Child Care Institutions in Selected Districts in Uganda and the Situation of Children in Care

BASELINE SURVEY REPORT

'Strong Beginnings – A Family for all Children' Project

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African Network for the
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against Child Abuse
and Neglect

Child Care Institutions in Selected Districts in Uganda and the Situation of Children in Care

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EXECUTIVE SUMMARY

This report presents findings of a baseline study for the *Strong Beginnings -- A Family for all Children* project. The study sought to gather comprehensive data on Child Care Institutions (CCIs) in the three project districts (Kampala, Jinja and Wakiso) and assess the wellbeing of children living in those institutions. The results were expected to inform the interventions aimed at improving CCIs' gate-keeping, improving the quality of care in CCIs, resettlement of children, and working towards promoting and strengthening family based alternative care. In addition, the report provides a baseline assessment against which the project performance would be measured. The study used a mixed methods design and data was collected between July and August 2014.

Key results

- The study covered 29 child care institutions: 27 institutions were privately owned, while two CCIs were under the Ministry of Gender Labour and Social Development.
- A total of 1,282 children were living in the CCIs surveyed. There were more boys (725) than girls (557) in the institutions.
- The mean age of children in the surveyed child care institutions was 8.5 years. The majority of children in institutions were between the ages of four and 14 years (55 per cent); and 28 per cent of the children were less than three years old. Regrettably, there were 67 young adults (nearly 7 per cent) aged between 18 and 28 years still living in children's institutions and counted among the children receiving care.
- About half (45 per cent) of children were aged 0-3 years at the time they were placed in the institutions; 15 per cent of children were placed into institutions before attaining six months. This is quite alarming considering the detrimental effects of institutionalisation particularly on children less than three years.
- More than two-thirds (64 per cent) of the children living in the CCIs had at least one living parent, 13 per cent had lost both parents.
- Material poverty, rather than lack of caregivers, emerged as the main reason for placing children in institutions.
- The placement of majority of children in the CCIs occurred in contravention of legal procedures with more than half of them (51 per cent) admitted without a care order.
- Data show that some CCIs staff encouraged and/actively solicited parents and families to place their children in the institutions.
- Many children spent very long periods, and often their entire childhood, in institutions: 32 per cent of the children living in institutions at the time of the study had already spent four or more years in the respective institutions.
- Less than half (43 per cent) of the children among those have parents or relatives were in regular contact with them (parents or relatives).
- Out of the 27 private CCIs, only nine were registered as approved babies' and children's homes.

- The main funding source for the majority of CCIs was child sponsorship by private individuals outside of the country (35 per cent), followed by international NGOs or charities (27 per cent). Annual funding to individual CCIs ranged from UGX 21,500,000 ($ 8,269) to UGX 790,000,000 ($ 302,846).

- Many institutions had no interest in resettlement or considering other alternative care options, such as kinship care or foster care.

- There was very little evidence of professional care for children in institutions. In many CCIs, issues of case management, early childhood development, and child protection were not professionally handled.

- None of the CCIs surveyed had a well-developed system for tracking children that exit the institution.

- Quality care is compromised in many child care institutions, due to limited financial resources, lack of supervision, and minimal awareness about child development issues.

- There were limitations in supervision of child care institutions by Probation and Social Welfare Officers (PSWOs) and minimal knowledge of and adherence to the minimum care standards outlined in the Approved Babies' and Children's Homes Regulations (2012) and the Uganda National Alternative care Framework.

- Some community members, and institution's management and staff had a positive perception of institutional care, and were not aware of the negative effects caused by institutionalisation.

Recommendations

a) **Promote deinstitutionalisation**: Child care institutions should be supported to move children from institutions into family based care, following a careful process of child assessment, family tracing and assessment and preparation, with ongoing support and monitoring. Institutional placements should be temporary and/or rehabilitative, with effort made to transition the child into family care.

b) **Capacity building**: CCIs should be supported by Government and NGO actors to build their capacity to successfully undertake family tracing, reunification and re-integration of children; and to work with Government and other actors to undertake long term follow up and support to households where children have been resettled.

c) **Strengthen gate keeping mechanisms**: The gatekeeping mechanisms should be strengthened, especially at district level so as to avoid unnecessary institutionalisation of children.

d) **Expand sensitisation to managers and staff in CCIs**: Staff in CCIs should be sensitised on the alternative care options and encouraged to learn from those that are already implementing community based interventions to enhance family preservation. The sensitisation should also be combined with necessary programming that is holistic to include poverty alleviation, family planning, compliance with legal requirements and support to experiment with the newer approaches to child care and protection.

e) **Improve documentation and recordkeeping:** CCIs' administrators should be oriented on recordkeeping for children in care institutions. CCIs should be supported to develop appropriate and efficient data base systems to keep track of children that enter and/or exit the institution. It should also be impressed upon CCIs the need to include in their six monthly report details

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by name, of every child admitted or discharged and the reason (e.g., admission—parental death, abandonment, economic distress; discharge—family reunification, foster placement, move to independent living, death etc), the location of the child following discharge, the name and location of the carer and confirmation that PSWO has been advised.

f) **Training and certification**

- The government and donors should offer scholarships to managers and staff in CCIs to receive professional training in relevant courses including child protection, alternative care and early childhood development.

- There was an apparent lack of awareness among CCI management of the regulations governing the registration and functioning of childcare institutions. These should be widely distributed and accessed to managers of CCIs and law enforcement officials.

- Effort should be taken to build the capacity of various stakeholders on the concept of deinstitutionalisation and family reunification.

g) **Improve case planning:** At a minimum, every child care institution must have a care order and care plan for every child, and should prioritise the placement of the child into appropriate family care as soon as possible. The continuum of care, or placement hierarchy, should be used to ensure that placement decisions are made to ensure every child lives in his/her own family, or placed after careful assessment of the best interests of the child.

h) **Implement family preservation interventions:** Support the implementation of family preservation initiatives that combine parent education and household income strengthening. This will pre-empt poverty related risk factors that result in family separation and subsequent institutionalisation of children.

i) **Popularise non-institutional alternative care options:** In an effort to promote domestic adoption and fostering of children, information relating to requirements and procedures should be readily accessible to nationals and local organisations to encourage more domestic adoption and fostering. The information should be easy to understand.

j) **Awareness raising**: Sensitisation and educational information on the negative impacts of institutionalisation should be widely shared to discourage institutionalisation of children.

k) **Further research:** Additional research is needed to widely assess the quality of care at the CCIs; exploration of incentives that would attract caregivers to adopt alternative care options with institutional care being considered as a last resort; studies to compare the costs of the different alternative care options and if saving would accrue by investing more in family-based care options. Research is also needed to assess the wellbeing of children placed in different alternative care options.

LIST OF ACRONYMS AND ABBREVIATIONS

ACC	Amahoro Children Centre
AHCM	Another Hope Children's Ministry
AIDS	Acquired Immunodeficiency Syndrome
ANPPCAN	African Network for Prevention and Protection against Child Abuse and Neglect
ASU	Arise And Shine Uganda
CBO	Community-Based Organisations
CCIs	Child Care Institutions
CRC	Convention On The Rights Of The Child
DP	Dwelling Places
FGD	Focus Group Discussion
GMCH	God's Mercy Children's Home
HC	Heart of a Child
HIV	Human Immunodeficiency Virus
ICF	I am Children's Family
IDI	In-Depth Interview
IM	Imani Milele
ISA (C4K)	International Support Aid (Care 4 Kids)
KCM	Komamboga Children Ministries
KII	Key Informant Interviews
KMI	Kwagala Ministries International
KNRC	Kampiringisa National Rehabilitation Centre
LH	Loving Hearts
MCCC	Mercy Child Care Centre
MGLSD	Ministry of Gender, Labour and Social Development
MJCH	Mama Jane Children's Home
NBH	Nsambya Babies' Home
NGOs	Non-Governmental Organisations
NRC	Naguru Reception Centre
OCH	Oasis Children's Home
OWO&E/WUCCOEF	One World Orphanage And Education/Whisper Union for Child Care Outreach and Education Fund
PSWOs	Probation and Social Welfare Officers
PUBH	Purpose Uganda Babies' Home
RAM	Rafiki Africa Ministries
RCH (FDLM)	Rapha Children's Haven (Fathers Divine Love Ministries)
RH	Redeemer House
SBH	Sanyu Babies' Home
SCI	Sozo Children International

SH	Ssubi Home
TFO/ABC	Total Family Outreach/Amani Babies Cottage
TVCP	Tycaria (Victory Childcare Project)
UNCRC	UN Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WHM	Welcome Home Ministries

GLOSSARY OF TERMS

Adoption: Adoption is the process through which a person acquires the right to take permanent custody of a non-biological child and legally becomes the parent of the adopted child.

Alternative care: Care provided to children who are deprived of parental care. Alternative care may also be described as a formal or informal arrangement whereby a child is looked after outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child's parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents. Alternative care: Article 20 (2) of the Convention on the Rights of the Child (CRC) accords children who are temporarily or permanently deprived of their family environment, or whose own best interests prohibit being allowed to remain with their family, the right to alternative care.

Child: A child is legally recognised as a male or female under the age of 18.

Child care institution: An establishment founded by a governmental,non-governmental, or faith-based organisation to provide alternative care. A child care institution may also be referred to as an orphanage, children's home, or children's village. A typical charateristic of an institution is that it is a group living arrangement with paid caregivers.

Domestic adoption: An adoption wherein the adoptive parents and the adopted child are of the same nationality and have the same country of residence.

Family-based care: A form of care arranged for a child that involves living with a family other than his/her birth parents. The term encompases fostering, kinship care, and adoption.

Family preservation: A range of support strategies meant to prevent the family from breaking up, and to protect children from abandonment.

Foster family: A family selected by an authorised organisation or government institution to temporarily provide an unaccompanied child with physical care, emotional support, and protection for a (legally) specified period of time.

Gatekeeping: Set of measures put in place to effectively prevent children from unnecessary initial entry into alternative care or, if already in care, from entry into an institution.

Intercountry adoption: An adoption that involves adoptive parents from one country and an adopted child from another country.

Kinship care: Family-based care within the child's extended family or with close friends of the family known to the child. Kinship care may be formal or informal in nature.

1.0 INTRODUCTION

1.1 Institutional Care: Background and Context

In Uganda, as in other developing countries, some children are temporarily or permanently deprived of their parental family environment and therefore require alternative care. Factors such as HIV and AIDS, child abuse and neglect, endemic poverty, migration and family breakdown have contributed to the increase in the number of children requiring alternative care (MGLSD, 2010, 2012; Walakira, Ochen, Bukuluki & Allan, 2014).

The Uganda *National Framework for Alternative Care* which operationalises the UN Alternative Care Guidelines and Article 20(3) of the UN Convention on the Rights of the Child (CRC) requires that institutional care is considered a last resort for children in need of alternative care—once all other care options along the continuum namely, family re-unification, kinship and community care, domestic adoption, foster care, inter-country adoption—have been exhausted (MGLSD, 2011). However, institutionalisation of children is still a reality in Uganda. Available evidence indicates that institutional care is used too often as a "first resort" response without consideration for or investment in Family-based Care Options (MGLSD, 2012). It is estimated that up to 50,000 children live in residential child care institutions (orphanages) in Uganda. This number however is considered by many to be a significant underestimate, given that many child care institutions are not only unregistered but are also unknown (MGLSD, 2012).

Ironically, the increase in institutional care has coincided with increasing awareness of and research into the negative effects of institutionalisation on children's physical, emotional, and cognitive development (Browne, 2009; Csaky, 2009; Johnson & Gunnar, 2011). Research has largely demonstrated that institutional care is harmful to children, with long-term effects on their health and psychosocial development. For children in emergency situations and with no other means of support, high-quality institutional care can provide transitional, rehabilitative, or interim special needs care. As a primary or long-term solution, however, child care institutions cannot replace the loving care of family and too often fail to meet the social, emotional, cognitive, and developmental needs of children (Boothby et al., 2012; Faith to Action Initiative, 2014). The detrimental effects of residential child care institutions are increased when children are placed there at an early age and/or for long periods of time (Browne, 2009) within institutions with large numbers of children and few caregivers (Browne, 2009; Csaky, 2009; Faith to Action Initiative, 2014).

A robust body of evidence over the last 30 years demonstrates that families provide the best environment for a child's development. Studies across a wide range of cultures and contexts have consistently demonstrated the positive impact family care has on children's growth and development (Groark & McCall, 2011; Smyke et al., 2007). Even high quality residential care cannot replace families (Faith to Action Initiative, 2014). In seminal studies, children raised in biological, foster, and adoptive families demonstrate better physical, intellectual, and developmental outcomes compared to children living in institutional care (Smyke et al., 2007; Van IJzendoorn, Bakermans-Kranenburg & Juffer, 2007). Research shows that even the most modern and well-equipped institutions fall short

in providing the stimulation and individualised attention indispensable for a child to thrive, and that even in small scale 'orphanages' (child care institutions) there can still be negative consequences to children's development (Faith to Action Initiative, 2014). Studies have therefore underscored the need for effective interventions to strengthen families, and to prevent unnecessary separation.

1.2 The "Strong Beginnings – A Family for all Children" Project

The "Strong Beginnings – A Family for all Children" project was conceived against the above background. The project is a result of Terre des Hommes Netherlands engagement with Alternative Care experts in Uganda, the Ministry of Gender, Labour and Social Development, and other key stakeholders such as UNICEF. The overall goal of the project is to promote family based care for children living without appropriate care in line with the existing legal and policy framework for the provision of alternative care to children in Uganda. Specifically, the project seeks to enhance preservation of families and prevention of unnecessary separation of children, reintegration of children from child care institutions into family care, and improvement in the quality of care in residential homes with a renewed commitment to permanent family-based care and increased capacity to ensure the continuum of care.

The project is funded by Terre des Hommes Netherlands, a Dutch non-profit organisation based in The Hague, and implemented by a consortium comprising four organisations: Child's i Foundation, African Network for Prevention and Protection against Child Abuse and Neglect (ANPPCAN), Alternative Care Initiatives, and Makerere University, Department of Social Work and Social Administration. This project is delivered through close collaboration with the Ministry of Gender, Labour and Social Development and the Community Based Services Departments in three districts: Jinja, Wakiso and Kampala.

1.3 Objectives and Scope of the Baseline Study

The baseline study sought to gather comprehensive data on child care institutions in the three project districts and to assess the situation of children living in these institutions. The aim of the study was to provide critical analysis and recommendations that can inform the project interventions aimed at improving CCIs gatekeeping, resettlement of children and providing family based alternative care. The study also provides a baseline assessment against which future progress can be measured. Specific objectives include the following:

- Objective 1: To study the profiles of CCIs, common care practices and procedures, to understand the care environment and its implications for the general wellbeing of children.
- Objective 2: To undertake an audit of children in the care institutions so as to profile the children and document reasons for their placement.
- Objective 3: To gather qualitative data from a sub-sample of children concerning their personal experience of living in institutions.
- Objective 4: To assess the capacity of MGLSD to fulfill its mandate with respect to the approval and inspection of CCIs and identify areas for further support.

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2.0 METHODS AND PROCEDURES

2.1 Study design

The study employed a mixed methods design. The study included both qualitative and quantitative information from a varied group of stakeholders and informants, including management and staff of institutions, government officials, community members, and children in institutional care. The methodology used to collect qualitative and quantitative data included institutional assessment, in-depth interviews, Focus group discussion (FGDs), and review of case records.

The study was developed through consultations between the Makerere University, Department of Social Work and Social Administration, Child's i foundation, ANPPCAN, Alternative Care Initiatives and the Ministry of Gender Labour and Social Development. Data collection took place over a period of four weeks, between July and August, 2014.

2.2 Study sites

Data was collected from 27 non-governmental institutions and one government CCI in the three project districts: Wakiso, Kampala, and Jinja districts. In addition, we collected data from one government CCI—Kampiringisa National Rehabilitation Centre (KNRC) located in Mpigi District. In total, 29 child care institutions were involved in the study (see Annex I). Team members visited each of the 29 institutions during the data collection phase. This report therefore reflects only the situation of the 29 institutions included in the study.

2.3 Data collection methods

2.3.1 Quantitative component

Institutional assessment-An institutional assessment form was used to collect data from the 29 child care institutions. The form was in general used to document information about each CCI. Specifically, data was collected on number of years an institution had been in operation, the number of children in each CCI, criteria for entry and exit of children into and from the institutions, registration, financing, and operational standards, among others.

2.3.2 Case record review

Accessible children case files (1,036) were reviewed from 28 of the 29 child care institutions, using a case record audit form which gathered data about individual children living in these institutions. The form captured basic demographic information about each child (age, sex, parental status, and disability status), current education attendance, reason for placement into care, and date

of admission, among others. One government institution—Kampiringisa National Rehabilitation Centre—does not maintain individual case files for children withdrawn from the street situations. The institution only keeps an admission and exit register for such children. In addition, KNRC admits children in conflict with the law (CICL). While the institution keeps records of these children, the study did not set out to review records of CICL.

2.3.3 Qualitative component

The qualitative component included Focus Group Discussions and in-depth interviews with children, community members and selected key informants. The qualitative data provided rich insights regarding views on institutionalisation, quality of care, perceptions about institutional care vs. family-based care, reasons for children's placement in the institution, children's experiences of living in these institutions, recommendations for improving institutional care and other alternative care options, community responses to orphaned and vulnerable children, and examples of good practice in existing institutions.

FGDs with community members: 10 FGDs were conducted with male and female community members in selected communities to gather qualitative data on: (a) community perception of institutionalisation, (b) perceptions of adoption and foster care among others.

FGDs with children: We conducted 10 FGDs with children in selected child care institutions to gather information about their experiences and perception of life in an institution. Focus Group Discussions involved conversations, participatory games and drawings. Special effort was made to ensure that focus groups with children and young people were child-friendly.

In-depth Interviews (IDIs): In-depth interviews were conducted with institutionalised children (12+ years), and several informants including MGLSD representatives at national and district level, and directors of child care institutions.

Table 1: Data collection methods and sample size

Data Collection Method	Participant Type	Category	Total	Wakiso	Kampala	Jinja
Quantitative approach						
Institutional Assessment	CCI management staff	CCI administrators	**29**	9	10	9
Case Record Review	Case records of children placed in CCIs	Children	**1,036**			
Qualitative approaches						
Focus Group Discussion	FGD with community members	Male	**10**	2	4	4
		Female				
	FGD with children in selected CCIS	Girls ≤ 17 years		3	4	3
		Boys≤ 17 years	**10**			
In-depth Interviews	Children in selected CCIs		**5**	5	0	0
	LG staff	PSWO, CAO	**4**	1	1	2
	CCI management staff	CCI administrators	**4**	1	2	1

2.3.4   Quality control issues

Development and pre-testing of study instruments

Six separate data collection tools and their corresponding Informed Consent (IC) and Assent (IA) Forms were developed for data collection. These included: (i) the Institutional Assessment Form, (ii) the Care File/Record Review Form, (iii) FGD/IDI guide for Children, (iv) FGD guide for community members, (v) IDI guide for key informants at national and district level, and (vi) IDI guide for CCI administrators. All study tools were pre-tested separately as part of fine-tuning and implementation validity, and modified accordingly.

Training of field data collectors and on-site data collection supervision

All field data collectors were trained in preparation for baseline data collection. Areas addressed during the training included: (iv) project and study background, (ii) basic interviewing skills for data collectors, (iii) study procedures and methodologies used for data collection, and (iv) ethical issues concerning research with children. Data collectors were also trained on how to use the different study tools.

In addition, on-site supervision of data collection was done by the project staff. These included lead research team members and supervisors. Key activities for the team included the coordination and maintenance of oversight during the data collection process and making prior arrangements for data collection in consultation with key community persons where data would be collected. Ensuring that ethical standards were enforced, reviewing completed survey tools on a daily basis to ensure completeness and accuracy; and ensuring safe and confidential data storage in the field and during transfer.

2.3.5   Data management and analysis

Quantitative data: Quantitative data was captured using Epinfo7 and analysed in STATA (Version 12).

Qualitative data: All FGD and IDI were recorded, transcribed, translated and entered into Microsoft Word. Transcription of FGD was aided by notes taken during discussions. Transcripts were checked for accuracy and then imported into qualitative analysis software (Nvivo 8) for coding and thematic analysis. Data was analysed following the principles of thematic analysis, according to the precepts of grounded theory (Bernard, 2006).

2.3.6   Ethical considerations

- The responsible government institutions at the district level were officially informed in writing about the pending study, and their collaboration was requested. Also, permission was obtained from the director of every participating institution.
- All interview and Focus Group Discussion respondents received verbal explanation from the data collectors, including the purpose of the study and confidentiality rules. Verbal consent was obtained from each informant. Specific respondent information (i.e., name, address) was not recorded during data collection, analysis, or in the study report. In addition, stringent ethical

regulations and requirements regarding research involving children were followed during IDIs and FGDs with children.

- Also, supervisors responsible for monitoring the data collection of the enumerators (data collectors) ensured that all collection, checking, and review processes were appropriate and ethical.

2.3.7 Study limitations

Records of children placed in the institution: The institutions surveyed were the absolute holders of all records of children admitted in the institutions. As such it was not possible to verify data from a second source or to clarify any gaps and inconsistencies. Local authorities do not hold any records of children in their areas that are living in institutions, even in cases where these authorities have directly referred children to institutions. Therefore, we relied solely on the CCIs to provide data about children in their care.

Nonetheless, the use of different qualitative and quantitative techniques and the inclusion of various groups of informants in the study were of great value, and enhanced data quality.

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3.0 RESULTS: CHILD CARE INSTITUTIONS AND PROFILE OF CHILDREN IN CARE

3.1 Profile of Surveyed Child Care Institutions (CCIs)

We surveyed 28 child care institutions in the three project districts and one in Mpigi district. Twenty seven institutions were privately managed while two were under the management of the Ministry of Gender Labour and Social Development. The two government institutions—Kampiringisa National Rehabilitation Centre (KNRC) and Naguru Reception Centre (NRC) were established in 1952 and 1959 respectively.

About 62 per cent of the private CCIs (18 of 27) had been established in the past 10 years; 10 of these were established less than five years ago. The oldest private CCI, Sanyu Babies' Home and Nsambya Babies' Home (Kampala), were established in 1929 and 1966 respectively.

Table 2: Year of Establishment (private CCIs)

Year of Establishment	Number
1989 and before[1]	4
1990-1999	2
2000-2003	3
2004-2008	8
2009-2013	10

3.1.1 Registration

Out of the 27 private CCIs, only nine (33 per cent) had been registered as approved babies and children homes. The rest (67 per cent) are registered either as Non-Governmental Organisations (NGOs, n=14), or Community Based Organisations (CBO, n=4). Notably, the four CCIs registered as CBOs were in Jinja district. The data indicates that most of the CCIs are not licensed to operate as approved children and babies' homes. Rather they are registered as Non-Governmental organisations or Community Based Organisations working for the development of their communities, and thus, taking care of children without being authorised to operate as children's homes is in contravention of the Approved Babies' and Children's Homes Regulations (2012) developed by the Ministry of Gender Labour and Social Development.

3.1.2 Funding and funding source

The main source of funding for the majority of CCIs was child sponsorship by persons or individuals outside of the country (35 per cent), followed by international NGOs or charity (27 per cent). The

annual budgets for the CCIs ranged from UGX21,500,000 ($ 8269) to UGX790,000,000 ($ 302,846). These data shows that over 80 per cent of funding of private institutions comes from outside the country.

Figure 1: Source of Funding for CCIs
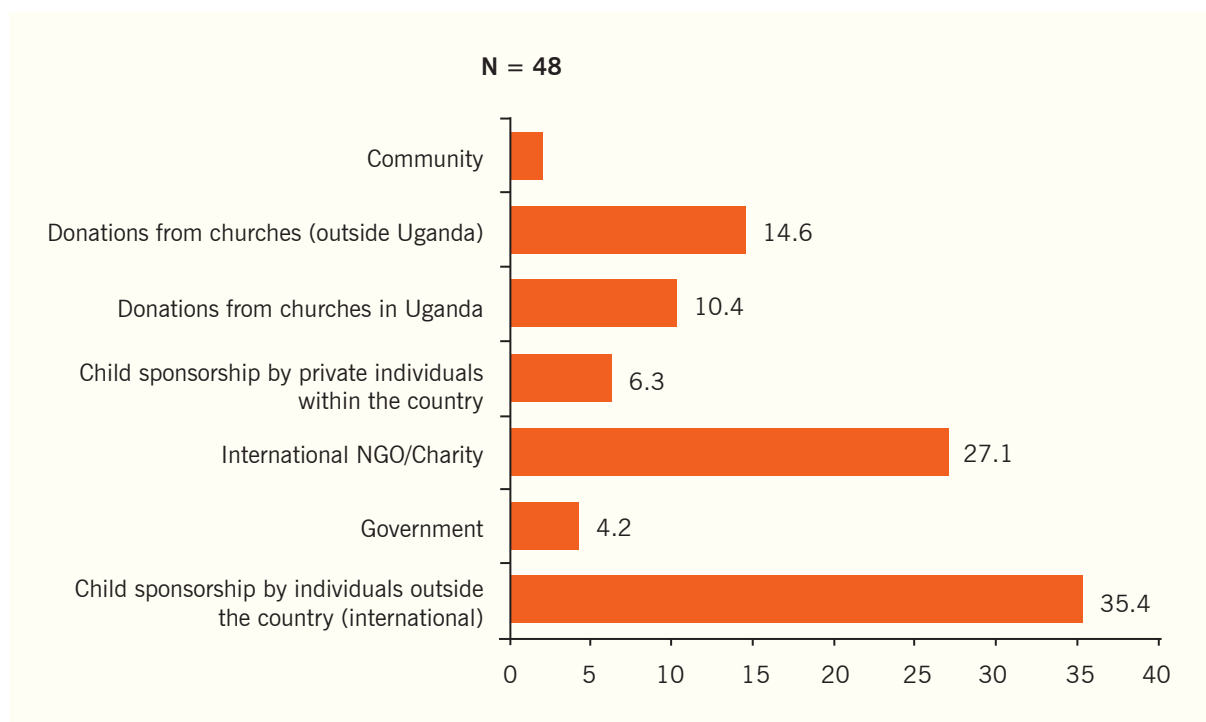
3.1.3 Number of children in residential care institutions

The 29 child care institutions (CCIs) surveyed had a total of 1,282 children. On average, each CCI had 44 children. There were more boys (725 –57 per cent) than girls (557—43 per cent) in the institutions. The total number of children in the 27 private child care institutions was 984 (510 male—52 per cent, and 474 –48 per cent female). In terms of children, the smallest private CCI had 11 children while the largest had 76 children.

The two government institutions surveyed i.e. Kampiringisa National Rehabilitation Center and Naguru Reception Center had 172 and 127 children respectively. The total number of children in KNRC includes children in conflict with the law (9 girls and 112 boys) and children withdrawn from the streets (17 girls and 34 girls). The mix of children in conflict with the law (who need of correction or rehabilitation) and those who are not (possibly in need of care and protection) presents programming challenges as the approach to working with the two categories of children needs to be different.

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Table 3: Number of children in CCI, by type of institution and district

	Wakiso		Jinja		Kampala		Mpigi		TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Government (N=2)	-	-	-	-	70	57	146	26	216	83
Private (N=27)	154	161	192	166	164	147	-	-	510	474
Total	**154**	**161**	**192**	**166**	**234**	**204**	**146**	**26**	**726**	**557**

Table 4: Number of children in private CCIs by age and gender

	Age Group	# Male	# Female	Total
Private CCI	0–3	163	114	277
	4–6	93	72	165
	7–10	75	87	162
	11–14	100	91	191
	15–17	43	66	109
	18+	30	35	65
	Unknown	6	9	15
Total		**510**	**474**	**984**

3.2 Profiles of children in the CCI

This section presents an analysis of all case files of 1,036 children in a representative sample of 28 child care institutions (27 private, 1 government) in Kampala, Jinja and Wakiso districts. This represents 81 per cent of the children in all the surveyed institutions.[1]

3.2.1 Sex and age of children in the institutions

Overall, there were more boys (53 per cent) than girls (47 per cent) in care institutions. However, in Wakiso district, there were more –girls (53 per cent) than boys (47 per cent). The mean age of children in the surveyed child care institutions was 8.5 years. The majority of children in the surveyed institutions were aged 10 and below (60 per cent). Of these, about half (28 per cent) were below three years. Almost 45 per cent of children entered institutions between 0-three years (see Figure 3). Research shows that institutional care is particularly damaging for infants between 0 and 3 years (Browne, 2009, p. 14). This is because early childhood, the period between 0 to 3 years, is the most important developmental phase in life.

Regrettably, there were 67 young adults (nearly 7 per cent) aged between 18 and 28 years still living in children's institutions and counted among the children receiving care. This reflects the failure on the part of institutions' management to adequately prepare for reintegration of young people before they turn 18 years.

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1   In some institutions not all child case records were filed.

Figure 2: Sex distribution of children in CCIs

	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Overall (n=1036)
Female	44.2	45.1	52.6	46.9
Male	55.8	54.9	47.4	53.1
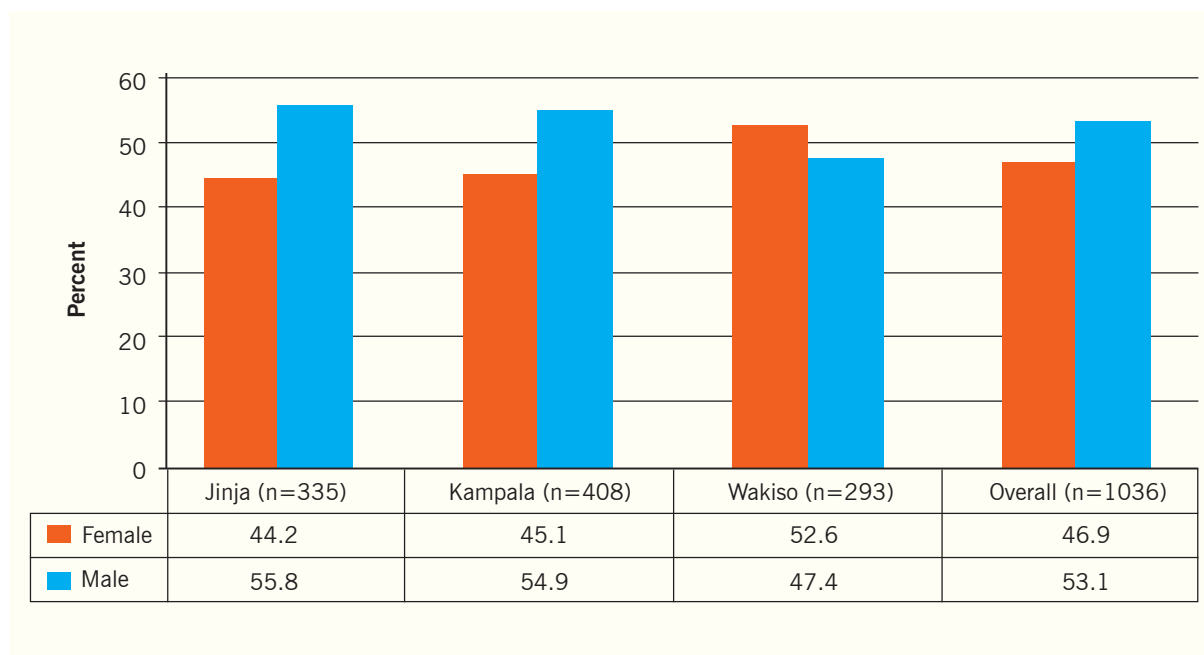
Table 5: Age distribution of children by district

Current Age of the child	Jinja		Kampala		Wakiso		Total	
	No.	%	No.	%	No.	%	No.	%
0–3 Years	96	28.7	114	27.9	80	27.3	290	28
4–6 Years	47	14	54	13.2	40	13.7	141	13.6
7–10 Years	48	14.3	76	18.6	63	21.5	187	18.1
11–14 Years	75	22.4	86	21.1	75	25.6	236	22.8
15–17 Years	41	12.2	45	11	29	9.9	115	11.1
18+ Years	28	8.4	33	8.1	6	2	67	6.5
Total	**335**	**100**	**408**	**100**	**293**	**100**	**1036**	**100**

3.2.2 Age at admission

Figure 3 presents the children's ages at the time when they were placed in care. The majority of children (63 per cent) entered the institutions during the first six years of their lives. The large number of children placed at age between 0-3 years (466 or 45%) is alarming bearing in mind the especially detrimental effects of institutionalisation on children in that age bracket.

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Figure 3: Children's age at the time of placement, by district

	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Overall (n=1036)
■ 0 – 3 Years	48.7	35.8	53.6	45
■ 4 – 6 Years	18.8	17.6	18.1	18.1
■ 7 – 10 Years	19.7	21.3	16.4	19.4
■ 11 – 14 Years	11	20.6	10.2	14.6
■ 15 – 17 Years	1.5	2.9	1	1.9
■ 3 + Years	0.3	1.7	0.7	1
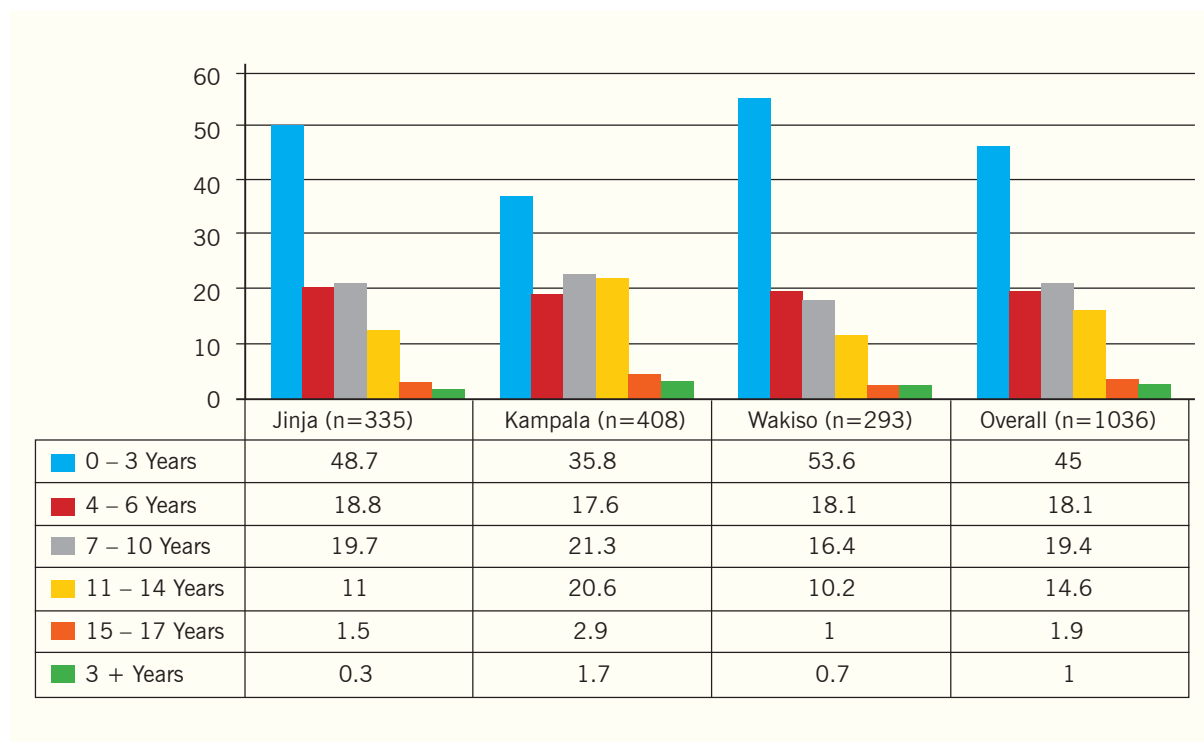
The study further reveals that about 15 per cent of children were placed into institutions before the age of six months and half of these were admitted when they were less than one month old. This has implications for the developmental outcomes of such children. Research has demonstrated that infants who are institutionalised before the age of six months suffer long-term developmental delays (Marcovitch et al., 1997; Rutter, 1998).

3.2.3   Parental status of children in the institutions

Figure 4 shows that the majority of children in residential care are not double orphans. More than two-thirds (64 per cent) of the children living in all sampled CCIs have at least one living parent; 31 per cent of children have lost one parent and 13 per cent are double orphans i.e. have lost both parents. The parents' status of 22 per cent of the children was not known. These parents had simply disappeared from the lives of the children and there was no information on their whereabouts. This data partly reflects a certain lack of investigation and tracing at the point of or immediately after admission of children into care.

Figure 4: Parental status of children aged between 0-17 years

	Jinja (n=307)	Kampala (n=375)	Wakiso (n=285)	Overall (n=969)
■ Both parents living	29.3	38.9	29.6	33.1
■ Lost both parents	21.2	8.3	11.8	13.4
■ One parent living	37.5	29.3	27.2	31.3
■ Unknown	12.1	23.5	31.4	22.2
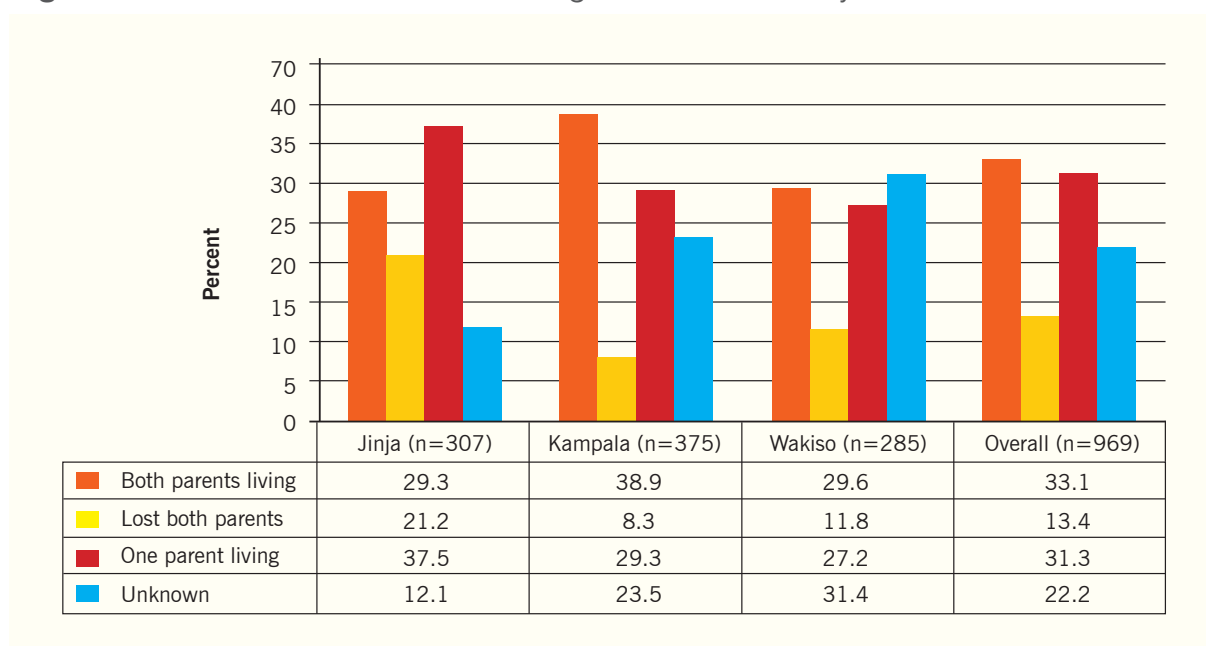
3.3 Admission of children into child care institutions

I came from Kabasanda [Butambala District] with my father. One day, my mother came for us with my young brother, she took us to where they were registering children to enter the home, so this home registered my brother to join it, I wasn't registered **(Interview with Children, Jinja)**

About 42 per cent of the children were identified and admitted to the CCIs following referral by the police and/or probation and social welfare officer. Twenty eight per cent were admitted at the request of parents or relatives, 8.4 per cent were identified and admitted directly by CCI staff, 6.8 per cent were referred by local leadership and community structures, and 4 per cent were referred by other child care institutions (4 per cent).

Table 6: Referral routes for children: Persons/institutions who/which referred the child

	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Total (n=1036)
Identified and admitted directly by CCI staff	4.5	13	6.5	8.4
Referrals through church (es)	0.9	1	2	1.3
Referrals by local leadership structures	15.2	1.7	4.1	6.8
Referral by police/probation officer	27.5	54.4	40.6	41.8
At the request of relatives	42.4	23.3	19.5	28.4
Referral by another child care institution	3.3	2.5	7.2	4.1
Any other	6.3	4.2	20.1	9.4

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It is apparent from the information in Table 6 that residential care institutions have admitted children in a manner that is contrary to the Children Act and Approved Babies' and Children's Homes Regulations (2013). Uncontrolled placement of children in institutions represents a significant failure of government gatekeeping systems. Ideally, all formal and informal routes into child care institutions should be channeled through the Probation and Welfare Office. However, in most cases, the placement of the children in the CCIs occurred without the active involvement of the Probation and Social Welfare Office. In addition more than half of the children (51 per cent) in the CCIs were admitted without a court order.

Data also indicates that some CCI staff encourage and/or actively solicit parents and families to place their children in child care institutions. This is consistent with stories from some of the children in care.

3.3.1   Reasons for admission of children in CCI

Table 7 indicates the reasons for admission of children into CCIs. This study found that material poverty was the major reason for placing children in child care institutions. The majority of children in CCIs had either been given up by their parents/caregivers who, due to poverty, were unable to care for and support them (41 per cent) or had been abandoned (35 per cent). We found out that when some parents or guardians were unable to provide for their children's needs, they surrendered them to child care institutions. These data demonstrate the "pull factor" of CCIs as the means of meeting such basic needs as food, access to education, and other services for children. Other reasons for admission of children into child care institutions were death of a caregiver (26 per cent) or child abuse and neglect (18 per cent).

Table 7:   Reasons for admission of children into CCI by district

	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Total (n=1036)
Abandonment	31.3	35.8	41.0	35.8
Neglect/abuse	14.6	24.0	13.0	17.9
Death of caregiver	44.2	18.1	17.4	26.4
Material poverty	58.8	30.9	34.1	40.8
Unaccompanied[2]	0.6	9.3	2.4	4.5
Mother mentally ill	5.1	3.9	1.7	3.7
Incarcerated parents	3.9	1.5	1.4	2.2
Alcohol/drug abuse	2.4	2.5	1.4	2.1
Undetermined	0.6	1.2	5.5	2.2
Others		23.5	11.6	13.7

The reasons for children aged between 0-3 years entering institutions are presented in Table 8. The most mentioned reason is abandonment (53 per cent), followed by material poverty (31 per cent) and death of caregiver(s) (23 per cent).

Table 8: Reasons for placement of children aged between 0-3 in CCIs by district

	Jinja		Kampala		Wakiso		Total	
	N	%	N	%	N	%	N	%
Abandonment	68	41.7	87	59.6	92	58.6	247	53.0
Neglect/abuse	17	10.4	22	15.1	21	13.4	60	12.9
Death of caregiver	61	37.4	25	17.1	21	13.4	107	23.0
Poverty	78	47.9	26	17.8	42	26.8	146	31.3
Alcohol/drug abuse	3	1.8	5	3.4	2	1.3	10	2.1
Unaccompanied	15	9.2	14	9.6	4	2.5	33	7.1
Mother mentally ill	3	1.8	7	4.8	2	1.3	12	2.6
Incarcerated parents	1	0.6	0	0.0	3	1.9	4	0.9
Undetermined	2	1.2	12	8.2	10	6.4	24	5.2
Other	17	10.4	17	11.6	8	5.1	42	9

Table 9 shows the relationship between parental status and reason for admission of the child into a child care institution. For children whose parents were alive, the main reason for admission was material poverty. For children who had lost both parents, the reasons for admission were mainly material poverty and death of the caregiver.

Table 9: Reasons for admission to CCI by parental status

	Both parents living		One parent living		Lost both parents		Unknown		Total	
	N	%	N	%	N	%	N	%	N	%
Abandonment	103	32.1	8	6.2	91	30.1	160	74.4	362	37.4
Neglect/abuse	85	26.5	12	9.2	59	19.5	24	11.2	180	18.6
Death of caregiver	9	2.8	104	80.0	121	40.1	6	2.8	240	24.8
Poverty	136	42.4	68	52.3	133	44.0	15	7.0	352	36.4
Alcohol/drug abuse	3	0.9	1	0.8	14	4.6	1	0.5	19	2.0
Indiscipline	3	0.9	1	0.8	1	0.3	2	0.9	7	0.7
Incarcerated parents	14	4.4	0	0.0	7	2.3	2	0.9	23	2.4
Undetermined	7	2.2	0	0.0	4	1.3	12	5.6	23	2.4

Qualitative data reveals that the reason given for institutionalisation of children is often not a single issue but rather a combination of factors, including material poverty, death of caregiver(s), unwanted pregnancy, single parenthood, and the health condition of children or parents. Most participants, however, considered material poverty to be the main underlying cause for majority admissions. In most cases, poverty was exacerbated by the death of one or both parents. For example, some guardians (who in most cases were grandparents) reported that when their sons or daughters died, they were left with the responsibility of caring for the grandchildren and often they could not afford to do so and had to put the children into CCIs.

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3.3.2   Beliefs and attitudes that lead to placement of children in institutions

The study also revealed several beliefs and attitudes that contributed to the placement of children in the care institutions. For example, the belief that institutions offer better education opportunities for less privileged children was cited as a major reason in almost every interview conducted.

Similarly, parents and community members may be under the impression that a CCI is beneficial to a child because it fulfills some of his or her basic needs, without realising the detrimental effects it would have on the child's social, emotional, and cognitive development.

3.3.3   Length of stay in institutions

Figure 5 highlights the length of time that children have spent in CCIs. Data reveals that children spend very long periods, and often their entire childhood, in institutions which makes the transition into family life or independent living extremely challenging. The average length of stay for children in the CCIs was 2.8 years. Nearly one-third of the children (32 per cent) had been institutionalised for four or more years, and a quarter of the children (25 per cent) had been institutionalised for five or more years. This is contrary to the principle that requires that placement of a child in the CCI must not last longer than necessary and must have as its primary objective the best interest of the child and his or her successful social integration or resettlement as soon as possible.

Figure 5: Duration of stay in institution

	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Overall (n=1036)
≤ 6 months	7.8	31.6	6.5	16.8
> 6 –12 months	8.4	27.7	13	17.3
> 1 – 2 years	16.4	12.7	16	14.9
> 2 – 4 years	23	9.8	27.3	19
> 4 – 6 years	17.6	6.6	18.8	13.6
> 7+ years	26.9	11.5	18.4	18.4
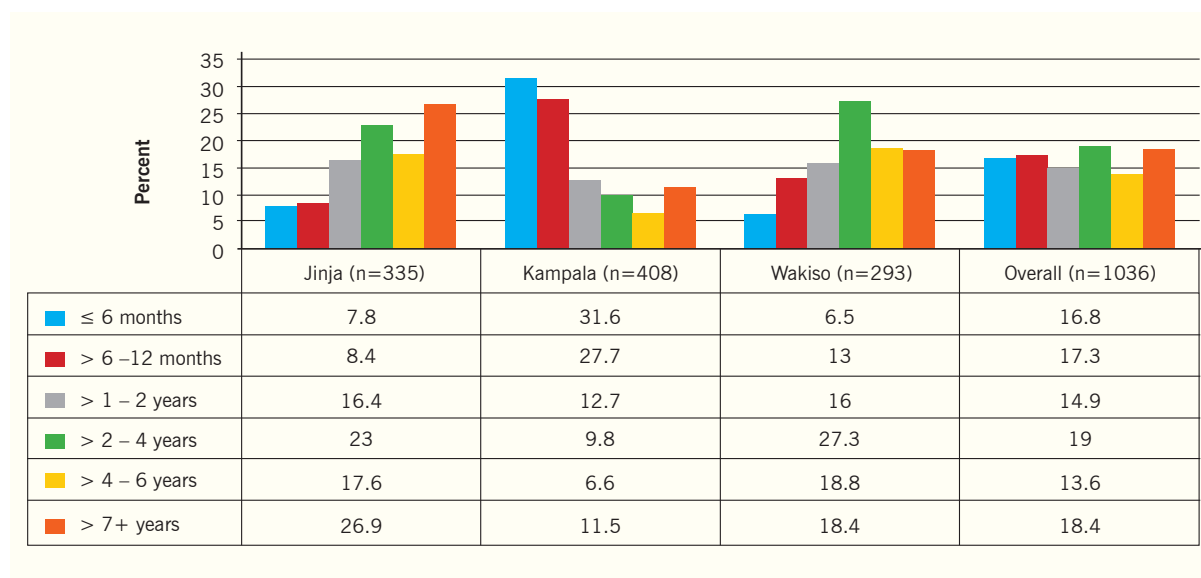
There is increasing evidence from research about the devastating effects on the health and development of young children if they stay longer than three months in institutional care (OHCHR, 2011). In our study, the proportion of children who had stayed longer than three months was 94 per cent. Collectively, the above data suggests that limited efforts are made by the CCIs to explore family-based care options for children in need of alternative care.
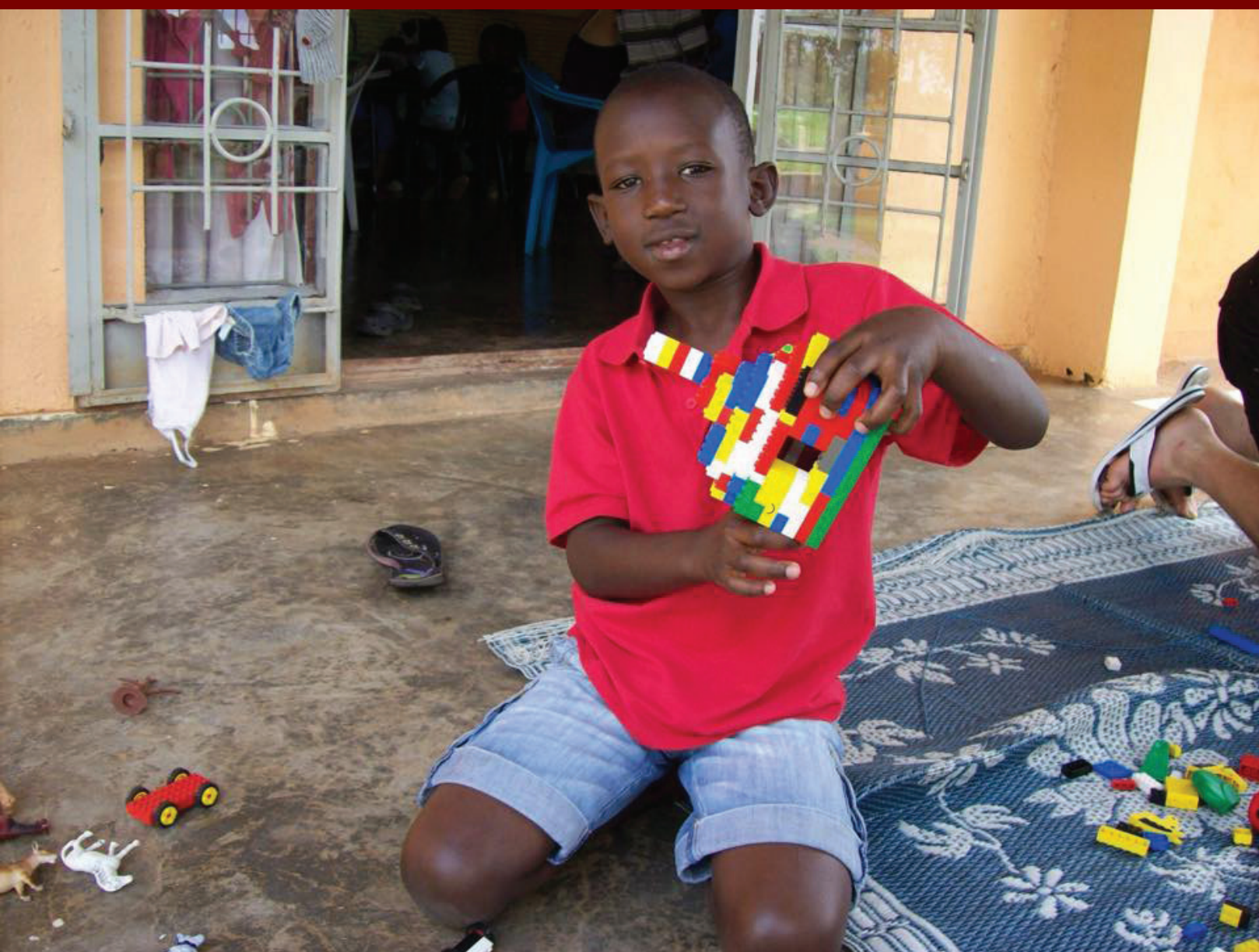
Data reveals children are spending very long periods, and often their entire childhood, in institutions which makes the transition to family life or independent living extremely challenging.

3.3.4   Children's contact with their parents, relatives and other significant adults

Children's right to contact their parents is enshrined both in the UNCRC and in Ugandan law. Regular contact with parents, relatives and other significant adults can help children in institutions to maintain a level of family continuity and closeness. It can also create preconditions for the child's return to his/her family and community. Institution staff members have an important role to play in family tracing and should do everything in their power to facilitate children's contact with family members.

In the context of this study, any child in the CCI who was visited by or visited his/her parents, a guardian or an adult family member within the last three months (prior to the study) was deemed to be in regular contact with parents and family (See Better Care Network & UNICEF, 2009). Findings show that less than half of the children in CCIs (43 per cent) have regular contact with parents and family.

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Figure 6: Children's contact with families

	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Overall (n=1036)
■ No	37.9	66.9	65.2	57
■ Yes	62.1	33.1	34.8	43
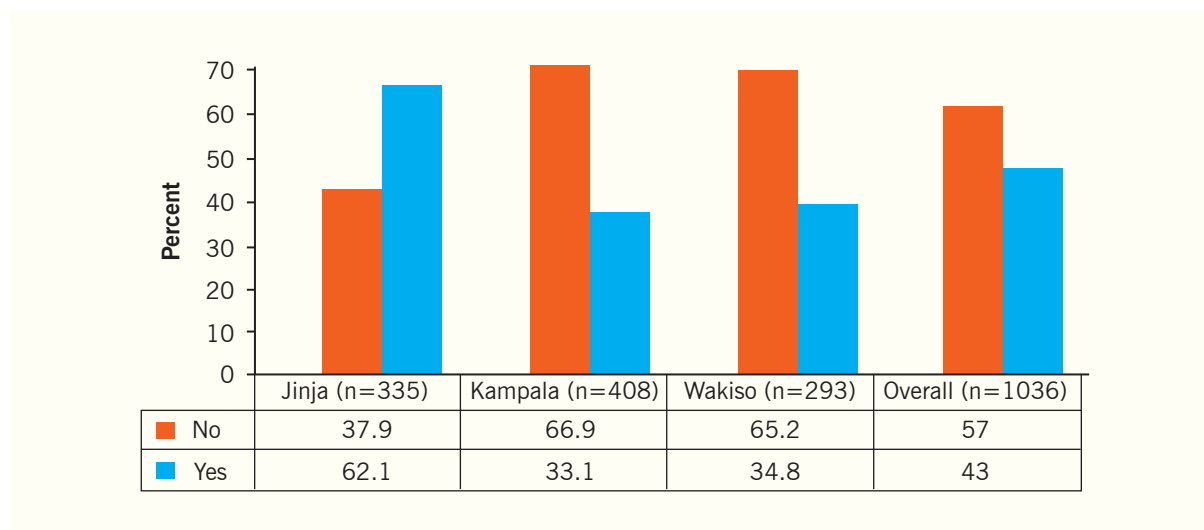
3.4 Children's health and disability

The survey paid attention to the children's health status and the presence of any disabilities or special needs. It is important to note that the findings are based on the views of institution staff members and written records kept at the institutions. No individual health checks or developmental assessments were undertaken as part of this survey.

Results indicate that 4 per cent of the children (42 of 1,036) in the CCIs had at least one form of disability: mental disability (n=16), physical disability (n=16); others (n=10). The child care institutions, in which these children lived were, however, ill-equipped to provide specialised care for such children. Only Arise and Shine babies' homes had some facilities for and trained staff to handle children with disabilities. Other institutions reported linking the children in their care to the necessary services. For example, one CCI in Jinja district taking care of a child with cerebral palsy reported that the child is frequently taken to CURE hospital in Mbale for medical attention.

Findings also indicate that about 35 children (out of 1,282 children) in the CCIs were suffering from chronic conditions, including HIV and AIDS (25 children).

The child care institutions in which these children lived were ill-equipped to provide specialised care, which makes the transition to family life or independent living extremely challenging.

Figure 7: Disability status of children in selected child care institutions by district

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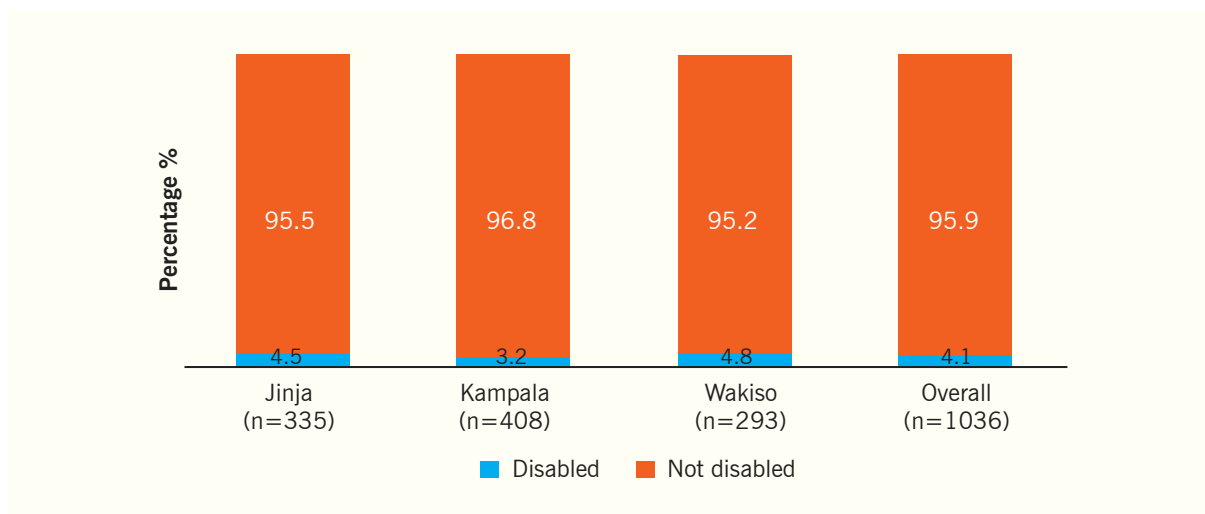
3.5 Access to education

A child care institution has the responsibility to provide educational opportunities for children. Table 10 shows the school attendance of school-age children (seven years and above) in the surveyed CCIs. Results show that 11 per cent (n=65) of school-age children were not enrolled in formal schools.

Table 10: Current school attendance by school going children

	Jinja (n=194)	Kampala (n=240)	Wakiso (n=170)	Total (n=608)
Attending a school in the community also attended by children not in formal care	84.0	62.1	86.2	76.0
Attending school within the institution	11.9	23.8	0.6	13.3
Receiving no education	4.2	14.2	13.2	10.7

Further analysis shows that 50 of 65 children school-age children (7+years) were undergoing what institutions described as "homeschooling." Generally, homeschooling means provision of education to children outside the formal settings of public or private schools. This means that these children are learning but not following the mainstream education system. Figure 8 shows the number of homeschooled children by age.

Figure 8: Number of homeschooled children by age
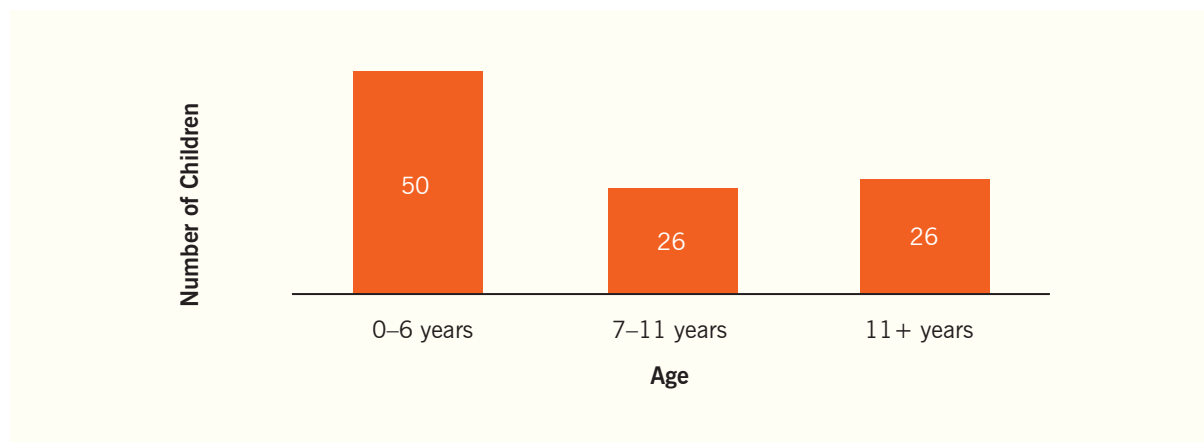
The presence of a large number of school-age children (7 years and above) not attending formal school is disconcerting. First, there is no way to ensure that all homeschooled children receive quality education. Second, the lack of quality control makes home schooling a dangerously deregulated enterprise: institutions neither use an approved curriculum nor monitor homeschooled students' educational progress through any sort of evaluation.

Regular contact with parents, relatives and other significant adults can help children in institutions to maintain a level of family continuity and closeness

4.0 CARE ENVIRONMENT: OPERATIONAL PROCEDURES, STANDARDS AND CARE PRACTICES

This section presents a general outlook of the care environment and places particular attention on the operational standards, procedures and care practices from 29 child care institutions—across four main categories: service provision, care planning and placement reviews, staffing and policy, and supervision, monitoring and reporting.

4.1 Provision of Basic Services

All CCIs provided basic services to meet the basic needs of children in their care such as education, food, clothing, psychosocial support and health care albeit in varying degrees of quality and quantity and often dictated by the amount of funding available for managing the institution.

Food: Seventy nine (79 per cent) of the CCIs (23 of 29) have a feeding plan (menu chart), but 21 per cent lack such a plan. Two-thirds (66 per cent or 19 of 29) of the institutions provide three meals a day, and 10 of 29 CCIs provide more than three meals a day.

Health and safety: All CCIs provided some health related services directly or indirectly to children in their care. All homes visited had arrangements with at least one private clinic/dispensary, government hospital or health centre to treat sick children in their care. More than half of the CCIs (55 per cent) reported that sick children were taken to the nearest private clinic/dispensary, while 38 per cent take them to the nearest government hospital or health centre.

Ten out of the 29 CCIs had a sick bay where children with minor ailments could be treated from. Only three child care institutions had First Aid kits. Seven (24 per cent) of care institutions had first aid kits medical personnel and a sickbay for treating children.

Education: Eight out of 29 CCIs had a pre-primary school within the institution and two had a primary school. Only one CCI—KNRC—had a vocational training institute. A total of 18 out of 29 institutions reported that all school-age children were at the time of the study in school. Eight out of 20 CCIs reported that some of the school age children were not in school. Reasons why these children were not going to school included a child having a disability or joining an institution in the middle of the term, when enrolment was not possible.

4.2 Care Planning and Placement reviews

It is good social work practice—as highlighted in other studies of institutional care—to develop case plans for children with the goal of minimising the amount of time a child spends in institutional care (Browne, 2009; Csaky, 2009). The Uganda *National Alternative Care Framework* stipulates that

children in institutions should have an individual care plan and their placement should be reviewed periodically. The care plan should include an assessment of the child and their needs, and outline the actions necessary to ensure that institutionalisation is temporary and not a permanent solution.

However this study established that less than 10 per cent of the 984 children in the private CCIs had individualised care plans. In addition, there was no evidence of placement reviews for children in the majority of the CCIs, and very few institutions make case reports. This is especially revealing when only less than 10 institutions said they had some case report notes for the children in their custody. This could be due to inadequate social work capacity within these institutions.

4.3 Documentation and Children record keeping

All child care institutions are required to maintain individual children's files and records. Overall, all institutions do keep some case records of the children although the manner in which these are kept and the information they hold is often not consistent or comprehensive. In most of the child care institutions, it was evident that insufficient work had been done to extract information on the background of the child. In addition, for most case care plans, periodic reviews of the care plans were lacking. For example, in a number of institutions, children's details were inaccurate or missing. In some cases, children living in institutions were formerly abandoned before they were brought to institutions therefore they lack personal records. Even in institutions where data was available it was frequently not provided accurately or in full, leading to lack of comprehensive written records. In some cases children's stories were inconsistent with information on their case files.

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Table 11: Details on individual child files

Percentage of children with the following on their personal files	DISTRICTS			
	Jinja (n=335)	Kampala (n=408)	Wakiso (n=293)	Total (n=1036)
Birth certificate	15.2	19.1	9.6	15.2
Medical records	82.7	68.9	78.8	76.2
School records	50.4	45.3	55.3	49.8
Photo of child	63.9	65.4	89.1	71.6
Photo of parents	8.7	5.9	9.9	7.9
Case reports	31.3	23.5	28.7	27.5
Valid court care order	62.1	31.1	58	48.7
Address of parent or relative or caregiver	76.4	232	56.9	152
Mementoes from home	1.2	4	1	2

Table 11 shows that only 15 per cent of the children in the CCIs had birth certificates on their personal files. More than three-quarters (76 per cent) had medical records, and nearly half (49.8 per cent) had schooling records. Majority of the children (92 per cent) did not have their photos or photos of their parents or next of kin on their files and 28 per cent did not have their own photos on file. In most cases institutions would have some idea of the whereabouts of parents but never made any effort to establish the actual addresses.

4.4 Facilities and the physical environment

The physical environment of the care institutions was quite good, with the exception of Whispers, Rapha Children's Haven (Father's Devine Ministry), Mama Jane, International Support Aid (Care 4 kids), God's Mercy, and the two government institutions. Children live in modern houses that are mostly fenced off or located in places that offer privacy to children and staff.

In the majority of care institutions, boys and girls sleep in the same house but in different rooms separated by corridors. Typically, children sleep on wooden or metal bunk beds with foam mattresses, with an average of eight to ten children sleeping in each room and each child sleeping on a bed. In 20 out of 29 child care institutions, the beds were crammed into rooms that were too small (average size of ten feet by twelve feet) and the children had very little space for their personal belongings and movement.

On average, there are four to six bathrooms and toilets in the house with separate toilets designated for boys and girls in 65 per cent of the institutions. Each home has an eating area which is either a dining room or a multi-purpose hall that is also used for other activities such as worship or meetings/studying.

Safety in the setting

- 55 per cent of the CCIs have at least one fire extinguisher; 45 per cent did not have.
- 90 per cent of the institutions (26 out of 29) had a security guard.
- 79 per cent of the institutions confirmed that girls and boys had separate bedrooms.

4.5 Staffing and Policy

The number and level of training of staff varies greatly among CCIs. The number and quality of staffing was in most cases dictated by the amount of funding available to the institution and the number of children under care.

In the 29 surveyed CCIs, managers reported a total of 492 staff members, with 346 females and 146 males. Ages of staff members fell between 17 and 74 years (average age - 35). The age of staff members was reported in 358 cases. The age profile of staff members is presented in Figure 9. The roles of staff members in the institutions are presented in Table 12. A total of 134 (29 per cent) of the total number of staff are directly caring for the children. This suggests a very low staff to child ratio of 1:10. This is even made worse because some care staff work part time. This increases workload for care staff and undermines the quality of care.

A total of 88 (18 per cent) staff members provide psychosocial support to children, 28 (6 per cent) provide health care, and 1 per cent teach/tutor the children. The remaining 135 (28 per cent)of staff are not directly involved in providing care, but provide more support services including security, cleaning and food preparation.

Figure 9: Age profile of CCI staff

Age profile of CCI Staff (n=492)

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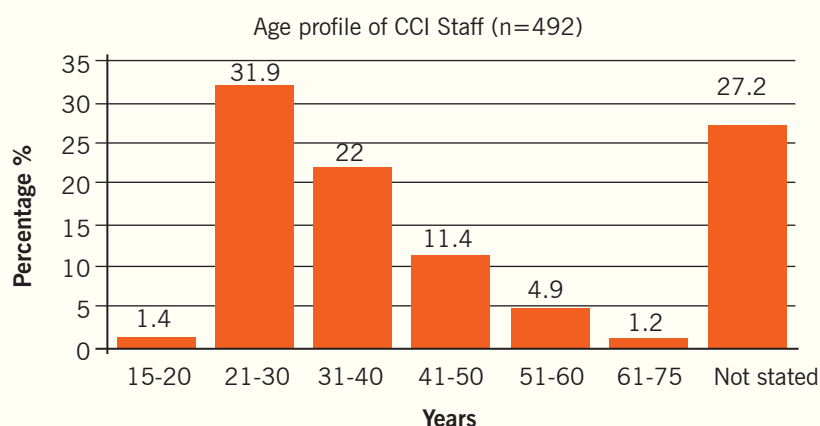
Table 12: Roles of staff members of institutions

Role	Description	N (%)
Direct care staff	Referred to as "mothers" in many institutions	134 (27.6)
Community Social Workers	Responsible for assessing children's needs and providing guidance and counseling. Also carry out family tracing and coordinate children's reintegration into their families and post-reintegration follow-up	88 (18.1)
Management staff	Includes institution directors, accountants and secretaries	96 (19.8)
Teaching staff	Includes teaching staff and tutors for nursery and primary schools located within institutions	4 (0.8)
Security staff	Includes day and night security staff	57 (11.8)
Cooks	Preparing meals for children	23 (4.7)
Crops and livestock staff	Responsible for any crops and livestock (such as cows, pigs and goats) that institutions own	15 (3.1)
Healthcare staff	Responsible for children's health issues	28 (5.8)
Cleaning and ancillary staff	Responsible for laundry, gardening and cleaning	28 (5.8)
Other		12 (2.5)
TOTAL		**485 (100)**

Eleven private CCIs (41 per cent) responded that they use documented recruitment and selection criteria for caregivers, although 16 (55 per cent) did not have documented criteria available. CCIs that had criteria for recruiting caregivers based their selection on; level of education, experience in child care, discipline, love for children, medical status, age/maturity, gender, marital status, willingness to care for children, and social skills. Twenty institutions (74 per cent) reported that they conducted reference checks for potential staff during recruitment to assess their suitability to work with children. For Government CCIs, recruitment was done by the Public Service Commission.

Fifty-five percent (16 out of 29) reported that they conducted regular formal staff evaluations/appraisals; 45 per cent did not conduct such appraisals.

In conclusion, a number of areas of concern were identified regarding the staffing of institutions:

- Low staff to child ratio: The ratio of staff to children is disproportional in many of the residential care institutions with too few staff for the number of children.
- Majority of institutions did not have proper staff recruitment procedures to recruit and deploy qualified staff to work with children.
- Two of 29 CCIs visited did not have any trained social worker.

4.6 Child protection and safety

4.6.1 Existence of child protection policies

To ensure the protection of children, it is essential that CCIs have in place child protection policies or at least, child protection guidelines. This is in accordance with minimum standards outlined by the UN Guidelines on Alternative care and the Approved Babies' and Children's Homes Regulations

(2013) developed by MGLSD. The child protection policy should outline clear interventions when a child has been abused, exploited, or neglected, and provide clear information as to how to proceed (i.e., to report the abuse and prosecute the perpetrator). Also, the policy should specify reporting mechanisms for children to report abuse, exploitation, or neglect by a staff member of the institution or by another child.

This study found that 82 per cent of institutions (24 out of 29) reported having protection guidelines, while 17 per cent (5 out of 29) did not have protection guidelines. Eight institutions (28 per cent) stated there was a complaint mechanism for children that allowed them to report child abuse or neglect; 21 institutions (72 per cent) did not have such a mechanism in place. Even where management of institutions claimed that complaint mechanisms existed, children rarely used them because they preferred to discuss problems among themselves.

Institutions also described a range of measures/mechanisms that they had put in place to ensure protection of children from abuse, neglect and exploitation. These are indicated in Table 13.

Table 13: Measures to protect children from abuse and exploitation

Measure to protect children from abuse by CCI staff:
- Establishing a code of conduct for staff
- Teaching staff appropriate disciplinary practices
- Encouraging children to report abuse
- Developing a child protection policy
- Staff training in handling children
- Constant supervision of the direct caregivers
- Cases of neglect, abuse, disappearance leads to expulsion

Measure to protect children from abuse by other children
- Establishing a code of conduct for children
- Separate sleeping rooms for boys and girls
- Sleeping rooms for different age groups to prevent bullying
- Children are encouraged to report whenever they have a problem
- Sanctions for children who abuse other children, including withdrawal of privileges, isolation among others
- Children are attached to mothers
- Separate bathrooms/ toilets for boys and girls

4.7　Gatekeeping system

Broadly, gatekeeping refers to policies, procedures and services to restrict the flow of children into institutions and contribute to their onward progression back to families or substitute families. Gatekeeping mechanisms should determine that there are no viable family care options available for the child prior to placing him or her in an orphanage. When placement is considered, it should be temporary and/or rehabilitative in nature, with every effort being made to transition the child back to family care. Gatekeeping therefore explicitly relates to restricting intake by institutions of children deprived of parental care or at risk of losing it and assisting their return to family care

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where appropriate. In the context of this study, an institution was considered to have an active gatekeeping system if:

a) The CCI had an established assessment process before admission of a child, and admission decision-making is based on assessment of the child's needs and circumstances.

b) Referrals for all children admitted to the CCI came through the Probation and Social Welfare Officer.

c) CCI implemented community and family-level interventions targeting vulnerable families and children.

d) CCI demonstrated evidence of follow up support for children resettled/placed in family based care.

e) CCI had an information system to help keep track of all children that enter and exit residential care.

Overall, our assessment indicates that none of the CCI surveyed met all the above gatekeeping criteria.

4.7.1   Admission of children

The majority of CCIs did not have institutionalised procedures or decision-making processes for determining whether CCI placement was absolutely necessary and appropriate for each child in question. It was evident in most CCIs that admission did not follow a strict procedure—involving assessment of the child's needs and family assessment, and exploration of the possibility of providing parents/guardians with support as an alternative to institutional placement. Even where it was done, the processes were not well documented and kept in the child's personal file.

In the absence of institutionalised procedures, children are admitted randomly and indiscriminately. A common practice is for police/local authorities, or a good Samaritan to take a child to a child care institution and requests for the child to be admitted in the home because the child "had been abandoned by her/his parents." In other instances, the decision to admit is simply made by the administrator of the institution upon receiving a verbal application by the parent or some other person who cares for the child. There are also anecdotal stories of directors of institutions, especially in Jinja district, sending staff out to villages to persuade families to send their children for admission in the care institutions.

Our data also indicates that in some instances the placement of children in the CCI occurred without the active involvement of the probation and welfare officers in the respective districts, and without court care orders (*see section 3.3*)

Figure 10: Sources of referral for children (n=29)
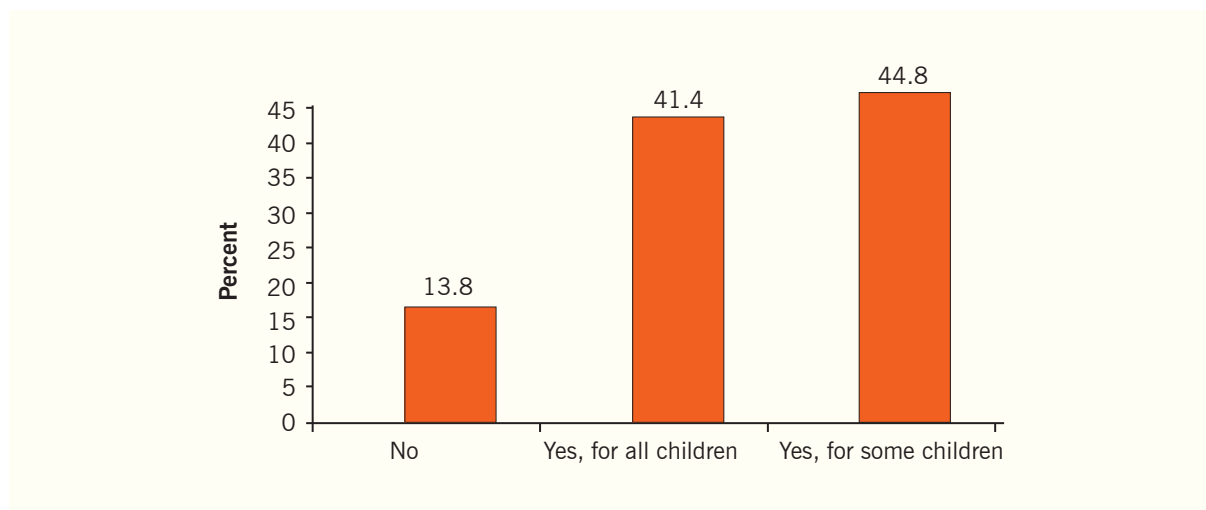
All CCIs, except one, admitted children of both sexes. Twenty-seven out of 29 CCIs have age restrictions. Majority of the private institutions revealed that they do not admit children aged more than five years. Only four CCIs reported admitting children of more than five years. The two government institutions—KNRC and NRC have different admission restrictions based on age. KNRC admits children aged four years or more (for street children) and children in conflict with the law aged 12-17 (because 12 is the age of criminal responsibility). Naguru Reception Centre admits children aged two to seven years.

> When children live for long periods in care institutions they do not want to go back to living in a family or in the community. They become institutionalised. **(Institutional Administrator)**

Eleven out of 29 CCI reported that they do not admit children with disabilities—citing lack of capacity to provide specialised care for such children.

4.7.2. Community and family-level interventions undertaken by CCIs

Some CCIs reported that they implemented community and family level interventions targeting vulnerable children. For example, Another Hope Children's Ministry (AHCM) supported 135 children; of these, 104 children were supported within their families mainly through education support. In addition, the organisation built houses and supported vulnerable families to start income generating activities (IGAs) such as piggery to enhance the capacity to take care of vulnerable children. The institution was also involved in water and sanitation projects such as construction of water tanks to improve water harvesting. Mercy Child Care Ministry, through its family empowerment and preservation programme ran a Savings and Cooperative Credit Organization (SACCO) targeting families with vulnerable children. It also trained families in business skills. Over 108 children benefited from this programme.

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4.7.3 Tracking children that enter and exit residential care

While all institutions had some information system to help keep track of admitted children, none of the CCIs had a well-developed system for tracking children that exited the institution. Consequently, there was generally lack of data concerning children and young people who had left institutions. One step to handle this could be to include in the 6 monthly report required from each CCI, the name of every child admitted or discharged and the reason (e.g., admission—parental death, abandonment, economic distress; discharge—family reunification, foster placement, move to independent living, death, location of child and carers).

4.7.4 Reintegration

Majority of the CCIs (25 out of 29) indicated they had some arrangement in place to reintegrate children into their family or the community. Findings nonetheless indicated that the re-integration plans were largely a pipedream, as 32 per cent of the children had already spent four or more years in the institutions (see Figure 5). Four CCIs did not have a plan/arrangement in place for reintegration of children, and nine out of 29 CCIs had no policy on how long children could be cared for in the institution. This meant that children could live indefinitely in the home "until they completed education or were able to live on their own". This is exemplified by the presence of children above 18 years in the CCIs. The presence of children above the age of 18 raises concern about what exit strategies are put in place for children once they are admitted into institutions, and what investments are made towards preparing the child for independent living once they attain the age of 18.

For instance, nine CCIs (out of 29) had a total of 67 young people (above the age of 18 years) who have lived in the respective CCIs for an average of eight years (see Annex II). In all the cases of over aged "children", there have been no care reviews, no care plans or exit strategies put in place for them.

Some of the over aged "children" have become institutionalised and do not want to live outside of the institution. This was evident in discussions with children and administrators at

> I sent some children (the coordinator still sees them as children even though they are now above 18 years of age) home to their parents but they came back after one week, and I can't drive them away. I feel obliged to continue caring for them.

CCIs (where there are over aged children) who informed the research team that some children had been reunified but had come back to the residential care institution because they found it difficult to reintegrate into their biological families. One CCI director observed:

> *I had sent some children (the coordinator still sees them as children even though they are now above 18 years of age) home to their parents but they came back after one week, and I can't drive them away. I feel obliged to continue caring for them.*

This sentiment was also expressed by other CCI administrators.

Challenges encountered in resettling children

Effective tracing, reunification and reintegration are important processes to ensure successful deinstitutionalisation. Discussions with CCI administrators, however, revealed a number of challenges CCIs encounter in tracing children's relatives to facilitate reintegration. Table 14 presents the challenges in reintegrating children in rank order where 1 represents the challenge most frequently cited.

Time consuming exercise: One of the enduring challenges faced by CCI staff was the amount of time and resources committed on each individual case. Most caregivers perceived the process of tracing families including relatives, or looking for foster parents[2] to be time consuming, and explained that the time spent tracing and working for the reunification and reintegration of one child limited the time available to other children under their care.

> The effectiveness of family tracing and resettlement varies from case to case, however this process could become more effective with additional resources and funding. Merely returning the children may not be a viable solution … there is a need to go an extra mile to support the families where these children are returned. Again, the funding for this sector is lacking, and income-generating activities and support for the family is often not given. So children end up coming back to institutions.

It would be ideal if we could accurately conduct family tracing and reintegration. However, we don't have the resources.

Limited financial resources to resettle and support the reintegration of children: Family tracing and reintegration has budgetary implications, and was perceived to be a costly and expensive process by informants in both private and government CCIs. Most CCIs reported that they did not have the necessary financial resources to effectively trace families and facilitate reintegration of children, as reflected in the excerpt:

Some institutions also described scenarios where they had failed to resettle or reintegrate children due to transport challenges. For example, one CCI administrator observed: *The social workers have difficulties visiting homes because they are far away and a cost implication is involved.*

Failure to locate relatives: Participants reported that some children provided inadequate or wrong information, or refused to disclose their origins for fear of being returned to their families -- especially in instances where they left because of abuse and marital conflict-- hindering any tracing and reunification/resettlement attempts. CCIs also found it very difficult to elicit information especially from very young children or children with mental disabilities to facilitate successful tracing of their families.

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2   The family tracing process, holding discussions to prepare families for return of the child, and preparing the child for reintegration is the responsibility of the social worker. Once the family accepts, the resettlement and reunification process begins. Resettlement also involves supporting the child in school and vocational skills training, if necessary. Follow up through phone calls and home visits should be done until the child is fully resettled.

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Most CCIs reported that they did not have the necessary financial resources to effectively trace families and facilitate reintegration of children

Table 14: Challenges in reintegrating children

Rank	Challenge
1	Limited financial resources to integrate children
2	Difficulties in identifying children's origins.
3	Abuse of children in the relatives' homes.
4	Inadequate school fees and foodstuffs.
6	Difficulties in children adjusting from urban institutions into rural homes.
7	Negative attitudes of community members towards children from institutions.

Participants also explained that some children reunited with their parents found a drastic change in the family environment which made reintegration processes (including re-establishing relationships) more daunting. For example, findings indicated that some families were not willing to accept children back, or children returned to the streets or institutions shortly after resettlement.

4.7.5. Follow up support for children resettled

A small number of institutions followed up children after resettlement. For example, Another Hope Children's Ministry (AHCM) had arrangements to routinely visit families by a designated social worker, as part of their post placement follow-up. The institution also continues to provide assistance to any child who returns to their birth or the extended family. This is meant to reduce the tendency

for children to hide information about their families for fear of losing school fees previously paid by the institution and to reduce the risk of further family separation due to poverty.

4.7.6. Supervision, monitoring, reporting and views on institutionalisation

Overall, monitoring and supervision of child care institutions by statutory agencies was inadequate. The Uganda National Alternative Care Framework requires that the MGLSD undertakes regular assessments of all known child care institutions. However, owing to logistical and human resource constraints, minimal efforts have been dedicated to this function. In addition, probation and social welfare officers (PSWOs) at district level often struggle to fulfill their obligations as obligated under the Children's Act, including undertaking the field work necessary to make proper case assessments and make welfare reports; enforcing care orders and providing after placement follow-up; and to regularly inspect child care institutions. They are also incapacitated due to lack of awareness of their roles, limited knowledge and/appreciation of quality care standards for the provision of alternative care due to lack of awareness of the reporting requirements and legalities for operating CCIs under the relevant laws; and a possibility of being complicit in unlawful practices committed by CCIs.

The findings also showed that the majority of the child care institutions were not certified to run as approved homes—as required under the Children's and the Approved Babies' and Children's Homes Regulations (2013). As such they were not aware of their reporting obligations. For example, only seven of 29 CCIs reported submitting the mandatory six monthly reports on the situation of the children under their care.

Participants reported that some children provided inadequate or wrong information, or refused to disclose their origins for fear of being returned to their families

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5.0 VIEWS ON INSTITUTIONALISATIONS, ADOPTION AND FOSTER CARE

5.1 Community perceptions towards institutionalisation of children

Focus group discussions were conducted with community members to understand how they perceived the advantages and disadvantages of growing up in an institution as compared to growing up in a family. Overall, participants were able to identify some positive aspects regarding what institutions could offer but also raised some important concerns.

Some participants were supportive of institutionalisation as an option for children without parents especially where the extended families are not willing or not able to take care of such children. Institutions were perceived by many as offering security and safety, food, clothing, shelter, access to education, medical care and protection for abused and neglected children. Institutions were also perceived to provide access to facilities and services—that would otherwise be unavailable to children, especially those from poor families. For example, one study participant observed that institutional care was better, but did qualify the statement by saying that it depended on the quality of care, stating, *"It is more advantageous to live in the child care institutions because children can get all the necessary facilities which they may not be able to get in the family."*

Nevertheless, most participants emphasised that living in a family is by far preferable to living in an institution. They largely described institutions as 'bad' for children. Institutional placement was generally perceived to produce poor outcomes for children in the areas presented in Table 15. Generally, participants believed that institutionalisation promotes the dependency syndrome and does not prepare children for self-reliance, deters proper socialisation, and prevents children from developing life skills and coping mechanisms. In addition, it was perceived that children growing up in institutions are less equipped and skilled than their peers for their future integration into society and future independent living. Institutionalization was perceived to deprive children of an opportunity to understand and connect with their culture, and to develop a sense of belonging.

Table 15: Perceived outcomes of institutional care in quotations

Perceived poor outcomes of institutional care	
Loss of connection with family, community and culture	"Some of the children taken while still very young are badly affected because they do not get to know their parents or family members." "In some institutions, parents are made to sign relinquishing their responsibilities and rights over the child and they totally lose connection with their children, while the children [lose connection with] their culture". "These institutions do not have time to teach children norms, traditional practices like how to carry out funeral rites, twin initiation but because of the different cultures the children have in these institutions, it becomes hard and these children lose their particular cultures".
Lack of skills for independent living	"Children in institutions … grow up with no sense of direction, you can't give him a hoe and a garden and he manages, he can't organise and take care of a family". "I sometimes think my child was bewitched because he left the institution when he was already old. When I look at his life now I see that he's not responsible at all. He is not at the same level of understanding as other people of his age. He's employed but you can't know how he spends all the money. Other "children" of the same age have built their own lives and are living independently but we are always squeezed into a small house with grandchildren. I fail to understand the reason as to why he can't join other adults, why he has failed to build his own life". "These children are not taught how to work as compared to those who have grown up in a family. They wash for these children and everything is done for them, they do not know how to peel, or even do basic house chores. Eventually these children do not learn how to work or [have] any skills".
Psychological distress	"A child brought up in an institution is always lonely because of a lack of family love (affection), from parents and relatives". "The first thing the children lose is parental love which is a major implication. The child grows up and becomes wild since the child has not received advice and love from his/her parents. What psychologically tortures these children is the absence of parental love". "Physical and emotional abuse of the child for example there was a caretaker in a certain home who was abusing the child that she is stupid and has no manners. This psychologically affects the child while growing up thinking she/he is stupid". "When the child is reintegrated, the family takes time to accept the child since the child has been out of the family for long especially for the institutions that keep children for a very long time. This becomes a disservice to the children because they think they are not loved". "Due to the different motives the workers have especially financial gain and do not realise their motives, they decide to torture the children by not giving them food, clothes and any other materials in form of punishing them. The children due to this wish to go back to their families". "The workers in these homes are both females and males, working with girls and boys. Women staff may court the boys especially the older boys and men also court girls so early pregnancies, HIV, cross generational sex are rampant".

Disconnected from family members, family history and family property	"A child who grows up in an institution is unfamiliar with his family culture and the family property, and his life and is just full of a lot of questions and imaginings but without direction and answers". "Children who have overstayed in the institution do not want to go back home because they do not know their family members, history and property. Some of the children who have been resettled return to the institutions and make their life in the institutional setting; that is give birth in the institution making their children part of the institution since it is the only family they know". "Children who have grown up in institutions do not know their family members and siblings. The child only knows the person who nurtured him/her". "Children cannot learn everything from the institution. They do not learn things like culture, traditions and norms, how to manage resources and property of their parents".
Ineffective parenting style and care	"In the institution, there's no parental love. There are always many children being cared for by just a single care giver. In a family setting where there is more than one child, often if one child is being carried, the others feel hurt, how then is it in an institution where there are many children? All this disorganises and hinders their growth and development". "In a family you may have both parents, one parent or relatives who you can trust and cooperate with, easily talk to and share about the good and the bad situations, that's not how it is in institutions." "The belief that institutions are not the best place for the child to grow and develop due to the fact that they keep children of different cultures, backgrounds and characters so it is not easy to bring up such children in acceptable ways of a particular culture or background and the children may not be able to cope with the changing world". "They do not behave like children who have been raised in a family atmosphere. As you observe them, their behaviour is somewhat different. Some children end up getting bad behaviour related to sex especially for children in institutions that provide care to children of five years and above". "Some homes have bad habits/ behaviour like homosexuality, some come up because they need children to sacrifice and when a child goes missing, they tell you he disappeared and yet the child was sacrificed".

Some participants also believed that CCIs are exploitive, and are only established for financial gain rather than to genuinely help children.

One of the community members interviewed said that some directors of these CCIs believe that if they have many children in the institutions they will earn more aid from the Whites. So what they do is to get down to the community, and collect as many children as possible and then call the Whites to see the number of children they are keeping so that they get plenty of money. So it is all about financial gain; that is why these children are admitted by the staff themselves.

5.2 Children's perceptions of life in an institution

Children were engaged in individual interviews, or in a Focus Group Discussions, in order to understand their perceptions of life in an institution. From the interview responses, some children described positive experiences of life in institutional care. The children said they liked being in the respective institutions because they were given a chance to have an education, taught to speak

in English, and also provided with basic needs such as clothes, food and health care that were hitherto unavailable to them. Children also perceived that institutions teach them "how to behave in Godly ways." Nonetheless, a common reflection shared by children was their recognition that, though their basic needs were met in institutional care, the quality of life was severely limited, and family based care was preferable.

For example, some children felt that life in care limited them to exercise their rights as interactive human beings because they were not allowed to go out of the CCIs on their own. They referred to it as 'life in a cage.' And it was clear that many children in institutions felt a deep need for family attachments and to have some permanent connection to the world outside of the institution. Many expressed a strong desire to trace parents or relatives and highly valued visits by relatives.

Other children explained that in the child care institutions, they did not have any one to listen to their concerns like their parents would, and some children noted that they found it difficult to adapt to the different mothers who were looking after them.

In addition, some children reported experiencing abuse and gratuitous cruelty from both staff and other children housed within these institutions. Common practices included severe beatings, humiliating treatment or punishment, isolation and rape.

I had escaped from here and they brought me back. I was severely beaten and confined into the cell for three weeks and later was transferred into the black house for four and half months.

…when I was [at home] I was feeling good because my mother used to protect us, she used not to beat us a lot as they do here and at home I used to help our neighbours, but here I am not used to all children, I do not know all their names we do not have neighbours.

Table 16: Children's experience in the institution

Who do you talk to about things that worry you? (Responses are Ranked, depending on how frequently they appear in the transcripts)	What is the worst thing that ever happened to you?
• A friend at the institution • No one • Matron/warden • Caregiver • Parent/relative • God • Pastor/teacher	• The death of parents/orphanhood • Physical and verbal abuse by staff at the institution • Being rejected, deserted or dumped by parent(s) or relatives • Separation from parents and siblings • Being ill-treated by step-parent • Never knowing my parents or relatives • Being separated from my siblings and/or friends • Being discriminated against

What is the best thing that ever happened to you?	**What things worry you the most?**
• Being given the chance to go to school • Being visited by relatives • Going out of the institution for trips/ entertainment • Being taken into care • Becoming a Christian and knowing God	• The future after leaving the home (**see voice below**) • Not knowing or not being visited by parents/relatives • Continual taunts and scolding by care staff, especially with regard to orphan status • Physical abuse by staff at the institution • The threat of expulsion from the institution before I am able to care for myself
If you could have three wishes, what would they be?	**If you had the opportunity, what changes would you make in your children's home?**
• To receive visits from relatives • To live in a normal family • To acquire a birth certificate	• Improve quantity and quality of food • Improve physical environment, furnishings, etc. • Improve recreational facilities and allow greater freedom of movement • Find foster-parents for children • Acquire birth certificates for children

5.3 Community views on adoption and foster care

From focus groups with community members, six overarching themes emerged in relation to adoption and foster care:

• There was very low community understanding of the procedures relating to domestic adoption and foster care.

• Participants perceived adoption and formal fostering procedures to be overly complex/ cumbersome and intimidating. Thus, more must be done to address the anxieties that many people feel about their suitability to adopt or foster, if barriers to adoption and fostering are to be overcome.

• Participants believed adoptive/foster families do not extend the same rights to foster children as they do to their own biological children. The idea that foster children are treated as second-class citizens was mentioned several times.

• Families were less inclined to foster or adopt boys (compared to girls) and children with special needs. The reluctance to adopt boys was often linked to the larger notion of property inheritance.

• Preference for adopting/fostering children between three to six years--not too young and not old. This was linked to the caring burden for very young children and lack of attachment for the older ones. Children who are too young require comparably, more attention. Some parents also no longer want

> What worries me most is when I leave this place. I just imagine how I will survive after here; who will look after me, who will pay my school fees? I am also worried about children who will be taken back to their parents, guardians, and they will no longer be able to get the basics they have been getting here…
>
> (FGD with children, Jinja District)

to foster/adopt adolescent children for fear of facing delinquency and youth violence. This applies more specifically to boys than girls.

- Community preference for domestic vs. international adoption. Most participants were against international adoption; due to the belief that children adopted internationally acquire cultural values incongruous with those in communities they are born, children lose identity, and concerns that children may learn homosexuality were mentioned.

6 CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

- Material poverty, rather than lack of caregivers, was reported as the reason for placing children in orphanages

- Children spent very long periods, and often their entire childhood, in institutions. These children were at a great risk of alienation from family and relatives, and experiencing developmental delays. Migrating from an institutionalised based care system to a community based care system is not in the interest of many institutions.

- Where institutional placement was considered, it was in most cases not temporary/and or rehabilitative in nature -- and very little effort is made to transition the child into family care.

- Many institutions had no interest in resettlement or opting for other Alternative Care options, such as kinship care or foster care.

- Over half of children resident in institutions had no contact with their parents, relatives or other significant adults. Institution managers should therefore take active steps, where possible, to enable children to develop or maintain contact with their family members.

- There was inadequate social work support for children in institutions, even in institutions that reported having an acting social worker. In many CCIs, issues of case management, early childhood development and child protection were not handled professionally.

- Quality of care was compromised in many child care institutions due to limited financial resources, lack of supervision, and minimal awareness about child development issues.

- There were limitations in supervision of child care institutions by authorities and minimal knowledge of and adherence to the minimum care standards outlined in the Approved Babies' and Children's Homes Regulations (2012) and the Uganda National Alternative Care Framework.

- Some community members, and institution management and staff had a positive perception of institutional care, and were not aware of the negative effects caused by institutionalisation.

- Some children referred to life in the CCI as 'life in a cage.' And it was clear that many children in institutions felt a deep need for family attachment and to have some permanent connection to the world outside of the institution. Many expressed a strong desire to trace parents or relatives and highly valued visits by relatives.

Promote deinstitutionalisation: Every child has the right to live in a family. Child care institutions should be supported to move children from institutions into family based care, following a careful process of child assessment, family tracing and assessment and preparation, with ongoing support and monitoring. Institutional placements should be temporary and/or rehabilitative in nature with effort made to transition the child into family care.

C**CIs should be supported by Government and NGO actors** to build their capacity to successfully undertake family tracing, reunification and reintegration of children; to work with Government and other actors to undertake long term follow up and support to households where children have been resettled.

Strengthen gatekeeping mechanisms: Gatekeeping mechanisms, especially at district level should be strengthened so as to avoid unnecessary institutionalisation of children.

Expand sensitisation of managers and staff in CCIs: Staff in CCIs should be sensitised on the alternative care options and encouraged to learn from those that are already implementing community based interventions to enhance family preservation. The sensitisation should also be combined with necessary programming that is holistic to include poverty alleviation, family planning, compliance with legal requirements and support to experiment with the newer approaches to child care and protection.

Improve documentation and recordkeeping: CCIs' administrators need to be held more accountable regarding recordkeeping for children in the institutions. CCIs should be supported to develop appropriate and efficient database systems to keep track of children that enter and/or exit the institution. It should also be impressed upon the CCIs to include in their six monthly report details by name, of every child admitted or discharged and the reason (e.g., admission—parent's death, abandonment, economic distress; discharge—family reunification, foster placement, move to independent living, death).

Training and certification

- There should be compulsory certification of care staff employed in institutions through a process of training and examination, particularly in professional courses including child protection, alternative care and early childhood development.
- There was an apparent lack of awareness among CCI management of the regulations governing the registration and functioning of childcare institutions. There is a need to make these widely available and to explore other channels of communicating them to all stakeholders.
- There is need to build the capacity of various stakeholders on the concept of deinstitutionalisation and family reunification.

Improve case planning: At a minimum, every child care institution must have a care plan for every child; seeking to ensure appropriate interim care and the placement of the child into appropriate family care as soon as possible. The continuum of care, or placement hierarchy, should be used to

ensure that placement decisions are made to ensure every child lives in his/her own family, or an environment as close as possible to their origins, and in the best interest of the child.

Implement Family preservation interventions: Implementation of family preservation initiatives that combine parent education and family income strengthening are required as a measure to prevent factors that result into family separation and subsequent institutionalisation of children.

Improved children's voices: More should be done to engage with children and promote their experiences and voices regarding growing up in institutional care.

Popularise non-institutional alternative care options: In an effort to promote domestic adoption and fostering of children, information relating to requirements and procedures should be readily accessible to nationals and local organisations to encourage more domestic adoption and fostering. The information should be easy to understand.

Raising awareness and education about the negative impacts of institutionalisation of children should be widely shared to discourage it.

Further research: Further research is needed to compare the costs of the different alternative care options and the relative saving of investing in family-based care options. Research is also needed to assess the wellbeing of children placed in alternative care options and in particular to assess the success of reintegration efforts. This is important to generate evidence to inform policy and responses.

Registration of CCIs: Government should undertake measures to ensure that all institutions taking care of children are registered to operate as Children's Homes in line with the Approved Babies' and Children's Homes Regulations (2012), and are continually monitored to ensure they meet certain minimum quality care standards.

REFERENCES

Better Care Network & UNICEF (2009) Manual for measurement of indicators for children in formal care. New York: Better Care Network and UNICEF

Boothby, N., Wessells, M., Williamson, J., Huebner, G., Canter, K., Rolland, E. G., Walker, V. (2012) What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care? [Review]. *Child Abuse Negl, 36*(10), 711-721. doi: 10.1016/j.chiabu.2012.09.004

Browne, K. (2009) The Risk of Harm to Young Children in Institutional Care. London: Better Care Network and Save the Children.

Csaky, C. (2009) Keeping Children out of Harmful Institutions: Why we should be investing in Family-Based Care. London: Save the Children UK.

Faith to Action Initiative (2014) Children, Orphanages, and Families: A Summary Of Research To Help Guide Faith-Based Action.

Groark, C. J., & McCall, R. B. (2011) Improving institutions: Can we? Should we? How? *International Journal of Child & Family Welfare 14*(2), 64-72.

Johnson, D. E., & Gunnar, M. R. (2011) Growth Failure in Institutionalized Children. *Monographs of the Society for Research in Child Development, 76*, 92-126. doi: doi: 10.1111/j.1540-5834.2011.00629.x

Marcovitch, S., Goldberg, S., Gold, A., J., W., Wasson, C., Krekewich, K., & Handley-Derry, M. (1997) Determinants of behavioural problems in Romanian children adopted in Ontario. *International Journal of Behavioral Development, 20*, 17-31.

MGLSD (2010) Assessment of the Status of Babies and Children's Homes in Uganda. Kampala: Ministry of Gender Labour and Social Development.

MGLSD (2011) Children (Approved home) Regulations assessment Toolkit. Kampala: Ministry of Gender Labour and Social Development.

MGLSD (2012) Baseline Study on the State of Institutional Care. Kampala: Ministry of Gender Labour and Social Development.

OHCHR (2011) The rights of vulnerable children under the age of three: Ending their placement in institutional care. Retrieved from http://www.europe.ohchr.org/Documents/Publications/Children_under_3__webversion.pdf

Rutter, M. (1998) Developmental catch-up, and deficit, following adoption after severe global early privation. English and Romanian Adoptees (ERA) Study Team. [Research Support, Non-U.S. Gov't]. *J Child Psychol Psychiatry, 39*(4), 465-476.

Smyke, A. T., Koga, S. F., Johnson, D. E., Fox, N. A., Marshall, P. J., Nelson, C. A., & Zeanah, C. H. (2007) The caregiving context in institution-reared and family-reared infants and toddlers in Romania. [Research Support, Non-U.S. Gov't]. *J Child Psychol Psychiatry, 48*(2), 210-218. doi: 10.1111/j.1469-7610.2006.01694.x

Van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Juffer, F. (2007) Plasticity of growth in height, weight, and head circumference: meta-analytic evidence of massive catch-up after international adoption. [Research Support, Non-U.S. Gov't

Review]. *J Dev Behav Pediatr, 28*(4), 334-343. doi: 10.1097/DBP.0b013e31811320aa

Walakira, E., Ochen, E., Bukuluki, P., & Allan, S. (2014) Residential Care for Abandoned Children and their Integration into a Family-based setting in Uganda: Lessons for Policy and Programming. *Infant Mental Health Journal*. doi: 10.1002/imhj.21432.

ANNEX

Annex 1: Number of Children in Surveyed Child Care Institutions

Child Care Institution	District	Ages of Children							
		0–3	4–6	7–10	11–14	15 - 17	18+	Unknown	Total
Amahooro Children's Home	Wakiso	4	8	14	6	3	0	0	35
Amani Baby Cottage	Jinja	34	12		0	0	0	0	46
Another Hope Children's Ministries	Wakiso	3	5	1	4	6	4	3	26
Arise and Shine Uganda	Jinja	18	4	0	0	0	0	0	22
Dwelling places	Kampala	1	15	15	12	0	0	0	43
God's Mercy Children's Home	Kampala	13	9	6	1				29
Heart of a Child	Kampala	18	7	0	0	0	0	0	25
I am Children's Family	Kampala								40
Imani Milele Children's Home	Kampala	0	0	9	21	18	28		76
International Support Aid (Care4kids)	Jinja	0	0	8	38	12	7	0	65
Komamboga Children's Home	Kampala		2	2	6	2	0	0	12
Kwagala Ministries	Jinja	0	0	1	11	0	0	0	12
Loving Heart	Kampala	17							17
Mama Jane Children Care Centre	Jinja	0	9	24	12	18	0	0	63
Mercy child Care Ministries	Wakiso	20	8	9	6	0	0	0	43
Nsambya Babies' Home	Kampala	17	6	2	0	0	0	0	25
Oasis Children's Home	Wakiso	32	2	0	0	0	0	0	34
Purpose Uganda Babies Home	Wakiso	11	12	1	0	0	0	0	24
Rafiki Africa Ministries	Wakiso	5	5	8	0	0	0	0	18
Rapha Children's Haven	Jinja	0	6	4	14	19	16	0	59
Redeemer House	Jinja	0	3	1	4	3	0	0	11
Sanyu Babies' Home		42	2	0	0	0	0	0	44
Sozo Children International	Wakiso	0	2	18	20	12	2	0	54
Suubi Children's Home	Wakiso	4	2	11	14	2	0	0	33
Victory Childcare project	wakiso	4	9	15	10	5	3	0	46
Welcome Home Ministries Africa	Jinja	31	31	0	0	0	0	0	62
Whisper: Union for Child Care Outreach and Education	Jinja	4	9	5	0	0	0	0	18
Sub-total									**983**
GOVERNMENT CCI									
Naguru Reception Centre (NRC)	Kampala	3	17	53	42	10	2	0	127
Kampiringisa National Rehabilitation Centre (KNRC)	Mpigi								172
Sub-total									**299**
TOTAL									**1282**

Annex 2: Child Care Institutions with Children above 18 Years

CHILD CARE INSTITUTION	NUMBER OF CHILDREN ABOVE 18 YEARS		
	Boys	Girls	Total
Imani Milele Children's Home	11	17	28
Sozo Children International	01	01	02
Rapha Children's Haven	10	6	16
Victory child care project	02	1	3
Another Hope Children's Ministries	02	02	4
Iam Children's Family	04	01	05
International support Aid (Care4kids)	01	06	07
Naguru Reception Centre	01	01	02
TOTAL	**32**	**35**	**67**

WAKISO DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
OCH	Lweza (Road to Serena), Wakiso	Registered as NGO, with Home approval from MGLSD.	34 (20 boys and 14 girls) Approved to accommodate 10 children	20 Have two social workers	Donation from church outside of Uganda	08	34 children below 3 years with no known relatives and many of them below 1 year. Evidence of international adoptions. Premises tidy. Have a pre-school on site. No individual child resettlement plan. All children have individual case files	Need to improve on tracing for families of the children.
ACC	Kasalirwe, Gombe Sub county, Wakiso District	Approved home (approved # children=35)	35 (3 boys; 32 girl)	11 No qualified social worker	Child sponsorship by private individuals outside of the county	00	No care orders for most children. Documentation and recordkeeping is very poor; case files have incomplete information and are not updated. Most children are not going to school. No evidence of resettling children, no individual child resettlement plan, and no policy on how long children should be cared for in the institution. No intake/child admission policy. No child protection policy. No gatekeeping system. No signpost, so not easy to locate the Home, children are unnecessarily placed in residential care. One girl was sexually abused by former staff. Have 'children' above 18 years. Inconsistencies between children's stories and info on case files. No evidence of assessment and review of children's needs and family circumstances before placement	Home has two sites - one in Kampala, and another in Matugga. Home in Matugga has 35 children. More children in Kampala

WAKISO DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
SCI	Wakiso	Registered as an NGO (Reg: 8693)	53 children (27 boys, 26 girl)	13 Understaffed No full time social worker / Social worker is a part timer	International charity + Child sponsorship by private individuals outside of the county	00	No sign post, so not easy to locate the Home, children are unnecessarily placed in residential care, irregular care orders (without time frame), Do take in children ≥ 3years Have no child resettlement plan A lot of children come from a CCI which was closed called Mercy Home Recommended: Acquire proper care orders for children, resettle children with known parents	
RAM	Namugongo, Wakiso district	Registered as NGO, with Home approval from MGLSD.	18 Children (9 boys, 9 girls)	Number: 9 No qualified social worker. The SW is a social science graduate	Child sponsorship by private individuals outside of the county + Donations from church (outside of Uganda)	00	Have trained with CiF and other NGOs. Premises tidy. Inadequate play area for children. 2 children have no care orders, social worker participation in affairs of the home not visible. Weak engagement with community and families of children.	Plans to resettle 2 children
MCCC	Mende, Wakiso Sub county	Registered as NGO,	43 children in residential care and an additional 65 under the Family empowerment programme	Number: 21 staff No fulltime social worker / Social worker is a part timer	International charity	18 children	Few children have court care orders Children are moved to boarding schools after primary schools Documentation and recordkeeping is very poor; case files have incomplete information and are not updated Some children do not have case files No evidence of a proper case management system No evidence of assessment and review of children's needs and family circumstances before placement	

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WAKISO DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
SH	Kasenyi Road, Nkumba Entebbe	Registered as an NGO	33 children (23 boys and 10 girls)	Number: 10 Administrator is also the social worker (qualified)	Child sponsorship by private individuals outside of the county	1	Limited efforts to resettle children Hygiene and sanitation poor Case files have insufficient information about the children in CCI Have only settled on child	
PUBH	Katabi, Wakiso Sub-county	Registered as NGO,	24 children, mainly between 0-6 years)	11 staff	International charity + Child sponsorship by private individuals outside of the county	2	Inadequate standards, premises untidy Have a pre-school on site No individual child resettlement plan	
TVCP	Namugongo-nsawo	Registered as NGO, applied for approval as a home	47 (21 boys and 26 girls)	12 staff 2 social workers	International charity (Tycariad Africa, UK) and Donations from Church in Uganda	01	All children have individual case files Proper documentation and recordkeeping Keep children until 18 years Only resettled one child in the last 12 months	
AHCM	Kkona West, Wakiso sub county	Registered as NGO	26 children (12 boys and 14 girls)	11	International charity + Child sponsorship by private individuals outside of the county	01	No signpost, so not easy to locate the Home No clear intake/child admission policy No individual child resettlement plan A number of children are kept under temporary custody arrangement Evidence of international adoptions	

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JINJA DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
WHM	Jinja Municipality	Registered as foreign NGO	62 children (40 boys, and 22 girls)	56 staff	Child sponsorship by private individuals outside of the county	17	Evidence of inter-country adoption The case files were up to date including medical reports, visitation reports and follow ups notes of the social worker Most had parents/guardians authorisation letters for guardianship i.e. domestic and inter-country adoption for children	
ASU	Kisinja Road	Registered as NGO	22 children (9 boys and 13 girls)	20 staff	Child sponsorship by private individuals outside of the county	58	Case files up to date Adequate staffing vs. # of children (20 staff members vs 22 children). Staff include 2 fulltime physiotherapists The home also has a therapeutic room for the children with disability i.e. cerebral palsy, malnourished children.	
TFO/ABC	Plot 5, Aratoon Place	Registered as NGO	40 children		Child sponsorship by private individuals outside of the county	21	Have a pre-school on site Evidence of inter-country Need to encourage fostering and local adoption	.
OWO&E/ WUCCOEF	Kanyale Road, Mutai Buwenge Sub county	Registered as a CBO	18 children	20 staff	International charity/NGO	06	No clear child admission/intake policy No individual child resettlement plan The case files were not updated and had missing information Safety of children poor - no proper fence, no proper gate and gatekeeper No information systems to help keep track of all children who exit residential care.	

JINJA DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
RH	Jinja Municipality	Registered as a foreign NGO	11 children	07 (Have one SW)	Child sponsorship by private individuals outside of the county	02	Changed location from Kampala to Jinja Majority of children have no care order Evidence of international adoptions No evidence of a proper gatekeeping system Uncertain criteria for institutionalisation (for example, most of the children have either both parents or at least one known parent. They were picked from their homes by one of the staff) No evidence of assessment and review of children's needs and family circumstances before placement Lack of a proper case management system	

JINJA DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations
ISA (C4K)	Bugembe	Registered as NGO	65 children	10 staff Only 2 professional staff	International charity/NGO	00	Uncertain criteria for institutionalisation Has children above 18 years Inadequate standards, boys and girls reside near each other. Understaffed - Social worker is the administrator, warden etc. Most of the children have either both parents or at least one known parent No evidence of assessment and review of children's needs and family circumstances before placement Insufficient information about reasons why children enter institutions and critical factors

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JINJA DISTRICT

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations
RCH (FDLM)	Bugembe, Wanyange	Registered as a CBO	59 children	12 staff Have no social worker	Child sponsorship by private individuals outside of the county	07	Uncertain criteria for institutionalisation; All children do not have care orders No evidence of resettlement for children; About 16 'children' are over 18 years Have no child protection policy, Poor environment - hygiene and sanitation poor No signposts - not easy to find Insufficient information about reasons why children enter institutions and critical factors No evidence of assessment and review of children's needs and family circumstances before placement Lack of a proper case management system No information systems to help keep track of all children who enter and exit residential care
MJCH	Gabula Road, Jinja	Registered as a CBO	63 Children	17 staff	Child sponsorship by private individuals outside of the county Income generating activities	05	Play area small vs # of children Case files exist but are not updated regularly Have a pre-school on site Have a sickbay No evidence of assessment and review of children's needs and family circumstances before placement
KMI	Bugembe, Muwumba Road	Registered as CBO	12 Children (all boys)	15 Staff	Child sponsorship by private individuals outside of the county	0	Children in care were formerly living on the street Children are home schooled without proper standards No care orders for the children in care. 2 children have been resettled.

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
ICF	Lungujja	Registered as a local NGO, applied for approval as a home. Residential institution	40 (18 boys and 22 girls)	Number: 14 No qualified social worker, she is a graduate of social sciences	Child sponsorship by private individuals within the country.	00	Have separate homes for boys and girls. Have children above 18 years. Most children have parents and relatives and some have stayed longer in the home. The court care orders that are available are expired and most children do not have care orders. Some children are picked form their homes.	
GMCH	Kawempe	Registered as a local NGO. Residential institution	29 (11 boys and 18 girls)	Number: 11 (only 2 part time employees)	International Charity, child sponsorship by private individuals outside of the country (international), community and Raising voices	12	The home was disorganised and untidy. The compound was not clean enough. The sleeping facilities, toilets were smelly and not well cleaned. No immediate medical attention for the children especially for one who is epileptic. Education is provided to children at the time of entry till they graduate. Files lacked adequate information at entry. No adequate playground. CCI in a small place	There was no child protection policy and the social worker did not know what they were talking about
HC	Kitebi Wankulukuku	Registered as a corporate (Company limited by guarantee) Approved to have 35 children	25 (17 boys and 08 girls)	Number: 10 No qualified social workers, the ones available are graduates of social sciences and community based rehabilitation. Do not have a qualified nurse. The driver, cleaner and security guard is the same person	Donations from church (outside) plus Barclays Bank.	24 (22 reunited with family and 2 inter country adoption)	They do not have admission forms for the children. There are no court care orders for most children and the authorisation of children is weak. The children are having improved health, evidence of photos on file. Most of the children are babies.	They were shifting to Mukono. Concerned whether they will still be part of the project when in Mukono The administrator is concerned about the AC panel.

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
LH	Gaba road	Registered as a faith-based organisation (applied for approval as a home) It is a residential home	17 (13 boys and 04 girls)	25	International NGO/ charity, donations from church (outside of Uganda), donations from local and international individuals plus local NGOs (renewal ministries	22	The children are all young and so they are not attending school. The oldest child is 3 years All the children in the home were abandoned and only one who was brought by the police as a result of abuse. The files had updated photos of the children. The institution has its own admission form. 1 international adoption.	Have a spacious playground for the children. The home is generally clean and conducive.
KCM	6 miles Gayaza Road, Komamboga	Registered as a faith-based organisation (applied for approval but put on hold and the one available is expired) Residential home	12 (7 boys and 5 girls)	Number: 07 (the director acts as the social worker and the administrator	International NGO plus child sponsorship by private individuals outside of the country (international)	00	The children are kept until they finish school (graduate) and then leave the institution. The children grow up in a family setting with aunts teaching them how to work and go about the issues of life The big girls and boys have their own rooms. The files are not updated with the children's profiles and do not have a well formulated admission form. None of the staff has training in OVC apart from the director.	The administrator is very excited to work with the project and is willing to be part of the project
SBH	Mengo	Registered as a faith-based organisation. Approved home. Transit/ crisis Centre.	42 (23 boys and 19 girls)	Number: 44 4 part time employees	International charity, child sponsorship by private individuals outside of the country, donations from churches in Uganda, donations from churches outside of Uganda, community and corporate companies and schools	74 (24 domestic adoptions, 7 inter-country adoptions)	They have 1 child with multiple disabilities. The home administrator wanted an MoU before we could carry out any baseline. Encourage fostering and adoption of children. Few children with well-kept files, most files are torn. No evidence of adoptions and resettlements done. Evidence of death of 1 child (death certificate). Most children are abandoned and a few cases of teenage pregnancies	Reduced on the number of children abandoned at the CCI gate. Have a good organisational structure.

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
NBH	Nsambya	Registered as an NGO. Applied for approval as a home.	26 (18 boys and 7 girls)	Number: 26 23 fulltime employees and 3 part time employees. 10 employees with OVC training.	Child sponsorship by private individuals within the country + CWAS (--)	40	The children are given chance to stay in a family setting during holidays (fostering). The school is attended by other children from the community. There are no domestic adoptions and there are 7 completed international adoptions done.	
IM	Makindye	Registered as local NGO (Applied for approval as a home. Residential institutions	76 (25 boys and 51girls)	Number:15 Director doubles as the administrator.	Child sponsorship by private individuals outside of the country (international), donations from a church in Uganda, St. Mbuga group of schools	03	The ratio of staff to the children is small. The children remain in the institution even when the parents have been traced. The files are not updated and are missing some vital information (do not have an admission form) Few children had court care orders which were expired. Some children are admitted to the institution because of talent although their parents are alive and can sustain them. Have separate homes for boys and girls	The children who were helped from the community were also admitted into the CCI although there is no proper documentation for them.

Name	Location	Registered	Number of Children	# of staff	Main source of funding	# of children resettled in the last 12 months	Observations	Other observations
DP	Mutundwe	Registered as a local NGO (applied for approval as a home.) Transit/ crisis Centre	43 (31 boys and 12 girls) 1 mentally ill child	Number: 36 No qualified social workers, the social workers there are specialised in different fields (education, community development, community psychology and social sciences)	International NGO/ Charity, child sponsorship by private individuals within the country, child sponsorship by private individuals outside of the country (international).	51 (47 reunited with their families and 4 given out for fostering)	Most of the children are street children. The children do not stay for more than a year and those who have stay longer than a year are 3 because they have failed to get in touch with their parents. The home was lacking in their general cleanliness.	Have a creative learning centre where the children admitted continue schooling basing on their previous level of education and those who had not gone to school before, are given chance to education.

Footnotes in Tables

1 Sanyu Babies' Home ((kampala, 1929); Nsambya Babies' Home ((kampala, 1966); Mama Jane Children Care Centre (Jinja, 1986); and Komamboga Children's Home ((kampala, 1988)
2 Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.