sup> The district panels are responsible for handling cases related to the placement of children in residential care, foster care, reintegration of children from residential care, and guardianship by agreement. The MGLSD, with support from UNICEF, has so far established ACPs and trained panel members in 25 districts.<sup>101</sup> An additional 4 districts were supported to establish panels with funding from SOS Children's Villages International.

## Authorising and ensuring quality care

Statutory regulations and/or practice standards to ensure high-quality care exists for some alternative care options. The Children (Approved Homes) Rules, 2013 outlines procedures and requirements for approval of children homes and the minimum quality standards. The care standards for operating a children's home are comprehensive and require compliance with child health, nutrition, education, and measures to ensure children in care are placed in family-based alternatives (reintegration, fostering, and adoption).

In addition, it provides for regular inspection of all approved homes to ensure compliance with national standards for residential care. Specifically, section 15 of the Children (Approved Homes) Rules, 2013 requires that each approved home is inspected at least once every 6 months by the district PSWO and the Public Health Inspector (PHI). It also provides a framework against which inspections are carried out and provides the criteria against which each children's home's structures and care practices are examined. An inspection report should be prepared by PSWOs and the PHI stating whether the approved home has complied with the provisions in the Children (Approved Homes) Rules, 2013. In addition, the Children (Approved Home) Regulations Assessment Toolkit<sup>102</sup> was developed by MGLSD to help the PSWOs assess children's homes for compliance with the minimum quality standards, and guide decision-making regarding approval of children's homes (including renewals) and/or closure.

However, inspections and assessments are not always regularly conducted. Even where inspections or assessments are conducted, owing to human and financial resource constraints, there is limited capacity to undertake follow-up monitoring, including the closure of homes that do not comply with the minimum standards.<sup>103</sup> Further, the Children (Approved Homes) Rules, 2013 require PSWOs to be members of and regularly attend children's home management committee meetings.<sup>104</sup> However, this statutory duty is not always fulfilled.

Regarding foster care, the Children Act, Cap 59 (amended in 2016) includes a set of Foster Placement Rules and provisions for administering foster care. The rules outline the procedures for placing children in foster care, including the authorisation of care orders and welfare reports. The PSWOs are responsible for overseeing all aspects of fostering and ensuring compliance with these Foster Placement Rules. The prospective foster parent(s) may be single or married and must be at least 21 years of age. If a man has more than one wife, the name of the wife who is to be the foster mother should be clearly stated. A single man is not eligible to foster a female child.

Regarding conditions for placement, section 43 of the Act states that *'where a child has been committed to an approved home under a care*

*order, the district probation and social welfare officer, in conjunction with the warden of the approved home, may place the child with a person who is willing to undertake the care and maintenance of the child...referred to as a foster parent.'* The Act does not outline any additional criteria for the identification of children eligible for foster care. In practice, reasons for a child needing foster care may include the parents' death, abandonment/relinquishment of the child by his or her parents, incapacity of the parents (due to physical or mental illness), abuse or neglect, untraceable extended family, incarceration of parents, and separation during an emergency.

To ensure the quality of fostering services, guidelines for foster care have been developed. Nonetheless, concerns remain regarding the ability of government authorities to enforce foster care regulations and practice standards. For example, regular reviews of foster care placements and quality of care rarely take place. There is no evidence that visits by the district PSWOs are taking place every three months, as stipulated in the Foster Placement Rules, given the huge scale of the PSWOs' responsibilities.<sup>105</sup>

Regarding adoption, the Children Act (sections 44–50) and Adoption of Children Rules, 1997 (Statutory Instrument No. 520) outline procedures for application and approval for adoption. Section 44 of the Children Act provides for domestic applications to be made to a chief magistrate's court and for intercountry adoptions to a high court. Section 45 stipulates restrictions and conditions for adoption orders. Nonetheless, both the Act and the Rules do not include clear guidance on determining adoptability. A study on legal guardianship and adoption practices emphasises Uganda's need to ratify the Hague Convention and strengthen regulation/oversight of the adoption process.<sup>106</sup> Specific recommendations include greater vigilance by the courts in processing applications (including for domestic adoptions), better supervision and operational support to PSWOs, and continuous public education of the community on adoption and legal guardianship processes.

## Formal and informal alternative care services

### *Informal kinship care*

Informal care, usually within the extended family, remains the most prevalent form of alternative care in Uganda. According to the 2011 UDHS, 96 per cent of all children under 18 not living with a biological parent are in informal kinship care. The informal kinship care arrangements often involve grandparents or aunts and uncles and may differ according to the age and sex of the child.<sup>107</sup> For example, 2011 UDHS data reveals that in the youngest age groups, the prevalence of living in households headed by grandparents is 84 per cent for children aged 0–1 and 78 per cent for children aged 2–4; for the oldest age group (15–17) it is only 29 per cent. Conversely, the younger age groups are less likely to live in households headed by aunts and uncles, while for the older age

group, the likelihood of living with these relatives is much more common.<sup>108</sup>

Placement duration and stability also vary.<sup>109</sup> Sometimes placements are short-term, for instance when a child's mother is ill and temporarily unable to provide care. Other times, arrangements are intended to last for longer periods, for example, in case of parental death, separation or mental incapacity, or when a child moves from a rural area to attend secondary school in a city. Some informal care may last throughout childhood, for example, when a child is orphaned and taken in and cared for by relatives (uncles, aunts, grandparents, etc.).

In addition, experiences of kinship care are diverse and outcomes for children are mixed. Some children experience a sense of belonging, love, care, and protection in extended families, and have their basic needs and rights met. In contrast, other children experience discrimination, abuse, maltreatment, and deprivation of basic needs such as health care and education.<sup>110</sup> In other words, there are inherent strengths and risks within kinship care relations. Research suggests that the degree of blood relationship between the caregiver and the fostered child may be central to the child's experience in kinship care. For example, the more distant the relationship, the higher the risk of neglect or abuse.<sup>111</sup>

Further, research shows that although most communities continue to place a high social value on care for kin's children, this care option for children is under threat due to weakening family structures, increasing socio-economic pressures, and urbanisation.<sup>112</sup> In addition, while children in informal kinship care and their caregivers may be assisted within the broader child protection system, they are not exclusively targeted for governmental and non-governmental social services. There are no specific mechanisms for assessment within informal kinship care of caregivers' and children's needs for protection and support or to ensure that they have access to services and support. In addition, there are no documented mechanisms for monitoring informal kinship placements, for example through regular home visits. A lack of support and monitoring raises concerns for the welfare of children and the impact on their current and future well-being.<sup>113</sup>

### **Formal alternative care**

The legal and policy framework in Uganda provides for a range of formal alternative care options for children without adequate parental care, including foster care, guardianship, and residential care. The section below provides a detailed analysis of the different formal care options available for children in Uganda.

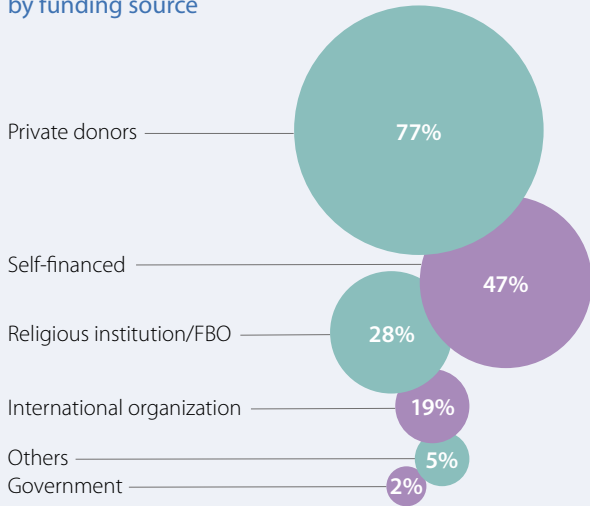
### **Residential Care**

Residential care is the most widely used form of formal alternative care in Uganda. Presently, there are an estimated 363 privately operated children's homes across 67 districts in Uganda. Of these,

198 (55%) are not approved and operate with little to no government oversight.<sup>114</sup> The children homes are largely concentrated in the central region. They are predominantly privately run, and their funding for the most part is provided by private foreign donors, often small foundations, NGOs, or individuals.<sup>115</sup> Furthermore, twenty percent of the 363 Children's Homes Uganda were reported to have a religious affiliation, and more than half (58%) of these were Roman Catholic.



The quality of services provided in many of the homes varies widely. Several children homes are run with little or no regard to the minimum standards outlined in the Children (Approved Homes) Rules, 2013. For example, a report on children's homes in three districts found that most had no care orders for children in care, and case assessments, care planning, and case reviews were not conducted consistently. Low staff-to-child ratios are common, and training is often minimal or lacking. In addition, many children homes continue to limit contact between children and their families. As a result, children remain in residential care for extended periods and the chances for them to return to their immediate or extended families are minimal. Disturbingly, where financial sponsorship of children is involved, family reunification is rarely contemplated, even when all indications show that the child's family is able and protective enough to care for them.<sup>116</sup> There are also reports of child abuse and maltreatment in some children homes, including the regular use of harsh disciplinary action.<sup>117</sup>

**Figure 9****Percentage of residential homes for children in Uganda, by funding source**

Source: Data for Impact (2023)

The proliferation of children homes has been attributed to several factors, including the erroneous belief that these facilities are necessary and provide adequate care for children, and the increased interest of private donors in funding the creation and operation of homes.<sup>118</sup> Reflecting a phenomenon that has been called the ‘orphan industrial complex’,<sup>119</sup> private donors continue to provide large amounts of funding to children homes in Uganda through donations, voluntourism, mission trips, and other forms of fundraising. This gives owners/founders of children homes financial incentives to stay open, fuels the demand for more children, and undermines efforts to develop community-based services for vulnerable children. In some cases, children are directly recruited from families by the institution staff or other individuals to attract more funding donations.<sup>120</sup> As part of the recruitment process, children homes are presented as suitable and appropriate settings for children to grow and thrive, despite evidence demonstrating that institutionalisation is damaging for children.

### **Deinstitutionalisation of the care system**

Some measures have been undertaken by the Government of Uganda and partners to scale back the use of residential care. Some targeted programmes, such as DOVCU and KCHPF, supported the reunification of 1,851 children from children homes back into their families (see section 3.3). More recently, efforts have focused on supporting children homes to ‘repurpose’ i.e., transition from residential care to the provision of family and community-based support, working collaboratively with different actors to build local systems of care and support for children and families.

For example, NGOs such as Child’s I Foundation (CiF) and Home Free (formerly Thrive Uganda) are supporting children homes to transition their models of care. The transition process includes supporting the reintegration of children with their families or placement in alternative family-based care. For example, Home Free has so far supported three children homes to close or transition, culminating in the reintegration or placement of 87 children in family-based care (52 boys, 35 girls; and 16 CWDs). Three more children homes are currently being supported to transition by Home Free (see Box 6). CiF has facilitated the transition of two children homes in Tororo and is in the process of transitioning two more in Mpigi. Through training and mentorship by CiF, these homes have developed plans to transform their services from residential care to promoting family-based care and community engagement. An example is Smile Africa Ministries (SAM) in Tororo, which closed its residential care facility and now focuses instead on supporting vulnerable children in families.

Similarly, The Association of Religious in Uganda (ARU)<sup>121</sup> through the Catholic Care for Children in Uganda (CCCU) initiative has been working closely with Catholic-run children Homes (also referred to as child care institutions, CCI) since 2016 to support the transition from residential care towards family and community-based care.<sup>122</sup> Figure 10 below shows a steady decline in the number of children in CCIs since the CCCU programme started in 2016; from 1,207 to 311. It also highlights a decline in the number of residential CCIs, with 4 CCIs becoming non-residential (from 21 to 17).<sup>123</sup>

**Figure 10****Census of Catholic-run children homes, 2016–2021**

Source: GHR Foundation (2021). Catholic Care for Children in Uganda: A Family for Every Child. Findings From a Midterm Evaluation. Minneapolis, MN, GHR Foundation

## Box 5

### Care reform is possible: a case study from Catholic sisters in Uganda

The Catholic Care for Children in Uganda (CCCU) programme started in 2016 as an initiative of The Association of Religious in Uganda. ARU is the official umbrella body for 99 religious institutes and over 7,000 Catholic sisters, priests, and brothers (with nearly 80 per cent of membership being female). The overall goal of CCCU is to strengthen those congregations with a charism of care and to do so in ways that help children grow up in safe, nurturing families or family-like environments. (Charism is understood in the Bible as a spiritual gift or talent granted by God for the benefit of others.)

To achieve this goal CCCU is running three overlapping phases with support from the GHR Foundation. Phase I (2016–21) aimed to develop the capacity of religious leaders to provide the highest quality care possible for children living outside of family care. It entailed scholarships for religious care providers to study social work, training in child protection, and building commitment towards the Alternative Care Framework. While being trained as social workers, the scholars immediately begin applying their new skills when they return to work in their CCIs. Phase II (2018–2021) included piloting the transition of residential care services and ensuring Catholic CCIs exceed the minimum quality standards outlined in the Children (Approved Homes) Rules, 2013. It also includes spiritual activities, especially for the scholars to ensure they are deeply rooted in their faith, with a spirituality leading to the expression of charism. Phase III, currently under development, will focus on helping more CCIs and programmes to fully embrace the Alternative Care Framework and make their transitions to family- and community-based care.

#### Results

Since the start of the CCCU programme, several changes have been observed, including a shift in mindset among the superiors and religious of 17 religious institutes and members of 44 care programmes for children. The midterm evaluation of the programme revealed a widespread appreciation of how important it was for children to grow up in families or family-like environments. The change in thinking didn't come easily, as Brother Gerard, administrator of St. Mugagga Boys Home, notes, *"I was perplexed by this idea of deinstitutionalisation. I couldn't understand how it could work. But with time I came to understand and accept it."*

Internally, the CCCU programme built the capacity of 306 religious care providers in child protection and 62 religious care providers in social work, and CCCU sensitised 710 stakeholders on government policies and regulations relating to children's care and protection. Training in social work was especially effective, as participants of the programme now feel more qualified, competent, and confident to do the work of caring for children and their families. Further, religious institutes have also embraced the new care approach for children as part of their charisms. Their charisms have not changed, but they have aligned their approach with a new understanding of what is in the best interests of children and their families.

At the start of the CCCU programme, there were 21 residential CCIs in the programme. By 2020, this number had gone down to 17: two CCIs became community-based programmes; one CCI converted to a boarding annex; one residential rehabilitation centre was made non-residential.

To sum up, CCCU has had a remarkable impact with:

- A wide-scale shift in mindset embracing family as the best place for a child.
- A significant increase in capacity with skills to transition to new care models.
- Fewer children in residential care and more children living with their families.
- An improvement in care for children still in residential settings.

#### Challenges and Learnings

The midterm evaluation of the programme highlights several challenges and lessons. The challenges are mainly related to costs associated with transitioning residential care services. For example, some CCIs have struggled to fully implement the transition process because additional resources are required. While still running CCIs, staff must find additional resources for family tracing, travel, and support for families so they can welcome a child back. Other challenges were the underlying structural problems that led to a child's placement in a home in the first place, as well as the non-cooperation of some duty-bearers and parents.

The task of tracing families and relatives is particularly challenging: It took a lot of thinking, planning, and learning from experience, as well as guidance, and missteps to get the children back home. However, through training and mentorship, the children were successfully re-settled despite the enormity of the task and complexity of the process.

A multisectoral approach is required to address the reasons for the abandonment and neglect of children. Many stakeholders must be engaged from different angles, with different messages, in different forums to gain support for deinstitutionalisation. They must understand the benefits of deinstitutionalisation so they can support and contribute to the process.

Finally, capacity building for those involved in the transitioning process is fundamental. A capacity-building plan is critical, but training and study courses alone do not ensure that theory is translated into practice. Guidance is required to reinforce the learning and to apply and integrate it into practice. Mentoring and supervision visits by technical experts and the CCCU programme management team to the institutions are vital to the capacity-building process.

Source: GHR Foundation (2021). Catholic Care for Children in Uganda: A Family for Every Child. *Findings From a Midterm Evaluation*. Minneapolis, MN, GHR Foundation

In addition, the Government of Uganda issued a directive in 2019, ordering the closure of all unapproved children's homes. Subsequently, guidelines on closure and a detailed road map were developed to provide practical and operational guidance to ensure safe closure.<sup>124</sup> Up to 173 children's homes have so far been closed, and there are ongoing efforts by the government to identify and close more. Reports also indicate some managers/owners of children homes were concerned or against the idea of closure or transformation due to their financial interests.



PHOTO: UNICEF/STUART TIBAWESWA

Most of the stakeholders interviewed during the field visit noted that deinstitutionalisation efforts also continue to be undermined by the lack of a coherent and coordinated strategy, and inadequate investment in family support services.

### **Foster care**

Foster care refers to 'the placement of a child with a person who is not his or her parent or relative and who is willing to undertake the care and maintenance of the child' (Children Act, Cap 59, amended in 2016). The purpose of foster care is, therefore, to provide temporary and safe care in an alternative family environment for a child who has been deprived of parental care, or a child who is at risk of being deprived of parental care until s/he can safely return to the family, be placed for adoption or in a suitable, permanent form of alternative care, or is ready to live independently. Foster care can be either short-term or long-term, depending on the child's needs and circumstances.

Despite the Children Act provisions around foster care, it is still largely underdeveloped and mainly exists as small-scale, pilot projects developed by NGOs such as Child's i Foundation, Home Free and Ekisa Ministries. A rapid assessment conducted by Catholic Relief Services (CRS) in 2022 found that 112 children had been placed in foster care by the three agencies.<sup>125</sup> In addition, the number of unaccompanied and separated children (UASC) in foster care, in the refugee context, currently stands at 2,608 (1206 girls and 1402 boys) (see section 3.7). The scope and quality of support and supervision available to foster care providers and children vary widely by programme. In addition, the exact number of children in foster care remains to be ascertained. The Children Act, Cap 59 requires that PSWOs maintain a register of children placed in foster care, and a register of foster parents.<sup>126</sup> However, this statutory duty is not always fulfilled.

During key stakeholder interviews, many representatives from NGOs, FBOs, and the government spoke about foster care as a necessary care option for children, especially as a preventative response to placement in residential care. However, some perceived foster care as an unwelcome substitute for kinship care and as a contributing factor to the gradual surrender of informal caring responsibilities. Further, some organisations give modest payments to foster caregivers and various forms of in-kind assistance and support to foster families. However, there continues to be a debate about whether it is morally proper to give foster parents money, as the appeal to do this work is usually couched in terms of helping children in need.<sup>127</sup> There is also the fundamental question of the 'sustainability' of NGO payments.

**Box 6****Home Free (HF) Foster Care Programme**

Home Free (formerly Thrive Uganda) is a registered non-governmental organization (NGO) located in Kalungu, Uganda. The organization focuses on preventing family separation and promoting alternative family-based care for children in the Greater Masaka Region, primarily operating in Kalungu, Lwengo, and Masaka districts.

**Overview of the foster care program**

Home Free runs a community-based foster care program. The program entails placing children within the community with trained foster families. The goal of the program is to a) provide temporary care and protection to children in need, b) prevent unnecessary institutionalization c) provide a pathway to permanent family care through reunification, kinship care and adoption. The organisation offers five types of foster care placements.

- a) Emergency
- b) Short-term
- c) Long-term
- d) Foster-to-adopt
- e) Specialized Foster Care

Home Free first introduced foster care in 2016, aiming to provide temporary care to children in need of protection, such as abandoned and abused children, while working on care planning.

Alongside the foster care program, Home Free works to prevent family separation. They support families through community-based programs, such as microfinance, and provide individual assistance to families at high risk of separation, such as those experiencing family violence and other crises. This includes practical support, such as business grants and housing, child protection services, and help with medical care and education. They reach about 7,000 parents and children through their programs each year.

Additionally, Home Free partners with local children's facilities to reunify children with their relatives or place them with local foster-to-adopt families. To date, Home Free has helped six institutions to transition from residential to family-based care, helping separated children to grow up with safe and loving families, and redirecting resources to assisting children in the community.

**Placement of Children in Foster Care**

Home Free provides foster care to children from a wide range of circumstances and backgrounds. These include abandoned babies, abused children, children from institutions, street-connected children, and children with disabilities. The organization offers various types of foster care placements, including emergency foster care, short-term foster care, long-term foster care, fostering to adopt or pre-adoption foster care, specialized foster care, and spontaneous fostering. The key consideration in every situation is the best interest of the child. For example, some children are placed in emergency foster care while family tracing is conducted. In other cases, the foster placement is long-term and may result in adoption.

When placing a child in foster care, special attention is paid to the process of matching a foster parent with a child.

Since its inception, Home Free has placed nearly 200 children in foster care (including emergency, short-term, long-term, foster-to-adopt and specialized foster care). Home Free has helped 80% of these children find permanency through reintegration with relatives, foster-to-adopt, or supported independent living.

**Recruitment and Training of Foster Carers**

The recruitment of foster carers involves various steps and considerations to ensure the well-being of both the children and the caregivers. Home Free recruits foster carers through information sessions, referrals from social welfare offices, community leaders, and community members themselves.

Eligibility requirements for foster carers include being at least 18 years old, with parents needing to be at least 21 years older than the prospective foster child. Single mothers or couples (not single fathers) are eligible, and various factors are assessed, including health, social support network, access to services, income, education, living conditions, motivation, parenting style, and willingness to participate in legal processes.

All foster parents undergo thorough screening, training, and comprehensive assessment to ensure they are equipped to provide a nurturing and stable environment for a child. The assessment of foster carers involves a thorough evaluation of their suitability and readiness to foster a child. Factors considered include the individual views and preferences of the child and prospective family, the ability of the family to meet the individual needs of the child, social support networks, income, living conditions, and parenting style. Assessments are conducted case-by-case, tailored to the unique circumstances of each child and prospective family.

**Training and preparation of Foster Carers**

Prospective foster carers undergo comprehensive training facilitated by Probation and Social Welfare Officers, with support from Home Free. The training program is designed to equip foster carers with the knowledge, skills, and competencies necessary to provide quality care and support to children placed in their homes. The training, which spans four to five days, covers essential topics outlined in the Training Manual for Foster Parents in Uganda, 2019. The training is usually organized in groups with the possibility of individual consultations with the assigned social worker.

Since the inception of the program, Home Free, in collaboration with social welfare, has trained almost 200 families (including single mothers and couples) using the Training Manual for Foster Parents in Uganda, 2019. Training does not stop when a person becomes a foster carer. All carers have an annual review and any training that is needed to ensure they are suitable to continue fostering.

**Support Services**

The program provides ongoing support services to foster carers to ensure the well-being of both the children and the foster families. Home Free provides case-by-case support services to foster carers,

*continued...*

## Box 6

... continued

including counselling, practical assistance (e.g., baby formula, medical care, bedding, clothing), legal support (e.g., care orders, adoption), and monitoring. The organization ensures that foster carers receive the necessary support to meet the needs of the children in their care effectively.

### Monitoring and Supervision

Routine monitoring of foster placements is conducted through in-person visits, in collaboration with community development officers and PSWOs. Monitoring visits are done on a case-by-case basis. Typically, children receive weekly visits for their first month of placement, then monthly visits thereafter. For children in long-term foster care, visits may be reduced to quarterly after two years in a stable placement. Monitoring focuses on assessing the well-being and welfare of the child and family, protection issues, review of care plans (including ascertaining the views and preferences of the child/foster parent), provision of support and services (i.e. parenting guidance, practical support, counselling etc.) and addressing changes in circumstances. Any decisions regarding termination of placements are made based on the best interests of the child, with preparation provided for both the child and the receiving family in case of placement changes.

### Child Safeguarding

Several measures are undertaken by the organisation to minimise the risk of harm and/or mitigate exposure of children to abuse.

- Assess, train and support foster families throughout the fostering process.
- Probation must be involved and the LC1 should be present for placement and participate in monitoring.
- Engage the local community in monitoring and supporting children and families (this includes neighbours and service providers) and provide training in child protection and foster care etc.).
- Make frequent visits to the child and family.
- Assess the child at each visit and build a relationship with the child, in addition to the family
- Ensure appropriate matching (i.e. foster child youngest in the family) to ensure the child has a family equipped to meet their needs and to prevent protection issues between children.

### Challenges

A review of the relevant documents and interviews with program staff revealed several challenges related to foster care programming. Notably:

- **There is a general lack of awareness surrounding foster care, and it can be difficult for caregivers to understand the concept of being a “substitute parent”.** It can be challenging for people who are unfamiliar with foster care to understand the concept, and there is a general lack of awareness surrounding this type of care in many rural communities. A major difficulty is helping caregivers understand the notion of being a ‘substitute parent’ and being willing and ready to give the child up once a permanent placement has been identified.
- **Limited families available to care for children with disabilities and complex medical needs.** It is difficult to identify prospective foster parents (PFPs) who are willing to care for children with disabilities.

There is a general lack of awareness about children with special needs. This is exacerbated by a lack of specialist support. Similarly, it is more difficult to find foster families to care for boys, as there is a preference among most PFPs for girls. This is in some part due to concerns about inheritance rights, and guidance is needed on how to address these concerns.

- **PFPs often have high expectations about the support they will receive for fostering.** This can discourage families from fostering. It is important to be clear from the outset and manage the expectations of PFPs so they can make an informed decision about becoming a foster parent(s) and prevent any challenges from arising once a child is placed in their care.
- **Foster children have unique challenges which can contribute to placement breakdown.** Foster children may exhibit behavioural issues resulting from past trauma or adjustment difficulties, posing challenges for foster parents in providing appropriate care and support. In some cases, where foster carers lack effective strategies for managing challenging behaviours, placement may break down, jeopardizing the stability and well-being of foster children. There is a need for specialists, such as child psychologists, and services to support foster children and families.
- **Foster Care requires ongoing investment.** Foster care can be time and cost-intensive for both the organization and foster parents. To welcome new children, there is a need to continually recruit, assess, and train new foster carers which require significant time and resources, impacting the scalability and sustainability of the program. Additionally, ongoing support and monitoring of foster placements demand continued investment of time and resources to ensure the well-being of children and families. Without sufficient support, foster carers can become overwhelmed, leading to placement disruptions and challenges in meeting the needs of foster children effectively.
- **There are limited programs and resources to prevent family separation.** The lack of targeted prevention programs aimed at addressing the root causes of child separation, such as poverty, substance abuse, and domestic violence means that children continue to be abandoned, abused and unnecessarily separated from their parents and next-of-kin. Without adequate support for at-risk families, a growing number of children are likely to need foster care, placing additional strain on social services. There is also a lack of formalised referral systems and services to ensure vulnerable children and families can access the support they need.

Despite these challenges, Home Free has managed to minimise the admissions to residential facilities and give many children the opportunity to grow up in safe and loving permanent families. Investing in foster care and family-strengthening programming has proven to be cost-effective and scalable, especially when compared to residential care. However, more work needs to be done to educate communities about foster care, including the dissemination of information in local languages. More structured referral systems and

continued...

## Box 6

... continued

services are needed to ensure vulnerable children are getting the care they need, and more support is needed for children with disabilities in foster care. Finally, there is a need for more systematised processes for data collection and storage to keep track of children in foster care.

### Key Lessons Learned

Home Free has learned valuable lessons about the impact and operation of foster care, including its role in nurturing secure relationships, its scalability, and its profound benefits for children. These are:

- 1. Foster care is effective and scalable.** There are many willing families, the program is cost-effective and scalable as families give their time and own resources to care for child(ren) in need. Foster care prevents unnecessary institutionalization and provides a pathway to permanent family care. Children moving from institutional care to foster families often show rapid development, learning to walk and talk, and acquire new skills in a supportive environment.
- 2. Foster care is work.** Although foster care has a positive impact, it is work and can be demanding. To ensure success, foster families need support throughout the fostering process. This includes practical, emotional, legal, and social support. Foster families also need to be acknowledged and appreciated for their dedication and hard work.
- 3. Wherever possible, prevent the pain and trauma of separation.** When possible, avoid separating children from their families, and prioritize reunification. If separation is necessary, work to maintain connections with siblings and relatives, ensuring children have a sense of identity and belonging. Foster care should be paired with good quality prevention programs, and not privilege foster families over children's family of origin.
- 4. Tracing is very time and resource-intensive, but if done early, there is a much better chance of locating children's relatives** and thus being able to reunite children with their next of kin. Focus on achieving permanency through reintegration, kinship care, or adoption, in that order, while also respecting the views and preferences of the child and promoting their best interests.
- 5. Local communities play a crucial role in creating accountability.** They are often the first to signal when a child or family might need support or where there is a protection concern. These individuals and networks help safeguard children for the short and long term.
- 6. All foster children have special needs.** All have experienced loss, and separation and many have experienced abuse. Families (foster parents and next of kin) need specialized support to help children and to cope with parenting demands. Remember trauma does not end when a child is reintegrated!



PHOTO: CHILD'S FOUNDATION

## Guardianship

The Children Act, Cap 59 (amended in 2016) provides for guardianship as an alternative care option for children without adequate parental care.<sup>128</sup> A guardian is defined as a person appointed by family members, a parent of the child, or an order of the court, to assume parental responsibility for the child.<sup>129</sup> Three forms of guardianship are envisaged: customary, guardianship by agreement and legal guardianship.<sup>130</sup>

- i. **Customary guardianship.** Family members may appoint a guardian in accordance with their customs, culture, or traditions in case both parents of the child are deceased or cannot be found, the surviving parent is incapacitated, or if the child has neither a guardian nor another person with parental responsibility.<sup>131</sup>
- ii. **Guardianship by agreement.** The parent of a child may, by agreement or deed, appoint a guardian for his/her child. The agreement should be dated and signed by the parent in the presence of two witnesses, one of whom must be a PSWO and the other must be a local councillor at the Local Council (LC) I level.<sup>132</sup>
- iii. **Legal guardianship.** A person can apply to the High Court for guardianship of the child. Only citizens of Uganda are eligible to apply. A guardianship order is issued by the court based on multiple conditions, including: 1) there is no known relative or next of kin; 2) the relative or next of kin is unwilling or unable to take parental responsibility for the child; 3) the child is suffering or likely to suffer significant harm under present custody; 4) all alternative care options available to the child have been exhausted, and/or 5) in response to the expressed wishes or consent of any child above the age of 12.<sup>133</sup> The applicant must have continuously lived in Uganda for at least three months, have a criminal record, and obtain a recommendation regarding his or her ability as a guardian from a probation and social welfare office or other competent authority in Uganda.<sup>134</sup> The guardianship order should be registered with the Uganda Registration Services Bureau and the MGLSD, within fourteen days after the grant of the order. A copy of the order should be submitted to the National Children Authority.<sup>135</sup>

Before the amendment of the Children Act, Cap 59 in 2016, legal guardianship was open to both Ugandans and non-Ugandans. However, with the amendments, guardianship is restricted to citizens of Uganda. The restriction of guardianship to citizens of Uganda was aimed at closing a legal loophole in the adoption system that was exploited by foreign prospective adoptive parents, who would circumvent the formal intercountry adoption processes in Uganda by applying for 'legal guardianship' to attain custody rights over children and to facilitate their subsequent migration abroad for purposes of adoption.<sup>136</sup>



PHOTO: UNICEF/UGANDA

In practice, guardianship rules remain unknown to many actors, including judicial officers. For example, judicial officers continue to grant guardianship orders to non-Ugandans, in contravention of the law. There also remains considerable confusion, especially at the local level, regarding the differentiation between legal guardianship and domestic adoption, as well as between customary guardianship and kinship care.

### ***Supported Independent Living (SIL)***

The Children Act (amended in 2016) makes reference to independent living as a care option. Specifically, the Act requires that: where a child is unable to return to his or her parents or foster parents or has neither, he or she shall be encouraged and assisted by the approved home and the PSWO to become independent and self-reliant. Supported independent living (SIL) allows young adults to live on their own, while still benefiting from casework and support services. Stakeholders interviewed noted that SIL should be considered based on a comprehensive assessment of the child's situation, potential supportive family relationships and the maturity of the child. Currently, however, there are no structured SIL programmes in Uganda, and formal guidelines or regulations to guide practitioners do not exist.

### 3.5 Leaving care and aftercare support

Ensuring children and young people are adequately prepared and that supports are in place well before they leave care is critical to long-term positive outcomes. However, there are currently no policies or regulations in place in Uganda that govern support for young people who are transitioning from care. A recent report chronicling children and young people's experiences in and after residential care found that many care leavers had received very little preparation or support.<sup>137</sup> Most care leavers were forced to rely on their ability to create opportunities for themselves, rather than on structured social welfare support services or effective transition programming. In addition, professionals who work directly with young people leaving care are often poorly equipped with the skills, knowledge, and tools they need to work with young people transitioning out of care.<sup>138</sup>

Nonetheless, some initiatives to support care leavers are beginning to emerge. For example, the Uganda Care Leavers (UCL) project was established in 2016 as a forum to support care leavers upon exiting care and to provide a unified voice for young people who spent some or all their childhood in residential care. The project was jointly established by Alternative Care Initiatives (a Ugandan NGO) and BULA, a US-based non-profit organisation.<sup>139</sup> As part of the project, participatory workshops have been organised across different regions to document children and young people's experiences in and after leaving residential care to gain insight into how residential care impacted their lives and to determine what measures should be in place to support this specific group in Uganda.<sup>140</sup>

In 2020, the Child's i Foundation in partnership with UCL, Makerere University, and No Limit Generation initiated a life skills mentoring programme to help care leavers and other young people build the capacity to obtain peer-to-peer support, so that they can develop necessary life skills and engage with and become healthy members of society. The initiative also seeks to address the gap in the provision of integrated mental health and well-being support for youth, particularly young people with lived experience of care (YPLEC) by a) upskilling the social service workforce (SSW) to address the mental health needs of this population, and b) creating a peer network of 'well-being champions' to increase access by youth to non-judgmental peer support.

### 3.6 Domestic and intercountry adoption

The National Identification and Registration Authority (NIRA) is mandated to maintain an adopted children register, in which the particulars of the placement are recorded, including the age and sex of the child, the age and sex of the adoptive parents, and the country of destination (for intercountry adoption). Once the adoption is finalised, the adoptive parents are required to register the adoption with NIRA. However, many adoptive parents do not register the adoption orders issued by the court with NIRA as required by the law, and there has been no effort to enforce compliance.<sup>141</sup> As a result, there is no reliable data on adoption and even less data on the socio-demographic profiles of adopted children and adoptive parents in Uganda.

Most of the stakeholders interviewed noted that domestic adoption is not widely practised as an option to provide children with permanent family care, and generally, the number of formalised domestic adoptions is relatively low in comparison to intercountry adoption (ICA). This could be attributed to the stigma associated with domestic adoption and the value placed on blood and clan relations, as well as the cost and lengthy procedure associated with formal adoption. There is also a perception that adoption is only for rich families, and adopted children are 'bought'. To address some of these barriers, Ugandans Adopt, a multimedia campaign spearheaded by the local NGO Child's i Foundation (CiF), was launched in 2011 to promote local adoption of abandoned children by Ugandan families. Over 65 children have been formally adopted with support from the CiF team since the start of the campaign.<sup>142</sup>

**Table 9**

**Number of adoptions registered between 2016–2021**

Year	2016	2017	2018	2019	2020	2021	2022	2023
Male	19	34	62	60	40	37	75	56
Female	18	37	72	76	33	58	82	57
<b>Total</b>	<b>37</b>	<b>71</b>	<b>134</b>	<b>136</b>	<b>73</b>	<b>95</b>	<b>157</b>	<b>113</b>

Source: Registration records from NIRA.

At the same time, there has been a phenomenal increase in the number of intercountry adoptions over the last decade. For example, according to the U.S. State Department, only 311 Ugandan children were adopted by U.S. citizens from 1999 to 2010, but between 2011 and 2020, 1,435 Ugandan children were adopted from Uganda by U.S. citizens.<sup>143</sup> Concurrent with this trend, there have been some efforts to ensure that adoptions are carried out in a transparent, non-exploitative, legal manner. In 2016, the government amended the Children Act to close specific legal

**Table 10****Adoptions from Uganda to the US, 2011–2020**

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Boys	114	120	148	114	109	99	33	11	13	5	4	6
Girls	93	117	128	86	93	88	22	15	17	10	4	3
Total	207	237	276	200	202	187	55	26	30	15	8	9

loopholes in adoption legislation and institute stricter procedures for ICA. The amendment imposed a one-year, in-country fostering period for prospective adoptive parents from overseas; restricted guardianship to citizens of Uganda; provided for the establishment of an agency to handle adoption applications; and identified intercountry adoption as the ‘last resort’, after all alternative care options have been exhausted. In addition, a rescission of adoption order provision was introduced for cases of adoption obtained through ‘fraud or misrepresentation.’<sup>144</sup> These amendments sought to make it harder for foreigners to adopt Ugandan children and quash fraudulent intercountry adoptions. For example, restricting guardianship to Ugandan citizens was aimed at ensuring that foreign nationals seeking to adopt could no longer apply for guardianship as a means of circumventing the requirement to foster a child in-country for a defined period before seeking to adopt internationally.

Currently, no rigorous research has been conducted to determine whether changes to legislation have been effective. However, some studies indicate that despite the closing in 2016 of a legal guardianship loophole that had enabled foreign prospective adoptive parents to bypass restrictive Ugandan adoption laws, corruption in intercountry adoption persists, with the courts legitimating new end-runs around the requirements.<sup>145</sup> For example, there are reports of prospective adoptive parents ‘outsourcing’ foster care—this involves prospective intercountry adoptive parents working through an adoption agency and lawyer in Uganda to circumvent the 12-month residential foster care period by arranging for a local organisation or children’s home to be responsible for the foster care period. This practice is referred to as ‘proxy fostering’ and is not recognised by Ugandan or international law.

In addition, unethical practices such as coercion or manipulation of birth parents, falsification of documents and bribery have been reported.<sup>146</sup> For instance, children’s birth histories are at times manipulated to make them appear as orphans when they are not.<sup>147</sup> A study on legal guardianship and adoption found that only a fifth of all adopted children were orphans who had lost both parents.<sup>148</sup> Further, in the absence of guidelines/standards on relinquishment counselling, parents are not always adequately

informed/educated about the implications of international adoption and the cessation of parental rights. There are reports that many birth parents do not understand the legal implications of adoption (including severance of the biological parent’s right towards the child).

In 2020, the U.S. government imposed financial sanctions and visa restrictions on two judicial officers and two lawyers for collusion to facilitate irregular adoptions involving more than 30 children.<sup>149</sup> The victims were removed from their families by means of deceit or fraud (usually under the guise of offering the vulnerable children education sponsorships) and transferred to orphanages, and subsequently offered to unsuspecting foreign couples in the United States seeking to adopt children from Uganda.<sup>150</sup> In response, the Judiciary (under Section 20 of the Judicature Act) issued an administrative circular outlining change to intercountry adoption procedures (see Box 7).<sup>151</sup> Effective 3 August 2020, all applications for intercountry adoption are handled by the Family Division of the High Court.

**Box 7****New child adoption guidelines for courts**

1. All intercountry adoption matters shall be handled by the Family Division of the High Court.
2. All High Court circuits shall immediately cease handling intercountry adoption applications and transfer the files to the Family Division of the High Court.
3. The Circuit Registrar shall keep a record of the transferred applications to the Family Division.
4. The head of the Family Division, in consultation with the principal judge, shall assign two judges to the Division to be responsible for handling intercountry adoption applications.
5. The court shall take into consideration the report from the Alternative Care Panel before granting any adoption order.
6. The Registrar of the Division shall maintain an inventory and archive of all intercountry adoption applications and decisions.
7. The Division shall submit quarterly reports on intercountry adoptions to the principal judge

Source: Principal Judge’s circular, 3 August 2020.

### 3.7 Care for children during emergencies

Uganda is the third-largest refugee-hosting country in the world, with over 1,480,767 refugees and asylum-seekers (as of 30 November 2022) coming mainly from South Sudan and the Democratic Republic of the Congo, as well as Burundi, Somalia, and Rwanda.<sup>152</sup> Six per cent live in Kampala, while the rest live in settlements across 11 districts. Seven of these districts, namely Yumba, Adjumani, Madi-Okollo, Terego, Koboko, Obongi, and Lamwo, are in the West Nile and Acholi sub-regions. The five districts in Bunyoro and Tooro sub-regions that host refugee settlements are Kiryandongo, Kikuube, Kyegegwa, Kamwenge, and Isingiro. Children comprise 60 per cent of all registered refugees. According to the information from the United Nations High Commissioner for Refugees (UNHCR)'s global online registration tool proGres v4, in March 2022, 35,455 refugee and asylum-seeking children were registered as unaccompanied or separated children (UASC).



PHOTO: CHILD'S FOUNDATION

**Table 11**

#### Children in foster care and foster families

Refugee settlements	Number of foster families	Number of children in foster care		
		Total	Boys	Girls
Adjumani settlement	175	278	135	145
Bidibidi	236	380	174	206
Kampala	13	17	10	7
Kiryandongo settlement	27	49	23	26
Kyaka II	161	191	76	115
Kyangwali	117	162	92	70
Nakivale	125	255	127	128
Oruchinga	18	18	13	5
Palabek	279	597	257	340
Palorinya	185	321	117	204
Rhino camp	87	111	71	40
Rwamwanja settlement	160	229	111	118
<b>Totals</b>	<b>1583</b>	<b>2608</b>	<b>1206</b>	<b>1404</b>

Source: UNHCR, 2022.

Actors working with or on behalf of children without parental care in emergencies are strongly encouraged by UNHCR and the Office of the Prime Minister (OPM) to follow the existing national guidance on alternative care. All UASCs are identified and registered upon arrival at reception centres and referred to the designated UNCHR child protection partners/NGO to undertake the best interest assessment. Alternative care is provided as an interim measure whilst family tracing is carried out and until such a time when children can be reunited with their parents or customary caregivers. Most UASC are placed in foster care arrangements until they can be reunified with family. The number of children in foster care currently stands at 2,608 (1206 girls and 1402 boys) (see Table 11). Residential care is seen as the last resort and to be provided on a short-term basis (up to a maximum of 12 weeks), and only considered when family-based care arrangements are not possible or not in the best interests of the child.<sup>153</sup>

The family tracing process is conducted with due consideration to the best interests of the child. When it is established that it is not possible or not in the best interest of the child to be reunified with his or her parents or customary caregivers, the child is placed in foster care by the responsible NGO. The foster care placement process and the amount of time children spend in foster care vary from setting to setting. These placements are among families of the same ethnic or regional background, and, when possible, with caregivers already known to the child or with whom the child has become acquainted since arriving at the camp. Social workers assess the foster parents and the care arrangement and provide counselling to the foster parents on their role and responsibilities.

Spontaneous fostering, in which a family takes in a child without any prior arrangement, is also a frequent occurrence during emergencies. Regardless, foster parents and receiving communities gain support through regular follow-up visits from child protection staff and caseworkers.

The 2018 report by the Uganda Child Protection Sub-Working Group (CPSWG)<sup>154</sup> highlights several challenges regarding care for children in emergency settings, including the overwhelming number of UASC in need of temporary care arrangements (pending family tracing and reunification), lack of adequate financial and human resources to expedite tracing and reunification of UASC, and challenges in identifying foster families promptly.<sup>155</sup> In addition, foster families often receive inadequate support, and in some cases, children are abandoned by the foster parents. The expenses associated with caring for foster children (especially, children under 5, over 14, or children with disabilities) can sometimes be a major issue; the absence of some form of material support inevitably reduces the number of families volunteering to foster.

There are also reports of rights violations against children placed in foster care, including children subjected to violence, deliberate discrimination and exploitation by caregivers.<sup>156</sup> Unfortunately, the enormity of caseloads for social workers in refugee settlements means that monitoring and follow-up by caseworkers are infrequent and patchy.<sup>157</sup> A recent assessment by the World Bank in 11 refugee-hosting districts revealed that effective foster care for UASC would require improved cultural sensitivity and additional support and training for professionals and foster families on how to adequately support the complex needs of UASC.<sup>158</sup> The report also recommends the need for organising better support for foster families given the context and their vulnerability, and the need for more robust monitoring mechanisms and more capacity to follow up on cases, as well as identify and prevent cases of abuse and violence.

Another challenge is that the humanitarian response to the alternative care needs of UASC tends to generate parallel structures for the provision of services that are not always aligned or integrated with the district and national protection systems. For example, in the refugee context decisions on foster care are mainly taken at the agency level, without the involvement of the PSWOs and other actors in the child protection system at the district and national levels. Some measures being undertaken to address this gap are highlighted in Box 8.

#### Box 8

#### Aligning care system in humanitarian and development contexts

In 2021, under the Refugee Child Protection Case Management Task Force, UNHCR in Uganda developed five assessment tools to identify, vet and match foster families with unaccompanied children in need of alternative care. The package consists of a community-level interest form, a pre-screening form, a home visit and foster family assessment form, a matching form, and a consent/agreement form. The use and implementation modalities for the forms are summarised in the alternative care SOPs within the refugee context. The initiative was undertaken after several challenges with alternative care were identified in the Uganda response, including limited harmonisation of alternative care procedures between refugee actors, and limited use of comprehensive assessment forms to identify suitable foster families and to assess their suitability. In addition, a gap was identified regarding the inclusion and participation of children within the process of placement. The newly developed procedures also seek to align the procedures of the refugee context to the national guidelines and to formalise alternative care procedures through the national child protection system. A matching form and a foster care agreement were developed to ensure that children are actively involved and participate in the decision-making process regarding their care placement. The forms were developed in line with the National Alternative Care Framework (NACF), 2012.

Through a consultative process with the Alternative Care Unit within the MGLSD, it was ensured that the forms and SOPs were in line with the NACF, 2012. Following approval of the MGLSD, starting in 2022, all refugee partners implementing alternative care programmes are now required to add sufficient resources to roll out the forms and to assess existing and new foster families through this tool. The outcome of the assessment is referenced in the child's case on proGres v4 and is complemented by a Best Interests Assessment. Currently, six child protection actors are providing alternative care services in the different refugee settlements and Kampala. The rollout of the forms is to be accompanied by the rollout of the training on the National Alternative Care Framework for child protection actors as well as the training on foster parenting for foster parents, through close collaboration with MGLSD who lead and coordinate the rollout of the training.

In addition, following a thorough review of the NACF, 2012, UNHCR ensured that in all stages of the process, relevant governmental stakeholders were involved and approved the process. As such, the pre-screening, home visit and assessment form as well as the matching and agreement forms are to be signed by OPM and the probation officer at the district level who reviews the entire file for the child. Through various meetings with the National Alternative Care Unit, UNICEF and UNHCR, standards outlined in the NACF such as the need for references at the community level and minimum conditions to be met to be considered as a potential foster family, were integrated into the tools developed by UNHCR and partners.

### 3.8 Support system for children's care and protection

#### Social Service Workforce

The social service workforce (SSW) in child protection can be broadly defined as a variety of workers—formal and informal, paid, and unpaid, professional and paraprofessional, governmental and non-governmental—that make the social service system function and contribute to promoting the rights of children and ensuring their care, support, and protection.<sup>159</sup>

Social service workers are often the first point of contact for children and families facing adversity and play a key role in ensuring appropriate care. Therefore, strengthening the social service workforce is recognised as a key part of the care reform process in Uganda. Some efforts have been made to develop the workforce, with an emphasis on developing and strengthening the curricula and providing training. Academic institutions, for example, play a key role in pre- and in-service training, as well as continuous professional development for the social service workforce. Social work training at the university level was first introduced at Makerere University in 1963, with a degree programme commencing in 1969. Currently, over 22 higher education institutions (HEIs) across the country offer social work programmes at Bachelor's, Master's, Diploma and Certificate levels. Most of these programmes are accredited through the National Council for Higher Education (NCHE).<sup>160</sup>

In 2019, the MGLSD, in collaboration with the NCHE, developed minimum standards and a competency framework for social work education and training.<sup>161</sup> These standards are expected to improve the quality of university-based social work programmes, and consequently the quality of pre-service training for social workers across the country.

In addition, different training curricula have also been developed recently to support pre-service and in-service training of frontline workers involved in the care and protection of children. Notably, a National Child Protection Curriculum<sup>162</sup> was developed in 2012, and it is being implemented at different levels by Makerere and Kumi Universities as either a professional certificate course or a module in the existing university-based social work programme.<sup>163</sup> In addition, as part of the Strong Beginnings project, an alternative care training curriculum was developed by MGLSD in 2014 in collaboration with Makerere University to address the alternative training needs of social workers.<sup>164</sup> The curriculum was designed to improve the competencies of all professionals working with children in alternative care. It covers different aspects of alternative care provisions, including case management, gatekeeping, and child safeguarding. Although some training for practitioners have been conducted by Makerere University (Department of Social Work and Social Administration), the curriculum has not yet been widely rolled out.<sup>165</sup>



PHOTO: CHILD'S FOUNDATION

Further, there are several in-service training programmes delivered within the context of programmes serving orphans and other vulnerable children by different NGOs; these cover different aspects of children's care and protection. In-service training has mainly targeted PSWOs and other justice law and order sector (JLOS) actors. In addition, deinstitutionalisation projects (such as Strong Beginnings and DOVCU) have incorporated training for PSWOs, children's home staff and other actors involved in providing alternative care. However, training by NGOs tends to be ad hoc or one-off events that are not part of a structured capacity-building programme.<sup>166</sup> There are also concerns regarding training and skills-building methods and approaches. On-the-job training methods such as coaching, mentoring and induction are less frequently used, and a policy and guidance on staff induction and orientation currently do not exist.

Several other gaps also remain in planning for, developing, and supporting the workforce. At the national level, the Ministerial Policy Statement for FY 2020/21 indicates that of the 331 overall approved posts for the MGLSD, only 223 (73 per cent) were filled. In the Department of Youth and Children Affairs, only 14 of the

17 approved positions are filled.<sup>167</sup> Vacancy rates are higher across institutional bodies under the MGLSD (e.g., remand homes, reception, rehabilitation centres, etc.), with only 40 per cent of approved positions filled. The main reason for high public service vacancy rates is low funding. For example, in 2018, the government issued a directive banning public service recruitment.<sup>168</sup> The Ministry of Public Service (MoPS) had directed all ministries, departments and agencies (MDAs) that filling positions should be done in a phased manner subject to the availability of funds.

At the local government level, the departments of community-based services across the country are grossly understaffed, hindering the delivery of care and protection services for children.<sup>169</sup>

The 2018 rapid assessment indicated high vacancy rates among child protection front-line workers, with an average of only 49 per cent of the approved community development officer (CDO) positions at the district level filled in 121 districts countrywide.<sup>170</sup> Furthermore, while 84 per cent of the districts had appointed senior PSWOs, most of these officers (51 per cent) also doubled as acting district community development officers (DCDOs), diminishing their functionality as senior PSWOs.<sup>171</sup> In addition, 27 per cent of districts in Uganda have no substantively appointed PSWOs.<sup>172</sup> On average, the ratio of social welfare workers to vulnerable children stands at 1:6000, compared to the recommended ratio of 1:200.<sup>173</sup> The workforce is too overstretched to effectively perform the work necessary to prevent family separation, trace families, actively follow up with children in need, and conduct case management, along with other duties related to adult, child, and community-level probation and social work.

In addition, existing government welfare staff at the national and district levels also face considerable challenges and constraints, which impede their capacity to effectively fulfil their functions and roles. They are poorly remunerated, have minimal resources available to carry out their tasks, and often lack support and technical supervision. For example, the 2019 Functional Review of the Government Social Service Workforce indicated that a combination of limitations in logistical, administrative, and technical resources impacted the social service workforce environment.<sup>174</sup> The report also highlights gaps regarding job-specific competencies (especially in relation to case management of child protection), as well as the issues of burnout and low staff morale caused by poor remuneration.<sup>175</sup> Regarding staff morale, the report notes: *'During interactions with the social services workforce, it became clear that individual cadres have become selective on which roles to play and which ones to relegate or completely neglect depending on where they anticipate some more financial benefit.'*<sup>176</sup>

Further, the MoPS revised job descriptions for the local government workforce in 2016. A detailed analysis unfortunately indicates that there is little emphasis on child protection in most of the social service workforce job descriptions.

#### Box 9

#### Summary of challenges in strengthening the social service workforce

- Low knowledge and skills of the workforce
- Low morale
- Lack of clear career development options
- High workload
- Lack of personnel
- Lack of clarity in roles/performance expectations
- Low salaries
- Poor understanding of SSW value
- Poor assessment of SSW needs/poor planning for SSW

Recently, the MGLSD with support from UNICEF has developed a National Framework for Strengthening the Social Service Workforce, 2022.<sup>177</sup> The framework seeks to provide an overarching guide and strategy to help the government of Uganda and its partners to plan, develop and support the social service workforce in Uganda to deliver social care and support services more effectively, as part of the wider national system of social protection. For example, the framework is expected to inform the review and revision of job descriptions for the different positions within the social service workforce and to support the development of supervision guidelines and a comprehensive strategy for continuous professional development.

#### Paraprofessionals and volunteers

At the community level, programmes increasingly rely on paraprofessional social service workers to support the delivery of children's care and protection services.<sup>178</sup> These community-level workers/volunteers are trained by various formal child protection actors, especially NGOs, to provide an array of services to vulnerable children and families. They serve as the first line of child protection and welfare response at the community level, reaching households with services through home visits and referrals. The training, support and supervision of these community-level volunteers vary between programmes.

For example, under the SUNRISE-OVC programme, 9,808 para social workers (PSWs) were trained across 80 districts to strengthen community-level child protection.<sup>179</sup> Several recent care projects have also trained and relied on PSWs to support vulnerable children and families, including efforts to prevent family separation, conduct family tracing, and facilitate family reunification and reintegration. The number of trained PSWs countrywide is currently estimated to be over 13,450.<sup>180</sup>

A rapid assessment conducted by the MGLSD, and partners indicates that the PSW model has considerable potential to ensure that vulnerable children and their families receive support within

their communities from those familiar with both the community and cultural context. Yet stakeholders also underscored the need to ensure the consistency and quality of their training, supervision, and remuneration.<sup>181</sup> Building on this assessment's findings, a competency framework for PSWs was developed in 2019 outlining a set of functions and competencies specific to PSWs. The framework is intended to serve as a reference to develop job descriptions and pre- or in-service training programmes or to evaluate the performance of PSWs.

The Training Manual for Para-Social Workers, initially developed under the SUNRISE-OVC programme,<sup>182</sup> was revised and updated by the MGLSD in 2017. The revised manual contains nine interlinked modules, each structured into units addressing specific aspects of children's care and protection.<sup>183</sup> The manual, however, does not comprehensively address the training needs of PSWs related to their roles and functions as outlined in the competency framework. In addition, there is currently no guidance on accreditation/recognition and remuneration of PSWs.

#### Box 10

#### Summary of modules from the Sunrise-OVC/MGLSD training manual for para social workers

- Module 1: Personal Development
- Module 2: Understanding Child Protection
- Module 3: Psychosocial Well-being, Care and Support
- Module 4: Child Survival, Growth and Development
- Module 5: Understanding HIV and AIDS
- Module 6: Case Management
- Module 7: Parenting Skills
- Module 8: Developing a Common Language of Conflict and Violence
- Module 9: Sustaining the Work of Para Social Workers

### Data and information management systems

A wide range of data is needed to fully understand a country's alternative care system and the situation of children living within it. However, the Government of Uganda does not have a national integrated child protection information management system or a centralised database with information on alternative care; the information that does exist is piecemeal and comes from multiple sources.<sup>184</sup> Consequently, there is no reliable, consolidated information source regarding the number and profile of children in formal alternative care. The National Orphans and Other Vulnerable Children Management Information & Evaluation System (OVC MIS) captures data on services delivered to vulnerable children and households, including services to support families to reduce child and family vulnerability (such as health services, economic strengthening, education, and parenting skills training). However, these data are not comprehensive and only available in aggregate format; as such, they are not helpful in monitoring the provision of prevention services within the context of alternative care.



PHOTO: CHILD'S FOUNDATION

Regarding data on children in residential care, the Children (Approved Home) Rules, 2013 outlines standards and schedules for regular reporting of data from children homes. The homes are mandated to submit reports every six months to the Permanent Secretary of the MGLSD. The reports should include data on the number of children in the children homes, the number of children leaving residential care for family placements, and the number of children admitted to the home. Over the past two years, the MGLSD in partnership with BEB/Tyler Technologies has been rolling out the Children First Software (CFS), a system designed to facilitate permanency planning for vulnerable children in residential care. The system has been deployed in all approved children homes across the country. An assessment of the CFS found that the system does not capture a broader set of information needs across the case management workflow for alternative care in Uganda, including information on children before entry to residential care, tracking children after they leave residential care, and information on children who are resettled with their families or placed in other formal alternative care settings.<sup>185</sup>

A major gap identified by a participatory care system assessment conducted in 2018 was the lack of a functional M&E system to provide essential data for monitoring alternative care provision; this gap also covers the absence of standardised indicators, or guidelines for collecting, collating, analysing, and reporting data on formal care, and of a centralised database or management information system. In response to this, the MEASURE Evaluation project, funded by the USAID/Displaced Children and Orphans Fund (DCOF), has been working with the MGLSD to improve administrative data collection, management, and use. Accom-

ishments include the development of priority indicators for routine monitoring of care reform, indicator reference sheets (IRS) and automated tools for capturing and reporting data required for indicators, as well as guidelines on routine monitoring of formal alternative care, which specify the roles, responsibilities and processes for data collection and reporting. Stakeholders interviewed underscored the need to build on this and develop a functional child case management information system to improve data collection, information management and reporting systems related to children without parental care in all settings.

### Financing care reform

Funding for children's care and protection services is generally low in Uganda. An analysis of budget allocations indicates that the MGLSD and the CBSDs at the local government level receive limited funds for the provision of services to vulnerable children. For FY2020/21, for example, the MGLSD was only allocated 0.33 per cent of the overall central government budget, with only a portion (35 per cent) of that committed to the Directorate of Social Protection. The Department of Youth and Children Affairs (DYCA) is part of this directorate. Similarly, the CBSDs receive, on average, 1.3 per cent of local revenue budget allocations.<sup>186</sup> The MGLSD has continuously engaged the Ministry of Finance, Planning and Economic Development on the need to increase the allocation of funds or provide a subsidiary budget to deal with children's care and protection, albeit with little success.<sup>187</sup> Most of the funding for children's care and protection programmes is donor-dependent.<sup>188</sup>

Stakeholders interviewed noted that the MGLSD has an expanding social protection programme and rolls out pensions and other cash transfers for youth, women, and the elderly, funded in part or entirely by donors; however, no grants exist specifically for vulnerable children or families at risk of separation, or for the provision of alternative care. Consequently, sustainable funding is lacking for many government-led initiatives in this field, such as the Alternative Care Panels and inspections of children's homes, which cannot be held regularly without partner support.

NGOs and CSOs have funding from bilateral donors, foundations, or private donors, and sometimes contribute to alternative care efforts. For example, several NGOs recently received funding from development partners – among them USAID, UNICEF, and European donors and foundations – to implement projects aimed at strengthening the alternative care system, including the provision of family support services. However, some private faith-based donors continue to provide funding to children homes,<sup>189</sup> rather than investing in strengthening families and communities. This undermines efforts aimed at deinstitutionalising the children's care system, including developing interventions and strengthening systems that prioritise family and community-based care.

### Public awareness and advocacy

Over the years, some advocacy and awareness-raising efforts have been conducted, primarily by CSOs, on changing norms that perpetuate child–family separation and institutionalisation, and to increase understanding of the benefits of family care. Some awareness-raising and advocacy activities were undertaken in recent years by donor-funded alternative care projects such as Strong Beginnings and DOVCU, which targeted the public, national, and district government staff and other frontline workers involved in caring for children, such as children's home wardens, directors, managers, and social workers.

In addition, some campaigns have been developed to promote specific care options for children without parental care. Ugandans Adopt, a multimedia campaign spearheaded by Child's i Foundation, was launched in 2011 to promote local adoption of abandoned children by Ugandan families. Similarly, the SAFE ('Strengthen African Families') Campaign, was launched in 2015 by a group of CSOs in partnership with the MGLSD to promote family-based care by collectively working to strengthen local child welfare systems to prevent separation and redirect resources away from residential care.<sup>190</sup> Furthermore, some CSOs in Uganda, such as CiF and Alternative Care Initiatives (ACI), are part of the Transform Alliance Africa (TAA) — a transnational coalition of organisations with a shared vision of an Africa free of orphanages, where all children belong and grow up in safe and loving families. Through the alliance, these organisations have carried out advocacy and public information campaigns focused on deinstitutionalisation, targeting different actors at the national and sub-national levels. However, there is no evidence regarding the effectiveness of these campaigns and advocacy efforts.

Most of the stakeholders interviewed during the field visit observed that interventions to raise public awareness and address social norms that drive child-family separation and contribute to institutionalisation are generally low-scale, fragmented, and dispersed. There is currently no national advocacy and communication strategy seeking to promote positive social norms related to alternative care, including the promotion of wider societal awareness of the importance of family-based care. Broader awareness-raising and advocacy also continue to be affected by the lack of coordinated messaging, and dearth of reliable and comprehensive data on children in care, and of research and information on, for example, cultural acceptance of both traditional forms of care for children (such as informal kinship care) and more novel forms, as well as on social norms that perpetuate institutionalisation and inhibit efforts towards care transformation.

## 4 Conclusion

Over the last two decades, Uganda has made significant progress in reforming and strengthening the care system. A timeline of national care reforms is included in Appendix A. The reforms have mainly focused on strengthening the legal and policy framework, especially through the review and amendment of relevant laws and the development of regulations and policies that promote family-based care and discourage reliance on residential care. However, dissemination, implementation and enforcement of existing policies, legislation, standards, and regulations remain a challenge.

Some efforts have also been directed towards the deinstitutionalisation of the care system and strengthening gatekeeping mechanisms. However, deinstitutionalisation efforts continue to be undermined by the absence of a well-articulated, coherent, and coordinated strategy, and inadequate investment in family

support services and family-based alternative care. In addition, gatekeeping mechanisms are not as effective as they could be, and regular reviews of alternative service providers and the quality of care provided to children take place only occasionally. Much less attention has been paid to informal gate-keeping mechanisms and how the best interests of children in informal care might be safeguarded.

Finally, public funding for children's care and protection services remains low, resulting in huge gaps in the resources required for developing and supporting the workforce. The quality of alternative care is further stymied by the lack of a centralised and integrated information management system to provide reliable data and information to monitor the situation of children in all forms of care.



PHOTO: UNICEF/UN059736/OSE

## 5 Key areas of learning

### Key results and promising practices

#### 1. Legal and policy framework for care reform.

Uganda has a relatively strong national policy and legislative framework, which serves as a strong basis for care reform. The laws and policies firmly establish key principles, such as making decisions in the best interest of the child, ensuring children's right to reside in a family environment, and giving priority to family-based alternatives over institutional care. Furthermore, several national policies place significant emphasis on the development and implementation of programs and services that strengthen family resilience and address the underlying factors that contribute to the separation of children from their families.

#### 2. Partnerships between Government, UN agencies and Civil Society Organisations.

Care system reform requires a committed, long-term, collaborative effort across a variety of stakeholders. In Uganda, strong partnerships exist between the government, civil society, and multilateral and international agencies. There are several development partners and civil society organisations (CSOs) that support service delivery for vulnerable families and children without or at risk of losing parental care.

#### 3. Faith-based communities in the care reform process.

Faith-based communities continue to play a significant role in the lives of vulnerable children. Working with faith-based communities to reform the care system was described by some stakeholders interviewed as a 'game-changer'.

#### 4. Community-based child protection mechanisms.

The role of community-based child protection mechanisms to strengthen families, and address care and protection challenges faced by children and their caregivers, is increasingly understood, and promoted as a major component of an effective child protection system; as such, it is of critical importance to care reforms. This is reflected, for example, in the increased reliance upon para-social workers to support vulnerable children and families, including efforts to prevent family separation, conduct family tracing, and facilitate family reunification and reintegration. Nonetheless, further research is essential to understand the conditions under which the PSW model is most effective and sustainable in different social, economic, political, and cultural contexts.

### Challenges and lessons learned

#### 1. Policy-practice gaps.

Despite the relatively progressive legal and policy framework, implementation remains a challenge, and enforcement mechanisms are weak. As a result, there is a disconnect between existing policies, legislation, and practice. There is a need for more investment in and commitment to the enforcement and implementation of policies and laws, and for continuous capacity building to ensure compliance with regulations and standards.

#### 2. Regulation, inspection, and oversight of alternative care provision are seriously deficient.

Inspections of children homes are not regularly conducted as stipulated by the Children (Approved Homes) Rules (2013). Even where inspections are carried out, there is limited capacity to undertake follow-up monitoring, including the closure of homes that do not meet the minimum standards. Limitations in regulation and oversight are also reflected in the number of unapproved children homes that continue to operate. Strengthening the institutional capacity of relevant agencies and departments is required, including building capacity to monitor compliance with current regulations, as the relevant duty bearers execute their mandates.

#### 3. Promotion of family care and family-based alternative care.

Although the Government and partners have implemented some programmes to strengthen families, key stakeholders interviewed in this study were unanimous in their view that specially targeted interventions to strengthen families and promote family care are weak and under resourced. For example, investment remains low in programmes and services that prevent children from being separated from families and promote effective reintegration. In addition, investment in high-quality family-based alternative care options for children without parental care tends to be sporadic rather than systemic. Less attention has also been given to how the best interests of children in informal care might be safeguarded.

#### 4. Workforce Development.

A strong social service workforce is critical to meeting the needs of children without adequate family care. As highlighted in section 3.8 huge gaps and challenges remain in this area. There is a continuing need to invest in the capacity development of the social service workforce and deliberate efforts to improve working conditions for the social service workforce

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### Challenges and lessons learned ...continued

as well as all actors involved in decision-making regarding alternative care, including the judiciary and law enforcement staff. Several key stakeholders interviewed underscored the need for ongoing training and mentorship for the social service workforce to support, as part of the care reform process, a shift towards the provision of child and family-centred services. Potential areas for capacity-building include ensuring appropriate placements for children in need of care, gatekeeping, care planning monitoring, and follow-up.

#### 5. Funding for care reforms.

Ensuring consistent and sustainable funding for care reforms remain a challenge in Uganda. National and district budgets do not always include resources over the short, medium, and long term to fund the continuum of care at a level that will ensure access to and quality of services. For example, due to limited public funding for child protection and care, the capacity to monitor basic compliance with licensing requirements and to oversee and coordinate alternative care provision remains low. The continued reliance on local and international NGO funding and service management has implications for sustainability, service coverage and coordination.

#### 6. Government ownership and commitment to the reform process.

Reforming the national care system is a complex process that requires government leadership, commitment, and political will. However, some stakeholders expressed concern about the government's commitment to care reform. These stakeholders cited, as an example, inadequate government investment in alternative family-based care and family-strengthening programmes.

#### 7. Evidence and data for decision making.

There is currently no accurate data on the number and situation of children in care. Until recently, less attention was given to strengthening data collection and information management and reporting systems related to children without parental care in all settings. There is also a dearth of high-quality research relating to different aspects of alternative care provision, including research exploring the wider social norms, attitudes, and practices that promote and perpetuate child-family separation and institutionalisation, as well as cultural acceptance of both traditional forms of care for children (such as informal kinship care).

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### Challenges and lessons learned ...continued

#### 8. Children and youth exiting/leaving care not supported effectively.

Support for children and young people leaving care is an area that is neglected both in policy and practice. Deliberate efforts are required to support care leavers, drawing on best practices and evidence of what works in terms of preparation and support for children and young people leaving care.

#### 9. Public awareness and perceptions around alternative care continue to be a major issue.

Many people and duty-bearers continue to perceive residential care and intercountry adoption to be appropriate care options for children without parental care. There is a need to develop and implement a communications and advocacy strategy to challenge norms that perpetuate institutionalisation and raise awareness among stakeholders about the harm caused by institutions and the better alternatives that exist. One of the key lessons learned from the care reform process in Uganda is that it requires significant time to change attitudes and practices and to enable a transformation of focus and approach to services from residentially based to family-centred ones. This should be considered in the planning and allocation of resources toward public awareness and advocacy.

## Care reform in Uganda: Timeline of key system achievements

Year	System component	Care reform
1995–2004	Laws, Policies and Strategies/Plans	<ul style="list-style-type: none"> <li>• <b>The Constitution of the Republic of Uganda, 1995.</b> The Constitution highlights the rights of children to know and to be cared for by their parents or guardians.</li> <li>• <b>Local Government Act, 1997 (amended in 2020).</b> Decentralises protection and services for children to give responsibility to local governments, and mandates local authorities to plan for children's interventions.</li> <li>• <b>Universal Primary Education Policy, 1997.</b></li> <li>• <b>Children Act (Cap 59), 2004.</b> Provides for the rights of the child, roles of local authorities, procedures for dealing with children in conflict with the law, care, and protection of children, including alternative care arrangements (foster care placements, adoption, and residential care).</li> <li>• <b>National Orphans and Other Vulnerable Children Policy, 2004.</b> Provides a programming framework for OVC in Uganda.</li> </ul>
2005–2009	Laws, Policies and Strategies/Plans	<ul style="list-style-type: none"> <li>• <b>National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children, 2005/06–2009/10.</b> Developed to operationalize the NOP.</li> <li>• <b>National Policy on Disability, 2006</b> developed.</li> <li>• <b>Universal Secondary Education Policy, 2007.</b></li> <li>• <b>Education Act, 2008.</b> Makes basic education compulsory for all children aged 6 years and above.</li> </ul>
	Coordination and collaboration	<ul style="list-style-type: none"> <li>• <b>National Child Protection Working Group (NCPWG), 2009.</b> Established to foster collaboration, networking and dialogue among formal and informal child protection actors in the country.</li> </ul>
2010–2014	Laws, Policies and Strategies/Plans	<ul style="list-style-type: none"> <li>• <b>Special Needs and Inclusive Education Policy (Draft), 2011.</b></li> <li>• <b>National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children 2 (2011/12–2015/16).</b> Provides a framework to facilitate an effective and coordinated response to reduce the vulnerability of children and improve their well-being. Guides OVC programming.</li> <li>• <b>Uganda National Development Plan I (2010/11–2014/15) launched in 2010.</b> NDP is the overarching planning framework for national development. Serves as the basis upon which social protection interventions are designed. Aims to increase household incomes and promote equity, increase access to social services, etc.</li> <li>• <b>Draft National Framework for Alternative Care developed in 2012</b> to guide care reform.</li> <li>• <b>Children (Approved Homes) Rules, 2013</b> developed, outlining minimum standards for residential care.</li> </ul>
	Gatekeeping and ensuring the quality of care	<ul style="list-style-type: none"> <li>• <b>National Alternative Care Panel</b> established in 2012. Acts as an approval panel for new foster and adoptive parents.</li> <li>• <b>Children (Approved Home) Regulations Assessment Toolkit</b> was developed in 2013.</li> </ul>
	Coordination and collaboration	<ul style="list-style-type: none"> <li>• <b>Alternative Care Task Force</b> established in 2011 and chaired by the MGLSD.</li> <li>• <b>An alternative Care Unit (ACU)</b> established in 2014 under the MGLSD to lead and coordinate the child-care reform process.</li> </ul>
	Service Delivery	<ul style="list-style-type: none"> <li>• The <b>Strong Beginnings project</b> launched by Terre des Hommes Netherlands to work with residential care providers and pilot foster care in three districts.</li> <li>• Several family strengthening and alternative care-related projects implemented (see Table 8)</li> <li>• <b>Uganda Child Helpline Service (SAUTI, 116),</b> launched in 2014.</li> </ul>
	Advocacy	<ul style="list-style-type: none"> <li>• <b>Ugandans Adopt Campaign</b> launched in 2011.</li> </ul>
	Workforce development	<ul style="list-style-type: none"> <li>• <b>The National Child Protection Curriculum</b> developed in 2012. Is being implemented at different levels by Makerere and Kumi Universities as either a professional certificate course or a module in the existing university-based social work programme.</li> <li>• <b>Alternative Care Training Curriculum</b> developed in 2014.</li> </ul>

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## Care reform in Uganda: Timeline of key system achievements

Year	System component	Care reform	
2015–2019	Laws, Policies and Strategies/Plans	<ul style="list-style-type: none"> <li>• <b>National Social Protection Policy, 2015.</b> Integrates children's care and protection into the national social protection policy under the component 'social care for children.'</li> <li>• <b>Second National Development Plan II (2015/16–2019/20)</b> developed.</li> <li>• <b>Standard Operating Procedures for family reintegration from remand homes and the National Rehabilitation Centre, 2015</b> developed.</li> <li>• <b>The Children (Amendment) Act, 2016</b> passed by parliament. Amendments to the Children Act outline the continuum of care and highlight the importance of family preservation, requiring ministries to develop prevention and early intervention programmes. Legal loopholes around ICA are also closed.</li> <li>• <b>National Action Plan for Child Well-Being (2016–2021)</b> developed.</li> <li>• <b>National Action Plan on Alternative Care for Children (2016/2017–2020/2021)</b> developed.</li> <li>• <b>Roadmap for Implementation of the Uganda National Social Protection Policy (2015–2020)</b> developed.</li> <li>• <b>Uganda Integrated Early Childhood Development Policy (NIECD), 2016.</b></li> <li>• <b>The National Integrated Early Childhood Development Policy Action Plan of Uganda (2016–2021)</b> developed to operationalise the NIECD.</li> <li>• <b>Uganda National Child Justice Strategy (2017/18–2021/2).</b></li> <li>• <b>Uganda National Parenting Guidelines, 2018</b> developed.</li> <li>• <b>Several regulations, guidelines and standards on alternative care,</b> developed (see Table 6).</li> </ul>	
	Workforce Development	<ul style="list-style-type: none"> <li>• <b>Minimum Standards and Competency Framework for Social Work Education and Training, 2019</b></li> </ul>	
	Monitoring and Evaluation	<ul style="list-style-type: none"> <li>• <b>National Guidelines for Routine Monitoring of Alternative Care, 2019</b> developed</li> </ul>	
	Advocacy	<ul style="list-style-type: none"> <li>• <b>SAFe ('Strengthen African Families) Campaign, 2015</b></li> </ul>	
	Service delivery	<ul style="list-style-type: none"> <li>• Several family strengthening and alternative care-related projects, implemented (see Table 8)</li> <li>• <b>Uganda Child Helpline Service (SAUTI, 116),</b> launched in 2014.</li> </ul>	
	2020–2022	Laws, Policies and Strategies/Plans	<ul style="list-style-type: none"> <li>• <b>National Child Policy, 2020</b> approved by Cabinet in June 2020. Replaced the National Orphans and Other Vulnerable Children Policy, 2004</li> <li>• <b>Review of the National Framework for Alternative Care, 2012</b></li> </ul>
		Service Delivery	<ul style="list-style-type: none"> <li>• Several family-strengthening and alternative care-related projects implemented (See Table 8)</li> <li>• Effective 3 August 2020, all applications for intercountry adoption are handled by the Family Division of the High Court.</li> </ul>
Workforce development		<ul style="list-style-type: none"> <li>• <b>National Framework for Strengthening the Social Service Workforce, 2022</b> developed</li> </ul>	

# Endnotes

- 1 Care reform refers to changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available." Care reform is designed to lead to improvements in the care system which can be defined as the legal and policy framework, structures and resources that determine and deliver alternative care, prevent family separation, and support families to care for children well (UNICEF 2022). Retrieved from: <https://www.unicef.org/esa/media/10931/file/Creating-Synergies-Social-Protection-Care-Reform-ESA-2022.pdf>
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