SURVIVAL IN CHILD-HEADED HOUSEHOLDS: A STUDY ON THE IMPACT OF WORLD VISION SUPPORT ON COPING STRATEGIES IN CHILD-HEADED HOUSEHOLDS IN KAKUUTO COUNTY, RAKAI DISTRICT, UGANDA.

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DISSERTATION DECLARATION

"I declare that **Survival In Child-Headed Households: A Study On The Impact Of World Vision Support On Coping Strategies In Child-Headed Households In Kakuuto County, Rakai District, Uganda** is my own independent work and investigation and that all sources used and cited have been indicated and acknowledged by means of complete references."

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"Children of the world are innocent, vulnerable and dependent. They are also curious, active and full of hope. Their time should be one of joy and peace, of playing, learning and growing. Their future should be shaped in harmony and co-operation. Their lives should mature, as they broaden their perspectives and gain new experiences". (UN, 1990)

ABSTRACT

Orphans living on their own in child-headed households are a new, but growing phenomenon, which has resulted from the overwhelming number of orphans caused by the HIV/AIDS scourge. With the traditional extended family and community support networks disintegrating, orphans in CHHs have had to depend on their own resilience by developing a continuum of coping and survival strategies. Any support to orphans in CHH especially by NGOs must be conscious of these dynamics, if coping capacities in CHH are to be enhanced in a way that creates sustainability in CHHs. The failure to appropriately enhance resilience in CHH it is hypothesised breeds dependency, jeopardising chances of survival in the event of NGOs withdrawal from CHHs.

This study has attempted to establish the effect of NGO intervention both on the coping strategies in CHHs and also on other community support systems. Because World Vision is a Faith Based Organisation, special emphasis is put on scrutinising the effectiveness of strategic initiatives especially with the dominant Church in the area.

Key findings from the study include the fact that the population of CHHs is still rising and that NGOs like World Vision are partly, though indirectly responsible to the emergence of CHHs. Secondly, it was observed that CHH in areas where NGOs like WV were operating, were found to be heavily dependent on NGO support. Thus it was observed that this especially weakened community philanthropic initiatives towards CHHs. On the contrary, NGO intervention was seen to have potential both to strengthen coping capacities in CHHs and to destroy detrimental coping strategies. The sustainability of many NGO interventions in CHHs though very helpful was seen to be in doubt. Nevertheless, with careful interventions, CHHs can be strengthened to sufficiently contribute to the nurturing of orphans.

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Let me also take this opportunity to wish my colleagues on the program success.

DEDICATION

To the Late Charles Lwanga (R.I.P), for your tireless and dedicated services to the poor and oppressed and for your love and enormous investment in the lives of the people that God gave the privilege of knowing and interacting with you. God bless your soul.

And to the young household heads like Annet Nakambala who, have courageously taken care of their siblings in Child- Headed Households. May God give you special grace and providence.

To my wife Mabel, and my children; Sarah, Gloria, Gideon and Grace, with whom I share the calling to make a difference in this hurting world.

ACROYMNS

ADP	Area Development Programme
AIDS	Acquired Immuno Deficiency Syndrome
ANPPCAN	The African Network For Prevention And Protection Against Child Abuse And Neglect.
CA	Correspondence Analysts
CBO	Community Based Organisation
CCI	Child Care Institutions
CDF	Community Development Facilitators.
CHH	Child- Headed Household
CHW	Community Health Workers
CIP	Children in Program
COPE	Complementary Opportunities For Education
COTO	Children On Their Own
C.O.U	Church of Uganda (Anglican)
FAL	Functional Adult Literacy
FBO	Faith Based Organisations
FGD	Focus Group Discussion
FIDA	International Federation of Female Lawyers
HASP	Household Agricultural Support Program
HIV	Human Immuno-deficiency Virus
LC	Local councils
LWF	Lutheran World Federation.
NADIC	National AIDS Documentation and Information Centre
NGO	Non-Governmental Organisations.
OCBO	Orphans Community Based Organisation
OCMS	Oxford Centre For Mission Studies
PAPSCA	Programme for the Alleviation of Poverty and Social Costs of Adjustment
PLWA	Persons Living With AIDS
RPF	Rwandese Patriotic Front
RC	Roman Catholic Church
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
UPE	Universal Primary Education Program
WSHGs	Women-Self Help Groups.
WV	World Vision (Uganda)

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY.

This case study focusing on Kakuuto ADP, seeks to assess the impact of NGO support on coping strategies in Child-Headed Households (CHHs), and on community philanthropic initiatives towards CHHs in Kakuuto County, Rakai District. Kakuuto County, which is one of the four counties that constitute Rakai District, is made up of five sub-counties, namely Kakuuto, Kasasa, Kifamba, Kyebe covered by Kakuuto Area Development Program (ADP), and Kibanda Sub-County covered under Rakai Kooki ADP. According to the 199I Population and Housing Census Kakuuto County had a population 68,341 people (34,158 male and 34,183 female). It is also in this county, in a fishing village called Kansensero, that the very first cases of HIV/AIDS in Uganda were diagnosed.

13-year old Annet Nakambala *(in white)* with her nine siblings:

CHHs are a recent but growing phenomenon in Uganda. A study conducted in eight districts of Uganda revealed that by 1993, 2 percent of orphans in Uganda were living on their own in CHHs (Natikunda, 1993:16). In Rakai District alone, it is estimated that there are between 350-600 CHHs (OCBO: 2001:1). Although the magnitude of the problem of CHHs in Uganda is not as severe as that in neighbouring Rwanda (where as a result of the 1994 genocide over 65.000 CHHs and 300.000 orphans or abandoned children are struggling to survive without parents),

it attracts unique attention because of its association with HIV/AIDS (Netaid, 2001: 1).

AIDS is a large and growing problem that has already taken great toll on the lives of many people and their communities especially in Sub-Saharan Africa. The region alone has 24.5 million of the world's 34.3 million people living with HIV/AIDS and more than 11 million Africans have already died due to AIDS (UNAIDS, 2000:6). Unless a cure/vaccine is found, the disease, which is now the leading cause of death among adults in the region, will be responsible for 39 percent of death among adults in Sub-Saharan Africa by the year 2020 (World Bank, 1989). In Uganda it is estimated that about two million people or 10 percent of the population are infected with the disease. Of these 100,000 have 'full- blown' AIDS, while between 500.000 and 1,000,000 persons are believed to have died since the pandemic started. This has precipitated an 'orphan crisis' to unprecedented levels never witnessed before (NADIC, 1999:1).

Before the emergence of AIDS, about only 2 percent of children in the developing world were orphans. By 1997, the proportion of orphans with one or both parents dead had skyrocketed to 7 percent in many African countries and in some cases reached an astounding 11 percent (UNAIDS, 2000:28). Although Sub-Saharan Africa already hosts 90 percent of the globe's 15.6 million orphaned children, there are no indications that the problem will subside in the near future. Hunter (2000:161) observes that "…since AIDS infection will remain high in many Sub-Saharan African countries through at least the year 2010, AIDS death will not peak until after 2020, consequently orphan levels will remain high for at least another 30 years".

By 1999, it was estimated that Uganda had over 1.7 million orphans *(13 percent of all children under the age of 18)* mainly due to HIV/AIDS (NADIC, 1999:1). Recent statistics are even more unsettling. According to Dombo et al (2000:1), out of Uganda's 10,825,573 children under the age of fifteen, 2,763,024 or 25.52 percent are orphans. This percentage of orphans is projected to rise to 27.63 percent in 2005 and to 28.75 percent in 2010. Out of the total number of orphans under the age of fifteen, 1,243,361 are maternal/double orphans and HIV/AIDS is responsible for 66.70 percent in this category, while paternal orphans total up to 1,517,663. Hunter (2000:354) observes that before the AIDS scourge, censuses conducted in Africa indicated a ratio of maternal-paternal-double orphans as 32:67:7. In a recent population survey conducted in Rakai District, due to high mortality the ratio has shifted to 25:55:20. These figures tend to suggest that female death and the proportion double orphans tend to increase with the severity of HIV prevalence in a community. Rakai District alone has 65,000 orphans (Rakai District, 1994: 7).

For countries like Uganda that have had long and severe epidemics, AIDS is generating orphans so quickly that conventional orphan care systems

can no longer cope. Yet through the accompanying waves of impoverishment and social disintegration, it also destroys the very social fabric necessary for absorbing the growing number of orphans. This two-pronged effect of the HIV/AIDS scourge, it can be emphasised is directly responsible for the emergence of CHHs. In order to escape the encumbrance of being adopted by relatives in households where resources are already over stretched, or being institutionalised; many orphans leave for urban centres either to become street children or to provide cheap labour. Others, especially girls are lured into early marriages and some are exposed to sexual exploitation as child prostitutes. Increasingly however, rather than choosing the above options, more and more orphans are choosing to stay behind in their communities to run their own households.

[picture deleted]

Orphans harvest sugarcane, and rear small animals for sale.

Despite living under very pathetic and harsh conditions, orphans in CHHs have been known to develop unique resilience when their lives are changed radically. They develop a continuum of coping strategies, which also include adopting 'de facto' adult roles. Hunter (2000: 208) for example observes that, "Children take on new roles, acting as household heads, making household decisions even when parents are still living, and supporting their young brothers and sisters, at times suffering loss and peril themselves. They often help other children who are vulnerable by providing them with food, shelter, counselling and friendship, and are active members of orphan committees in AIDS affected villages".

Because of the overwhelming stress on the conventional orphan support systems, increasingly, CHHs are slowly becoming an accepted alternative form of orphan care and are thus attracting support from communities, women self-help groups (WSHGs), CBOs, Churches and NGOs. In Rakai District, NGOs targeting CHHs include World Vision (WV), Lutheran World Federation (LWF), International Care and Relief (ICR), Orphan Community Based Care Organisation (OCBO), Kitovu Mobile Care, and Concern World-Wide.

As a Faith Based Organisation Child-Care agency WV in pursuit of its mission ***statement "To follow in the footsteps of our Lord and Saviour Jesus Christ, in working with the Poor and Oppressed, to promote Human Transformation, seek Justice and to bear witness to the Good News of the Kingdom of God"***; has always played a leading role in supporting CHHs in the District. Currently, through its three Area Development Programs (ADPs), WV is supporting over 200 CHHs in the District. In Kakuuto and Kooki ADPs, additional grants have been accessed for the implementation of special short-term C.O.T.O programs

directly targeting CHHs. Below is a list of project interventions targeting CHHs? These interventions are complimented by other project activities.

TABLE 1.1: WORLD VISION SUPPORT TO CHHs.

No	SURVIVAL NEED	NATURE OF INTERVENTION
1	**NUTRITION**	• Occasional provision of relief food. • Provision of cooking utensils. • Provision of farming implements, seeds and planting materials. • Provision of small animals. • Heifer projects. • Provision of labour to open up land, establish and mulch banana plantations. • Provision of veterinary and farm extension services.
2	**EDUCATION**	• Provision of basic scholastic materials. • Provision of Uniforms. • Encourage orphans to utilise the UPE program to go to school. • Payment of school fees for post-primary education. • Advocacy with school management. • School construction to improve learning environment. • Vocational skills training for out of school youth. • Career counselling with older youth.
3	**HEALTH**	• Meeting costs of medical treatment for orphans. • Referral of orphans to Health Education. • Provision of mosquito nets. • Provision of basic sanitary utensils like basins and jerry-cans. • Home hygiene through CHWs. • Improvement of diets through provision of high protein foods. • Construction of pit-latrines.
4	**SHELTER**	• Construction of houses. • Provision of clothing and beddings.
5	**SECURITY/ PROTECTION**	• Monitor children through local staff and committee members. • Sensitise community on child right,

		abuse and neglect. • Advocate and follow up cases of child abuse.
6	**PARENTING**	• WV grass- staff and committee members provide counsel to CHHs.
7	**PSYCHOSOCIAL / SPIRITUAL**	• Provision of counselling to orphans. • Encouraging orphans to attend church. • Holding of children's retreat. • Provide Christian literature • Support Church initiatives

However, over the years, no critical review has been conducted to assess the relevance and appropriateness of these interventions, especially in relation to enhancing resilience in CHHs and community philanthropic initiatives towards CHHs. It is important to note at this point, that this study will limit itself to critiquing interventions (approach) and therefore is not a comprehensive evaluation of the Kakuuto C.O.T.O Project.

1.2 STATEMENT OF THE RESEARCH PROBLEM

THE SCENARIO

In mid 1999, a disturbing case of a CHH of ten children under the care of a twelve-year-old Annett Nakambala *(see photograph on page 1*) was reported to me, while serving as WV Project Co-ordinator for Buwama ADP in Mpigi district. An elderly grandmother who could no longer cope with ten orphans had abandoned the family. The orphans were living in a very absurd state and slept on a bare dusty floor, in a mud and wattle house that had collapsed on one side. Nevertheless, prior to the project's intervention, the orphans had struggled to survive, mainly by collecting firewood and growing sugarcane for sell. The project's response to the family included providing relief food, beddings, medical care, counselling, planting materials and the construction of a new house. A survey was also conducted and eleven other CHHs in the project area were identified. But after a few month of intervention in these families, two observations were made. First, that assisted CHHs tended to become dependant on WV for even the smallest of basic needs. Secondly, overtime even the sympathetic neighbours tended to draw away from the CHHs. (Luzze, 2000).

The pathetic and difficult conditions under which orphans in CHHs live often evoke quick and rushed sympathetic responses from NGOs. Unfortunately, these interventions are not necessarily appropriate in enhancing resilience of orphans, and strengthening community philanthropic initiatives towards CHHs. The above scenario thus invokes numerous unsettling intellectual and ethical questions, which prompt the need for a self-critical introspective review of the impact of NGO intervention on resilience in CHHs and also on community philanthropic initiatives towards CHHs.

1.3 RESEARCH QUESTIONS

In order to resolve the problem, the following questions were posed.

- Does WV in anyway contribute to the creation and perpetuation of CHHs?
- Do WV interventions in anyway weaken or strengthen critical coping strategies in CHHs?
- In what ways do WV interventions enhance or weaken community philanthropic initiatives towards CHHs?
- What are the critical gaps in the WV support to CHHs necessary for the optimal holistic growth and development of orphans in CHHs.
- What new innovations are necessary for the building of mechanisms that ensure sustainability in improvements in the quality of life attained in CHHs.

1.4 AIMS AND OBJECTIVES OF STUDY

The overarching objective of this evaluative study is to assess the impact of WV support on coping strategies in CHHs, and also on community philanthropic initiatives towards CHHs; a better understanding of this will then provide a basis for a more sustainable and appropriate response aimed at enhancing resilience in CHHs.

The specific objectives of the study are: -

a) To establish the role of WV in the creation and perpetuation of CHHs.
b) To investigate how WV support affects coping strategies in CHHs.
c) To investigate how NGO support affects community philanthropic initiatives towards orphans in CHHs.

d) To investigate gaps in ministry to CHHs, and to suggest recommendations for possible improvements in WV ministry to orphans in CHHs.

1.5 THE SIGNIFICANCE OF STUDY.

Although some studies have been conducted on the living conditions and also on the coping and survival mechanisms of orphans living in CHHs, no research has focused on examining the impact of NGO support on the coping strategies employed in CHHs. The impact of NGO support on community philanthropic initiatives towards CHHs has also not been investigated. WV is playing a leading role in supporting CHHs in many of its projects in Uganda and any new insights provided by the study therefore will go along way in contributing towards the improvement of WV's ministry to children at risk. Although the findings of this case study are specific to WV, lessons drawn from this study can be generalised to provide a representative picture of other NGOs working with CHHs.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

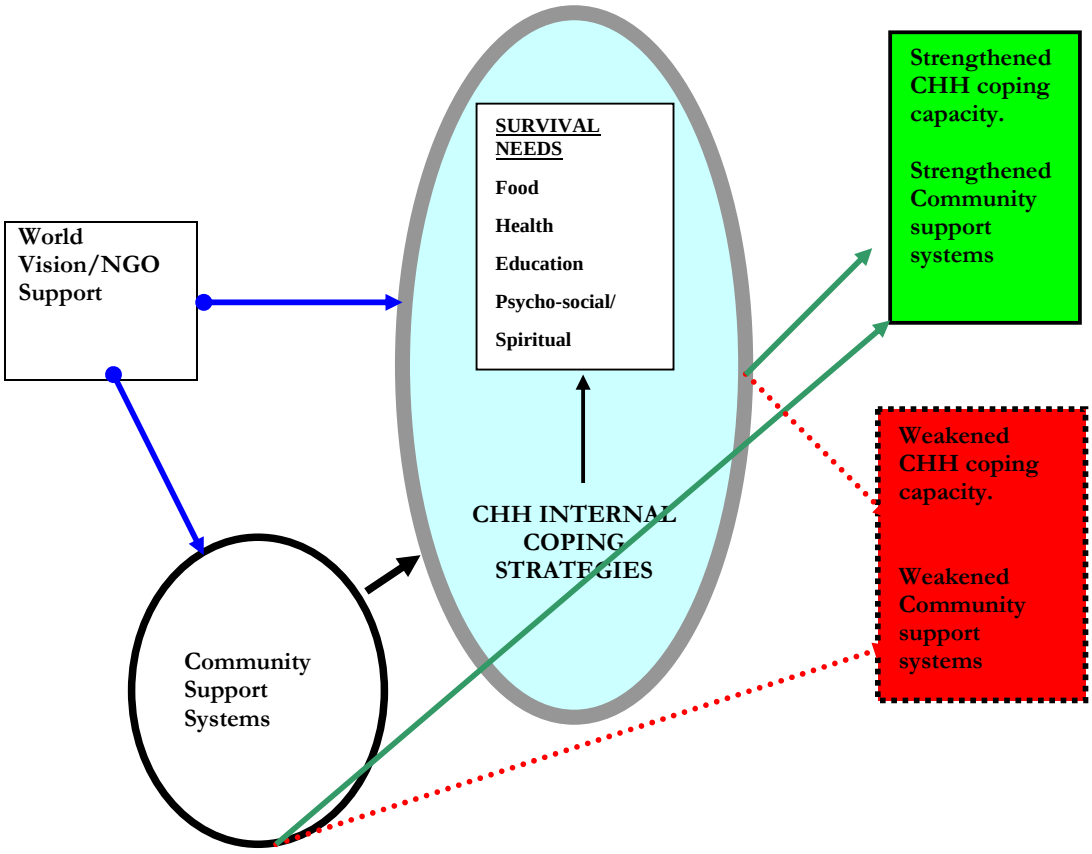
This chapter reviews relevant literature related to the subject of investigation. CHHs are a fairly recent phenomenon, for which not much research has been done. Nevertheless, reference will be made to the general wealth of knowledge and theory accumulated on child growth and development. It is upon this background, that the impact of WV's surrogate roles can best be evaluated. The chapter will focus on discussing limitations of existing conventional orphan support systems,

coping strategies/mechanisms and also review the different child growth and development perspectives. Lastly, gaps and short falls in existing literature will be highlighted.

2.2 CONCEPTUAL FRAMEWORK.

In chapter one, it was observed that in order to survive, orphans in CHHs developed a continuum of coping strategies. This study was based on the concept that interventions targeting CHHs by NGOs (as illustrated in the Figure 2.2.1) below, affect household coping strategies and community initiatives towards CHHs either positively or negatively. Assuming that other factors remained constant, it was hypothesised that enhanced resilience leads to sustainability in CHHs, while weakened resilience breeds dependence and jeopardises the chances of such households to sustain themselves in the event of project phase-out. In developing this conceptual framework, it is also noted that not all the coping strategies employed by orphans for survival were positive; in fact some were noted to be destructive to the lives of the children. In this case, interest lay in observing how WV interventions discouraged such strategies.

FIGURE 2.2.1: CONCEPTUAL FRAMEWORK



Source: Researcher

To provide for easier assessment of the impact of WV interventions on the coping strategies in CHHs, seven survival/growth needs that include nutrition, health, education, protection/security, psychosocial, spiritual, shelter and parenting as illustrated in Figure 2.2.2 below were selected to guide the study.

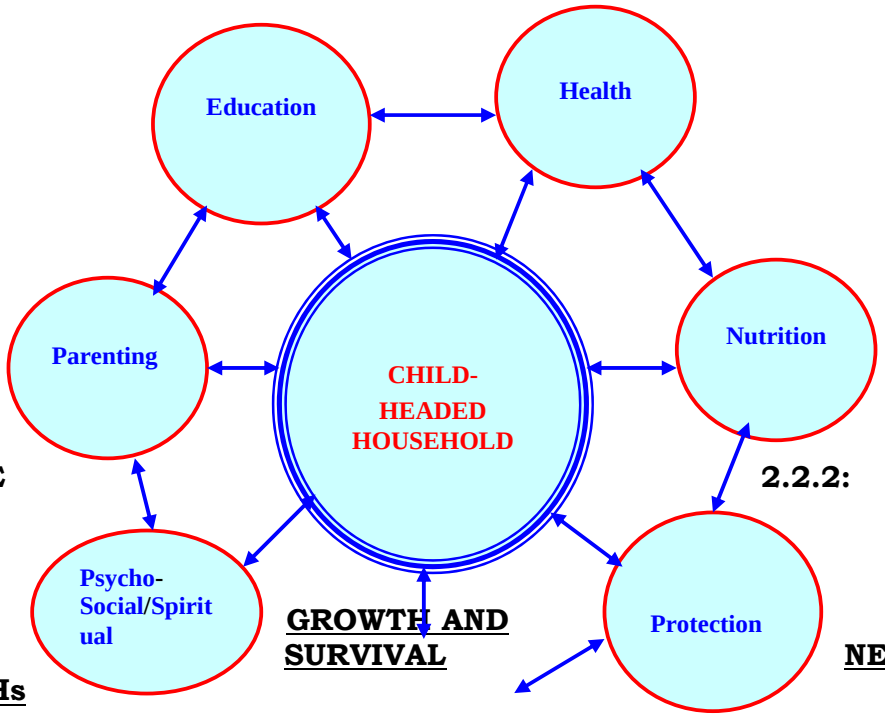


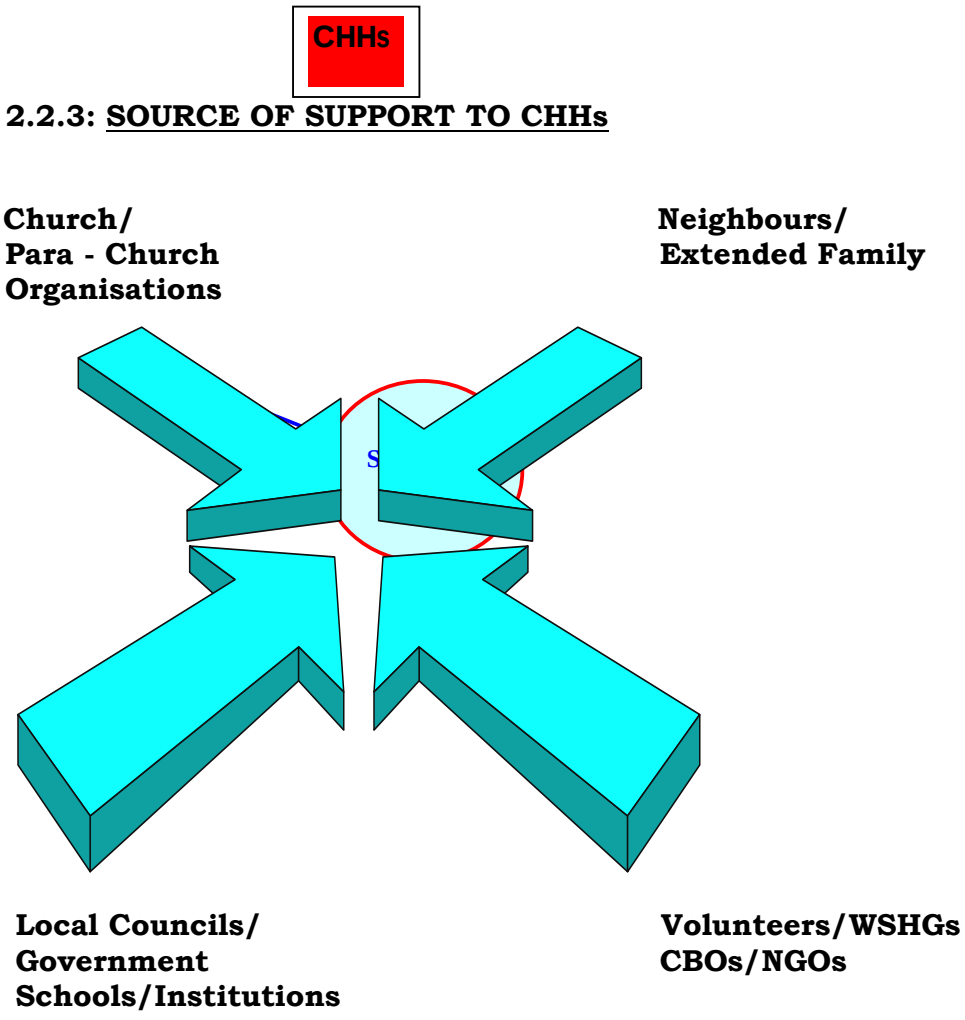
FIGURE 2.2.2: GROWTH AND SURVIVAL NEEDS ON CHHs

Source: Researcher

In Appendix 1, as exhaustively as possible, related threats, living conditions and coping strategies used in CHHs are categorised and compiled along the different survival/growth needs. A total of 58 coping strategies employed by CHHs, including those no longer in use were tested first for their applicability, and also for variation in their utilisation following WV intervention.

It was also observed that communities develop inherent mechanisms to support vulnerable households. Different support systems that provide support to CHHs as illustrated in figure 2.2.3 range from relatives, neighbours, volunteers, women self-help groups (WSHGs), local councils, to local Christian communities. In this respect the study sought to examine the impact of WV support to CHHs on each of these support systems.

FIGURE 2.2.3: SOURCE OF SUPPORT TO CHHs



Source: Researcher

2.3 ORPHAN CARE SYSTEMS IN UGANDA.

2.3.1 FOSTERING OF ORPHANS

In a study conducted in eight districts most affected by the orphan problem in Uganda, it was found that 59 percent of the orphans were living with the surviving parent. But because AIDS subsequently kills both parents, culturally, fostering of orphans by the extended family and especially by grandparents is preferred (Natukunda, 1993:16). According to Hunter (2000:113), 24.3 percent of children between the ages of 5 to 15 years in Uganda are fostered. Hunter (2000:114) observes that fostering is common because it distributes some of the costs and benefits of children and is widely practised in Africa even when parents are still alive. Before the HIV/AIDS scourge emerged, the extended family ably catered to the negligible number of orphans.

Preble (LWF, 2000: 4) however observes with caution that this alternative is becoming more difficult with the economic and social problems created at family level by HIV/AIDS and the general situation in Africa. The HIV/AIDS scourge also comes at a time when family structures world-wide are changing rapidly in order to respond to global and local economic and social changes. The extended family like other social institutions is therefore under enormous pressure and so are cultural values and perceptions attached to children. According to Hunter (2000:103), " ... over the past twenty years, families and households are shrinking in size, family members have to work harder, marriages are later and less stable, female supported households are on the increase, while male attachment to families is decreasing". In Uganda 24 percent of households are headed by women, and it has been observed that female- headed households are generally older and poorer because of the loss of remittances from men (Hunter, 2000:109). HIVAIDS has precipitated household structural change by shrinking the number of adults in households, while increasing the number of orphans, many of whom end up in the care of very elderly grandparents.

A study conducted in eight districts of Uganda revealed that 7 percent of orphans were living with grandparents above sixty years, falling in a category that constitutes families with the highest risk of hardships in looking after orphans (Natukunda, 1993:16). In the same study it was also revealed that the average number of orphans per family was four, drastically increasing the dependency ratio in poor households. LWF (2000:4), reveals that adopted children receive worse treatment than biological children, and that children already impoverished in extended families often fend for their education, nutrition, health and suffer acutely from lack of resources. Hunter (2000:189) has compiled a list of problems associated with 'fostering, to include: - "…large number of orphans per family, increased household poverty, lower nutrition status, reduced access to education, less attention to illness in orphans, segregation and isolation of orphans at meals, loss of property and inheritance, forced early marriages, higher mortality and morbidity, abandonment, lack of attention and affection, grief for loss of parents and defilement by guardians". These conditions to a larger extent contribute to forcing of orphans to take the choice of staying on their own.

2.3.2 INSTITUTIONALISING OF ORPHANS

Child Care Institutions (CCIs) supported mainly by church missions have always existed in Uganda, but as Hunter (2000: 216) observes, their capacity in heavily infected countries is only adequate to cater for less than one percent of orphans. A study on CCIs in eight districts of Uganda also revealed that most CCIs provided inadequate living conditions as well as feeding, sanitation, teaching and learning facilities. The average staff to child ratio was 1:33 compared to the recommended ratios of 1:10 for Children's homes, and 1:5 for Babies homes respectively. Only 40 percent of CCIs were offering satisfactory services, while 16 percent were graded as substandard and 6 percent were over populated (Natukunda, 1993:16). In another study held in Tororo District, it was observed that the cost of supporting a child in an orphanage was 14 times higher than supporting one in a community care program (Ayieko, 1997: 19). The early 1990s also saw an to explosion in the number of small orphanages run by local volunteers, CBOs and women groups especially in the districts of Kampala, Masaka and Rakai. But the sheer lack of professionalism and the failure to meet required ethical standards, lack of adequate resources, the extremely poor conditions under which these orphanages operated, and the increasing reports of cases of child abuse, prompted government to regularise their operations, forcing many orphanages to close.

2.3.3 COMMUNITY BASED ORPHAN SUPPORT

The failure of conventional orphan systems to cope with the orphan problem, has prompted the creation of alternative community based

orphan support systems mainly pioneered by Women groups, CBOs and NGOs. Hunter (2000: 206) observes that,

> All throughout the course of the epidemic, most of the services provided to people living with HIV/AIDS, their orphans and families in developing countries have been provided by local systems of care. Where studies have been done reviewing coverage of national or State programs in Sub-Saharan African, local systems contribute 95 percent to 98 percent of all care… Pioneered by volunteers, such local efforts include: - the development of systems that provided the first hospice care, the first home visiting care, the first orphan enumeration, the first day-care, the first foster-care, advocated preparation of a will prior to death, protected widows and orphans from exploitation and loss of property, and developed many other concepts of programming that NGOs and governments in heavily infected countries are now trying to diffuse through national systems.

Unlike the option of institutionalising orphans, this approach emphasises the need for orphans to stay in 'foster' families and in their communities. Reid (1993) as quoted by Ayieko (2000:1) argues that "families do not cease to exist when parents die… and that children grow better in their own communities where they have opportunities to relate to adults and other children of similar backgrounds". Ayieko (2000:1) further argues that "children develop better socially, mentally and emotionally in familiar surroundings with the extended families and thus should be cared for in such environments as long as possible". To give orphans better opportunities she argues that, "they should be retained and supported within their own villages as long as possible. This fosters their psychological development, allows them to know their extended families and their culture, and provides them with a sense of security and belonging".

WV under this approach has supported orphans by running integrated programs in Masaka and Rakai Districts, which strengthen the capacity of vulnerable households, women groups, CBOs and community social infrastructure to ably deal with the orphan crisis. It must however be observed that it will not be easy to sustain such community initiatives with the orphan crisis still growing. Over-dependence on support from without the community, and lack of sustainability are some of the short falls of this alternative. The depletion of resourceful human resources is also a major challenge. From personal experience, I have observed that since most of these initiatives usually revolve around strong personalities, their death thus affects the continuity of such initiatives. The failure of conventional orphan care systems to cater for the overwhelming number of orphans leaves orphans with fewer choices.

2.4 COPING MECHANISIMS IN CHHs

Murphy and Moriarty (Barnett et al, 1990:22) define coping as a concept used "in general terms to include defence mechanisms, active ways of solving problems and methods of managing stress…." Barnett et al (1990:22) observe that, crisis events occur from time to time in people's lives and in lives of whole communities. Such events call for mobilisation of resources to cope with their impact. But confronted with uncertainty in the decision environment, it is expected that households and communities, as their experience of new situations increases will undertake a range of experiments. Some of these coping mechanisms are *'priori'* risk aversion, while others are *'ex-post'* in nature.

Barnett et al (1990:22) observe that coping strategies operate at various levels. At the individual level, based on resources which one independent person can mobilize, usually only minor problems which impact on an individual can be coped with. Lefcourt (1976:5) introduces the concept of locus of control, which refers to the relationship between the environment and the individual's assessment of his or her ability to deal with a problem or adjust behavior accordingly. Locus of control has both an internal and external dimension. The external locus of control assumes that a person's life is controlled by external factors such as luck, fate and nature and the individual does not see himself as responsible for what happens to his or her life. In this perspective, a person is helpless and is at the mercy of the environment. Internal locus of control assumes the ability to predict environmental events and the ability to respond appropriately. An individual feels he/she has the ability to control events and the resultant behaviors and is in control of fate.

[picture deleted]

A CHH headed by a crippled orphan in Katuntu Parish

In relation to orphans, Sengendo and Nambi (1994:6) observe that most orphans are at risk of being confronted by powerful cumulative and often negative social changes in their lives over which they have no personal

control. The death of parents for example introduces a major change in the life of a vulnerable child. Lack of control in this case produces a feeling of helplessness, loss of hope and diminishes an individual's will power. Locus of control is therefore important for effective coping behavior in the case of stress. Internals tend to adapt to the problem solving strategy, while the externals tend to act emotionally (Sengendo and Nambi1994: 6).

Beyond the individual, Barnett et al (1990:22-28) observe that, "The household level, is typically where resources of land, labor, tools and technology along with the parenting exist; caring and supportive roles of the family are also available for disposal amongst its members… Each household has an array of resources which are broadly defined as economic, financial and social assets, which when combined allow for production and reproduction". Hunter (2000:193) further observes that, "although family and household organisation vary greatly among world areas, and that the impact of HIV/AIDS varies with the differences, cultural differences are not important in determining family responses as are household income and access to outside services. Since many families affected by HIV\AIDS are poor and have little access to outside services, they must rely on their own energy, ingenuity and the help of their neighbours to cope with death". A similar view is propagated by Ainsworth and Over (1994) who argue that, "in the absence of large scale social welfare programs in Sub Saharan countries, most households rely on own endowments and assistance from the extended family and neighbors to cope with the effects of AIDS". The propensity for poor households to cope is therefore limited.

Not all means to cope are positive. Oscar Lewis (1950) also observes that after cumulative experiences, many poor people develop a "culture" and accept their condition and situation of hopelessness and helplessness as final and a result of God's wish. Munguta (1998), observes "that the poor also perceive their conditions as worsening", while Nyoka (1995) and Njeru (1998) observe "that the poor people accept their conditions and become fatalistic, others turn to religion or alcoholism and others to crime and violence, while others do look for such ways of coping as utilising whatever assets they have, resorting to migrant labour or engaging in legal or illegal enterprises activities like prostitution".

At community level, support systems consist of kin, patrons and neighbors. At this level, Tony Barnett et al (1990:28) observe that, "resources may be mobilised and distributed according to a variety of institutional rules, and they typically involve the provision of employment opportunities, food, labor on a communal basis to assist affected households, and substitution of new arrangements for the various roles of the household, when for some reason the household members themselves cannot fulfill them". As we have already observed, in Sub Saharan Africa, local systems contribute 95 percent to 98 percent of all care (Hunter 2000:206). But as Hunter (2000:192) correctly observes, "As the epidemic

worsens, there will be increased psychosocial pressure on children and reduced protection through ordinary family and community mechanisms".

Lastly, above all of the preceding levels lie the national and international coping systems. But since as it has already been observed, the role of government sponsored social welfare is still limited, this study will limit its concern to coping mechanisms at household and community level, and how they are affected by WV interventions.

A pioneering study by LWF (2000) in Rakai district endeavored to examine coping strategies used in CHHs, however, the strategies mentioned in this and other studies are not exhaustive. In Appendix I an attempt was made to exhaustively as possible list the different coping strategies employed by orphans in CHH. The following issues must also be taken note of. Firstly, because their resources are grossly depleted, the coping capacities in poorer families are limited. There is therefore need to replenish the resources of these households, if their coping potential is to be unleashed. Secondly, programs aimed at helping CHHs, must be sensitive to fatalistic attitudes in vulnerable households. In this respect, Christian witness interventions and psycho-social counselling can be used to raise hope and self esteem as a prerequisite for enhanced coping capabilities. Thirdly, programs must be adequately informed of detrimental coping mechanisms that are likely to develop out of desperation. Fourthly, focus should be put on strengthening the more positive alternatives, but this should be done without destroying household resilience. Lastly, there is also need for more in-depth scientific studies of coping strategies employed by the orphans while dealing with psycho-social problems like coping with grief, bereavement and stress resulting from the failure to adapt to change.

2.5 IMPORTANT AFRICAN PERSPETIVES ABOUT CHILDREN AND PARENTING

Evans (1993:1) argues that, "the view of children influences how their needs are met". Thus any attempt to study the vulnerability of children or orphans must be done in consultation with worldviews held about children in a particular community. In most Sub-Saharan African cultures children are highly valued as 'gifts of God'. Dembele and Poulton (Evans, 1993: 22) observe that in Mali, the child is seen as "celestial, social and material being; a complex being to be handled with great care.... Many traditional cultures also consider the child as part of the cosmos before it is born". Elsewhere, the child is perceived as an ancestor, an evil spirit, a social product, a community possession, its genitor's replacement and a consolation for childless relatives (Evans, 1993:21). Akinware & Ojomo (Evans, 1993:13) thus observe that "the essence of marriage in the Nigerian context as in much of Africa is to have children. Weddings in many cultures are not fixed until a woman's pregnancy is obvious. The greatest misfortune that can befall a man or

woman is to be childless, no matter how rich and successful the individual may be, life is miserable and unfulfilled without children".

These views compare well with Biblical the Old Testament perceptions about children. Armerding (1997:26) argues that the ideal Old Testament Israel society was one in which children flourished and were free both from want and fear. This was so because all children were wanted children. A child was valued even before birth (Exod.21: 22), girls, no less than boys were welcome and set apart for God. A threat to the life of a child, even for religious reasons, was abominable to Yahweh (Lev.20: 2-3). Mothers with many children were considered blessed (Gen. 24:60), while childlessness was considered to be a curse and a source of untold misery and scorn as is illustrated in the story of Hannah (1 Sam.1). Procreation was seen as a means of ensuring family continuity and special laws and customs were in place to safeguard this. If a married man died before having a son, then the brothers of the deceased were obliged to take the widow and bear sons on his behalf (Deut.25: 5-10). And in the case of barrenness, a barren woman would give a maid to her husband so that through her, children may be born on her behalf (Gen. 30: 1-13). Weber (1979:9) observes that contraception was unpopular (Gen. 38:8) and that the first born in particular belonged to God and had to specifically be presented to Him, and only redeemable by sacrifice.

Arnold et al (Evans 1993) observe that "the human species perpetuates itself through children; cultural, religious and national groups transmit their values and traditions through children; families maintain their lineage through children; and individuals pass on their genetic and social heritage through children. The ultimate value of children is the continuity of humanity. For example, among the Baganda, children are perceived as the 'young trees' that perpetuate the 'forest', which signifies the family and society.

Kibuka (1997:9) therefore observes that in the African culture, every child is the responsibility of the community. Hunter (2000:115) further argues that parenthood is not necessarily a unitary role. Goody (1982:7) further argues that "parenthood is about social responsibility, both physical and mental. Therefore even where biological and social reproduction is separated, many people can fulfil the role of parents without having genetic ties to children". Social responsibility according to Hunter (2000:115) "…ensures that children; have civil and kinship identity and status (including residence and inheritance), nurturance, rearing, socialisation, and training through formal and vocational education or by providing household assistance or companionship. It also ensures sponsorship into the adult community with such actions like initiation at puberty or assistance in starting a business". Social responsibility is thus not vested in biological parents alone.

A workshop by the Consultative Group on Early Childhood Care and Development (Evans: 1994) summarised parental, family and community child rearing objectives in five African communities as follows: -

- Ensuring the survival and health of the child, including the development of the child's reproductive capacity to continue the lineage and society.
- Developing the child's capacity for economic self-maintenance at maturity, to provide security for the elders and younger members of the society.
- Ensuring the survival of the social group by assuring that children assimilate, embody and transmit appropriate social and cultural values to children.

To meet these goals, parents adopt a set of practices, based on beliefs and values, from those made available to them through their culture (Evans, 1993:5). Zeitlin and Myers (Evans, 1993:2) observe that, "apart from keeping the child safe and free from harm, child rearing practices in the African context also included activities connected with providing emotional support and reducing stress; providing shelter, clothing, feeding, bathing, and supervision of the child's toilet, preventing and attending to illness; nurturing and showing affection; interacting and stimulating playing and socialisation; protecting from exposure to pathogens; and providing a relative safe environment for exploration". The lack of this support during early years has a permanent effect not only on a child's physical well-being but also on a child's social and cognitive development.

Evans (1993:1) also observes that, "child-rearing practices are based on a culturally bound understanding of what children need and what they are expected to become…Child rearing practices therefore to a large extent, not only determine the behaviours, and expectation surroundings of a child's birth and infancy, but they also influence childhood, adolescence, and the way these children will parent as adults".

From the above discussion, the following insights can be drawn as relevant for the study. First and foremost is the value attached to children orphaned or not. Secondly is notion of 'collective parenting' and 'responsibility towards children'. In this context therefore, it is wrong to assume that orphans in CHHs totally lack parenting after the death of biological parents. Thirdly, recognition must be given to the African way of nurturing which through involving children in household and production processes prepares them for survival as orphans in CHHs. The greater challenge nevertheless remains how to innovatively salvage these positive notions in the already over-stretched extended family system. Lastly, the emergence of CHHs in the above context is paradoxical. While it is an appreciable fact that the HIV/AIDS pandemic has precipitated the 'orphan crisis', the rate at which the capacity of the

extended family safety network is crumbling points to the fact that the system must be having critical points of weakness that have always been overlooked by scholars, and which need research.

2.6 MODERN GROWTH AND DEVELOMENT THEORIES

Santrock (1996:16) defines development as the pattern of movement and change that begins at conception and continues through out the life span. Most development involves growth although it also includes decay (as in death). Development takes place in stages, but is a complex process, for it is a product several of processes which are intricately interwoven. The biological process involves changes in an individual's physical nature, while the cognitive process involves changes in an intellectual thought, intelligence and language. Social-emotional processes involve changes in an individual's relationships with other people, changes in emotions and changes in personality. The quest to understand the relationship between our childhood experiences and what we eventually become as adults has been of prime interest since time immemorial. Scriptures like Proverbs 22:6, Deuteronomy 6:7 and Ephesians. 6:4 allude to this point. The fact that a child has to grow up as an orphan in CHH definitely has far reaching implications on his/her growth process. Below reference will be made of what different writers have advanced concerning the different aspects of child development.

2.6.1 PHYSICAL GROWTH AND DEVELOPMENT

Santrock (1996:17) observes that most of the growth processes of a human take place during childhood. These processes not only require a suitable growth environment, but also need the necessary food nutrients to sustain this growth. Children therefore need a balanced and sufficient diet, the absence of which impairs growth. Mutumba (1999:1) defines a deficient diet as "one that leads to deficiency in a person or animal living on it. It may imply that both the amount and composition is insufficient". The quality of diet in children unlike adults has major implications on the growth and development processes. Mutumba (1999: 3) again observes that in any particular deficiency, there is a decrease in concentration of a particular nutrient in blood and tissues. Because poor countries like Uganda cannot detect malnutrition early, general deficiencies manifest as failure to grow or by loss of weight. By the time such symptoms manifest, it becomes difficult for new tissues to be deposited. In a growing organism, tissue growth requires the growth of all essential components of cytoplasm. If one component is missing, the others cannot be optimally

utilised even if available in excess. Animal studies and measures on human tissues have indeed shown a reduction in the ratio Nitrogen/DNA in malnutrition (Mutumba, 1999: 2). Unfortunately this process manifests itself in all body cells including the brain.

Mutumba (1999:5) also observes that malnutrition is multi-causal. At the individual child level, the causes of malnutrition can be grouped under three broad categories, which include; poor diet, infections and psychological deprivation. While it may be easier to appreciate the former two, the latter may need clarification. MacCarthy (1974) as quoted in Mutumba (1999:3) argues that "stimulation and bonding makes an essential contribution to growth and development". Orphans in CHHs are susceptible to all three causes.

2.6.2 PERSONALITY, MORAL AND COGNITIVE DEVELOPMENT

Several conflicting theories have been developed to explain development of personality. Damon (2001:2) observes that "the study of moral development is a lively growth industry within social sciences with journals full of new findings and competing models". The *Nature-Nurture* controversy for example which debates on whether development is primarily influenced by maturation or by experience has been part of psychology since its birth. The "nativists" theories maintain that human morality springs from emotional dispositions that are hardwired into our species. In contrast, "nurturists" theorists argue that children acquire behaviour norms and values through observation, imitation, and reward. On the other hand, cognitive theorists who emphasis intellectual growth, argue that virtue and vice are ultimately a matter of conscious choice.

Mention is here made of classical thinkers like Sigmud (1856-1939), Erikson (1902-1994) and Jean Piaget (1896-1980) who provide important insights on the matter. Sigmud Freud in his psychoanalytic theory related early childhood experiences to later personality development. Through a defence mechanism known as repression, some of our childhood experiences, many of which were sexually motivated, are too threatening and stressful for us to deal with consciously, hence the need to reduce anxiety of conflict. Adult personality according to him is determined by the way conflict during the early stage of life was resolved. Aborted resolutions created fixation at one of the five stages of development (Santrock, 1996: 40).

Erikson on the contrary differed from Sigmud Freud by emphasising that growth was based on psychosocial stages rather than sexual stages. Although Erikson emphasised that development of personality happened throughout the whole span of life, it is important to note that five of his stages of personality development happen during childhood or before the age of 18 (Santrock, 1996: 41). Lastly, Jean Piaget advancing the

cognitive theory differed from the psychoanalysts by stressing the importance of conscious thoughts rather than unconscious thoughts of children in influencing personality development. Piaget believed that children adapt their thinking to include new ideas because additional information enhances further understanding.

More recent studies on moral development by scholars like psychologist Lawrence Kohlberg (Damon, 2001:2) have also added to our understanding of moral development in children. Damon (2000) in his article 'The Moral Development of Children' observes that "all children are born with the running start on the path to moral development, and that a number of inborn responses predispose them to act in ethical ways. For example, empathy-the capacity to feel another person's pleasure or pain vicariously- is part of our native environment as humans". For most children he observes, parents are the original source of moral guidance. But as children grow, they are increasingly exposed to influences beyond the family; however, the parent-child relationship remains primary as long as the child lives at home. Interaction with peers can spur moral growth by showing children conflict between their preconceptions and social reality. Diana Baumrind (Damon, 2001:7) shows that authoritative parenting facilitates children's moral growth more surely than "permissive" or "authoritarian" parenting. The absence of parents in the lives of orphans in CHHs, therefore has far reaching implications for their moral development.

2.6.3 SPIRITUAL VULNERABILITY AND REDEMPTION OF CHILDREN

Vinay (1997:27) argues that children are biblically at risk right from their mother's wombs. From conception children enter a world of risk. He observes that pregnant women and nursing mothers were specifically considered vulnerable not because of their own vulnerability, but because of the vulnerability of children they bore. Children are vulnerable not only because they are born to a sinful and fallen world, but also as Grudem (1994:499) observes, even before birth, children have a guilty standing before God and a sinful nature that not only gives them a tendency to sin, but also causes God to view them as "sinners"(Ps. 51:5, Ps. 58:3). Grudem (1994:496) further observes that children do not have to be taught how to do wrong, they discover that by themselves. It is therefore the responsibility of parents, the family and society to bring them up in the discipline and instruction of the Lord (Eph.6: 4). Although the theology of salvation for children remains highly debatable, children must be perceived as being in need of Christ's redemptive work and regeneration by the Holy Spirit, along with all humanity. From scripture he (Ibid) argues that there is evidence of God bringing regeneration to infants even before they are born (Luke: 1:15). We frequently witness children of believers being saved (Gen.7: 1; Heb. 11: 7; Josh.2; 18); Ps. 103:17; John 4:53; Acts 2:39; 11:14; 16:31; 18:8; 1 Cor. 1:16; 7: 14; Titus 1:6). Grudem (1994: 500) nevertheless concludes the matter by asserting

that salvation usually occurs when someone hears and understands the gospel and then places trust in Christ.

Vinay (1997:27) argues that children are born with transcendence, and that they do recognise transcendence. But this transcendence can easily be lost if children are not immediately invited into the Kingdom through narratives of the Kingdom, and if they do not see concrete realities of the Kingdom lived out by communities of people who are part of the Kingdom. Children must experience and enjoy the reality of the Kingdom. Vinay (1997:28) therefore commends that "our greater calling is both to rescue children from all exploitative high-risk situations, and also to offer them the fullness of life in the Kingdom". Creation of such an environment makes it easier for children to appreciate Christ. Armerding (1997: 25) observes that children, who have not yet been exposed to the hard facts of a hostile environment, are innately more trusting to come to a loving Saviour and more open in breaking of God's rule in Christ.

This though seems to contradict Brewster (1997:18) who argues drawing from research that people whose lives are poor, exploited and disrupted tend to be more receptive to the gospel than those with means. If this is true, then orphans living in CHHs can easily be reached with the gospel. Besides, children as a people group it is argued are very receptive to the Gospel. Brewster (1997:18), while advancing the concept of the 'window of 4/14' quotes Dr Byrant Myers to have observed that in the USA, nearly 85 percent of the people who make a decision for Christ, do so between the ages of 4 and 14. Brewster (1997:18) himself puts the percent lower to 60 percent.

Moffitt (1987: 235) argues that Jesus growth was perfectly holistic, and equates this growth to show optimal mental, physical, spiritual and social development. This was so despite the fact that Jesus Himself, even as a baby born with a vocation to bring salvation lived as child at risk (Armerding, 1997:25). Though being in very nature God (Phil. 2: 6), though He was rich, for our sake He became poor (2 Cor. 8:9). Jesus made a deliberate choice to identify with a poor household and in the process exposed Himself to enormous risk. Right from the womb Jesus was at risk, since according to Jewish law (Duet. 22:20-24), being pregnant outside legal union implied both loss of virginity or adultery, which call for being stoned to death for the mother. Giving credence to Leviticus 12:6-8, the offering of two pigeons instead of a lamb by his parents for the purification ceremony in Luke 2:24 was an indication of being poor (Bromily, 1982: 867). He chose to be born, in a manger found in an insignificant part of the Roman Empire called Bethlehem (Mat. 2:6) and was nurtured in an equally insignificant Nazareth (John.1: 46). In Mathew 2: 13-18, we observe that even as an infant, Jesus was forced into political exile. Yet despite all these odds, we witness Jesus growing in wisdom and stature and in favour with God and men (Luke 2:52).

Moffitt (1987: 234) further observes that this not only presents Jesus as a 'model person', but also a model for our own development, and also for our communities and society. The inclusion of a spiritual dimension makes a departure from the conventionally held secular worldview of development, which is based on the desire to attain a temporal, materialistic kingdom and totally relegates God from the affairs of man (Sine, 1987:2-5).

In conclusion, WV interventions for orphans in CHHs should be balanced and holistic in nature by addressing the broad spectrum of the growth needs of children. There are gaps in accumulated literature on orphans in CHHs especially on how they can be reached by the gospel, in a context where there is religious animosity, and where such attempts can easily be interpreted as aiming to proselytise. Although some research has been done on the coping mechanisms, no research has been conducted on how these mechanisms are affected by interventions from NGOs. The study will therefore make a contribution towards accumulated body of knowledge.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter deals with techniques and methods that were used to collect, process and analyse data. The chapter starts by constructing a conceptual framework on which investigation was based.

3.2 STUDY POPULATION

A list of 93 CHHs supported by Kakuuto ADP in the three Sub-Counties of Kasasa, Kifamba, and Kyebe was compiled and a purposeful sample of 45 CHHs was selected for the study. Preference was given to households that had been receiving support for at least two years, for it was perceived that it takes some time for the impact of NGO intervention on coping strategies in CHHs to be noticeable.

[picture delted]

The author (centre) training Research Assistants

Before proceeding to the field for data collection, pre-tests were done with 5 CHHs from Buwama Sub-County, Mpigi District. While WV has for some considerable time been working with CHHs in Kakuuto Sub-County, the problem is just beginning to manifest itself in Buwama Sub-County. This was done to allow both for comparison, and also to capture 'crude' coping strategies no longer in use owing to WV intervention. Data collected from the pre-tests was also used to compliment other sources in the compilation of Appendix 1.

3.3 METHODS OF DATA COLLECTION.

Because this study is evaluative in nature, both qualitative and quantitative data was collected. On the basis of the conceptual framework in the preceding chapter, emphasis was put on the use of qualitative approaches of data collection to allow for explorative flexibility, iteration, triangulation and contextualisation. The study used both primary and secondary data, and the following methods were used to collect the data: -

a) Review of relevant Primary and Secondary literature.

Although not much literature is available on coping strategies in CHHs, extensive documentary review around related topics had to be done. This was necessary for the development of a conceptual framework. Documentary review also involved review of project documents, District reports, academic articles and professional reports.

b) Interviews.

In-depth interviews were held with 45 child-headed household heads, using semi-structured interview guides. Sixteen interviews were conducted for critical resourceful persons who included 2 project managers, 3 Community Development Facilitators (CDFs), 3 World Vision grass-root counsellors, 3 staff from other agencies, 2 religious leaders, 2 community leaders and 1 district official.

c) Observation.

A structured observation form was prepared for research assistants to collect information especially on the living conditions of households, some of which was considered to be sensitive or embarrassing for respondents. Information collected through observation was discussed with the research assistants at the end of each day when their minds could still recall the events of the day.

d) Focus group discussions (FGD).

Two separate FGD were held with groups selected from Kisaasa parish of Kifamba Sub-County and Kasaasa parish of Kasasa Sub-County. Participants included grass-root counsellors, local councillors, lay religious leaders and CHHs heads that had grown into adults.

3.4 DATA ANALYSES AND INTERPRETATION

Data was coded and tabulated manually. Analysis and interpretation of findings is presented in chapter four and five.

3.5 LIMITATIONS OF STUDY

i) The sample population ought to have been larger and if possible would have included unsupported CHHs, and CHHs that had graduated from the program. Some households were note easily accessible due to poor roads and bad terrain.

ii) It was also observed that because the researcher was a WV employee, many respondents did not want to be critical fearing to be perceived as being 'ungrateful', while others developed expectations and endeavoured to express how destitute and vulnerable they were.

CHAPTER FOUR

RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter presents data collected from 45 child-headed households. Through triangulation, this data is augmented with information collected from two focus group discussions and personal interviews. Describing characteristics of child household heads and their siblings was found necessary because it provides important insights on the subjects of study, and is relevant for data analysis and interpretation. Findings on the impact of NGO interventions coping mechanisms can be found in Appendix1.

4.2 DATA ON CHILD-HEADS AND ORPHANS IN CHHs

Below are details concerning the 45 child household heads and orphans in CHHs selected for study.

TABLE 4.2.1: SEX OF CHH HEADS

NO	SEX	TALLY	PERCENTAGE
1	Female	9	20
2	Male	36	80
	TOTAL	**45**	**100**

Out of the 45 child household heads interviewed, only 9 (20 percent) were female, while 36 (80 percent) were male. Paradoxically, this contrasts the situation in Rwanda where two thirds of child household heads are girls (netaid.org, 2000:2). It is difficult to explain this contrast, however, it can be observed that because in Rwanda the magnitude of the problem was instant and on a large scale, sex of the child age seemed not to matter. In Uganda, cultural factors like attaching inheritance and wealth to male children, probably makes it much easier for a CHH headed by a boy to emerge, than one headed by a girl.

TABLE 4.2.2: AGE/SEX OF CHILD-HOUSEHOLD HEADS

No	AGE	TALLY		PERCENTAGE		TOTAL %
		Male	Female	Male	Female	
1	> 10 years	0	0	0	0	0
2	10-13 years	1	1	3	9	4
3	14-18 years	16	5	47	45.5	47
4	Above 18 years	17	5	50	45.5	49
TOTAL		**34**	**11**	**100**	**100**	**100**

In Table 4.2.2 above, it can be observed that only 2 CHH heads were below the age of 13 years, 21 (47 percent) were between the ages of 14 to 18 years, while the remaining 22 (49 percent) had surpassed the age of 18. Legally, these household heads are no longer considered to be children any more.

TABLE 4.2.3: CHHs YEARS OF EXISTENCE

No	PERIOD SPENT AS CHH	TALLY	PERCENTAGE
1	Before 1990	3	6.5
2	1990- 1994	8	18
3	1995- 2000	31	69
4	Beyond 2000	3	6.5
TOTAL		**45**	**100**

Looking at Table 4.2.3 above, it was observed that the bulk of the CHHs had been in existence for some time and as a result their heads tended to grow in years beyond what the law stipulates for the description of a child. At this point, it is important to note that different NGOs defined CHHs differently. For example, OCBO is emphatic on the age of CHH heads. In this case, when the CHH head outgrows 18 years, the family under his/her care ceases to be considered a CHH. On the contrary, WV was less assertive on the age of the CHH heads. This is because it recognises that a CHH does not automatically cease to be vulnerable, when its head legally turns into an adult. LWF's description of a CHH, is even broader in the sense that it includes households that still have invalid and weak adults, but where leadership and livelihood is being provided by children. It is specifically for this difference in description of what constitutes a CHH, that enumeration of CHHs in the District has become complicated.

Again from Table 4.2.3, a trend that CHHs in the project area are on an increase can be deduced, as it can clearly be observed that the number of new CHHs almost quadrupled in the second half of the decade (1995-2000). It is however difficult to predict if this rise will be sustained beyond 2000. Hopefully, the falling trends in the rates of HIV infection and the subsequent reduction in mortality among adults due to HIV/AIDS

will see to the reduction of CHHs in the long run. This is augmented by the fact that more and more PLWAs are living much longer due to general improvements in patient care systems.

TABLE 4.2.4: SIZE OF HOUSEHOLDS

No	HOUSEHOLD SIZE	TALLY	PERCENTAGE
1	1-3	13	29
2	4-6	27	60
3	7 and above	5	11
	TOTAL	**45**	**100**

Twenty seven (60 percent) of the households had between 4 to 6 children, 13 (29 percent) had between 1 to 3 children, and while only 5 (11 percent) households had over 7 children. Household size ranged from 1 to 12 orphans. The mode of children per household was 4 orphans while; average household size was 4.6 children.

TABLE: 4.2.5 SEX/AGE OF ALL ORPHANS IN CHHs

No	AGE	FEMALE		MALE		TOTAL	%
		Tally	%	Tally	%		
1	Below 5 years	5	7	6	5	11	5
2	6 –11 years	12	16	29	22	41	20
3	12-18 years	39	54	66	50	105	51
4	Above 18 years	17	23	30	23	47	23
	TOTAL	**73**	**100**	**131**	**100**	**204**	**100**

From the 45 CHHs selected for study, a total of 204 orphans (*including the child heads*) were recorded. Out of the 204 orphans, only 73 (36 percent) were female. In all categories above the age of 5, male orphans were almost double the number of female orphans. The age of orphans ranged from 4 to 21. Though almost negligible, 11 orphans (5 percent) were under the age of five years. This is of interest owing to the care and attention needed by this category of children. 51 percent of the orphans were adolescents, while 23 percent were young adults.

This has both positive and negative implications. The older the orphans become, the easier it is for them to fend for themselves, and unfortunately adolescence exposes them to new types of risk including HIV/AIDS infection. In a study conducted in Rakai, it was observed that 39% of boys in CHHs had had coital sexual experiences and only 33% of them had used a condom (Plumb and Campbell, 2002:2). In Uganda for example, 50 percent of all new HIV infections occur in the age group of 15-25. Infection among girls aged between 15 and19, is three to six times higher than that of their male counter-parts (NADIC, 1999:1). Girls get

exposed to sex much earlier, usually by paedophiles who think it is safer to have sex with girls rather than with adult females. Females also have fewer choices of methods to protect themselves from infection. WV interventions therefore must be sensitive to the unique needs of this age group.

TABLE 4.2.6: RELIGIOUS AFFILIATION

No	RELIGION	TALLY	PERCENTAGE
1	Roman Catholic	33	74
2	Anglican	6	13
3	Moslems	1	2
4	Others	5	11
	TOTAL	**45**	**100**

The study also attempted to establish the religious affiliation of CHHs. This was deemed important primarily for two reasons. First there was need to investigate whether there existed a relationship between religious affiliation and the affinity for CHHs to emerge. At this point it is difficult to establish this relationship since the proportion of CHHs subscribing to the Roman Catholic faith (74 percent) did not greatly differ from the proportion of Roman Catholics (60 percent) in the population. Secondly, it was observed that religion had implications on the effectiveness of WV ministry to children at risk in a community where religious animosity is endemic. It is also interesting to note that in some CHHs, children subscribe to different faiths. This was so especially with orphans who originated from different nucleus families.

TABLE 4.2.7: ETHNIC COMPOSITION OF HOUSEHOLD HEADS

No	ETHNICITY	TALLY	PERCENTAGE
1	Baganda	39	87
2	Migrants form Rwanda and Burundi	4	9
3	Migrants from Tanzania	2	4
	TOTAL	**45**	**100**

Establishing the ethnicity of orphans in CHHs was deemed important, because it was seen to influence resilience and also the supportive capacity of the extended family to vulnerable families. It was observed that 87 percent of the respondents indicated that they were Baganda and that only a small portion of the households was from a migrant background. This however tended to contradict observations from the

two-FGDs discussion groups. In the two FGDs it was observed that many of orphans in CHHs originated mainly from migrant families especially from Rwanda and also from recent migrations from other regions of Uganda. It was argued that such families had a limited extended family base. In Buganda, it is a common practise for migrants to be assimilated and integrated in clans thus becoming 'Baganda' over a few generations. Unfortunately, such ties are largely superficial. With the rampant adult death caused by HIV/AIDS, it has been common for kin from such families to be totally depleted. The extended family in this case is not rooted enough. This explains why in Table 4.2.8 the majority of respondents (37 percent) claimed that they did not have close relatives.

TABLE 4.2.8: REASONS FOR CHOOSING TO STAY ON THEIR OWN

No	REASONS	TALLY	PERCENTAGE
1	Abandoned by close kin.	5	10
2	No close relatives	16	37
3	Wanted to keep together/	5	10
4	Caution by parents	3	7
5	Wanted to protect their property	13	29
6	Harassed by foster parents	1	2
7	Others-Encouraged by community/WV	2	5
	TOTAL	**45**	**100**

The majority of CHH heads (36 percent) indicated that they had decided to stay on their own because they had no close relatives, while 29 percent had made a decision to stay on their own in order to protect family land and property from unscrupulous relatives and neighbours. Only 5 percent directly attributed their emergence to W V.

TABLE 4.2.9: DISTANCE OF CLOSEST RELATIVES FROM CHHs

No	DISTANCE FROM CHH	TALLY	PERCENTAGE
1	Immediate neighbourhood	50	36
2	Same Sub-County	34	25
3	Not easily accessible	54	39
	TOTAL	**138**	**100**

Respondents with relatives were then asked to name at least four of their close relatives, the nature of kin ties, how far they lived from the household and whether they were supportive or not. It was observed that 36 percent of the close relatives lived within the immediate neighbourhood, 25 percent lived beyond 5 kilometres, but within the

same Sub-County, while 39 percent were not easily accessible. Only 49 percent of the close relatives were described as supportive.

The relationship between the orphans in CHHs was also investigated, and it was found that 92.5 percent were siblings from the same nucleus family *(including polygamous families)*, while 5 percent were paternal cousins, 0.7 percent maternal cousins. 0.6 percent had no relationship to household head.

TABLE 4.2.10: EDUCATIONAL STATUS OF CHH HEADSs

No	ACCESS TO SCHOOL	MALE		FEMALE		TOTAL %
		Tally	%	Tally	%	
1	In School	16	44	5	56	45
2	Not In School	20	56	4	44	55
TOTAL		**36**	**100**	**9**	**100**	**100**

When inquiry was made concerning the educational status of child household heads, It was found that 24 household heads (55%) were currently out of school, while 21 (45 were in school.

TABLE 4.2.11 LEVEL OF EDUCATION ATTAINED BY CHH HEADS

No	EDUCATION LEVEL ATTAINED	TALLY	TOTAL %
1	Never been to school	5	11.
2	Lower primary level	9	20
3	Completed primary	17	38
4	Completed O-level	12	26
	A-level and above	2	5
TOTAL		**45**	**100**

Five CHH heads (11.4 percent) had never been to school. 9 (20.5 percent) had education at lower primary level, 17 (38 percent) had completed primary level, 12 (26) had completed O-level, none had gone to A-level, while 2 (5 percent) had joined Teacher Training Colleges. Twenty-one of the 24 CHH heads out of school had given the reason of not going to school as being either to support themselves/siblings or being over-aged.

TABLE 4.2.12: SCHOOL ENROLMENT BY SEX

No	ACCESS TO SCHOOL	MALE		FEMALE		TOTAL	
		Tally	%	Tally	%	Tally	%
1	In School	75	60	51	65	126	62
2	Not In School	50	40	28	35	78	38
TOTAL		**125**	**100**	**79**	**100**	**204**	**100**

The table above shows details of school enrolment for all the orphans in the CHHs including the CHH heads. 38 percent of orphans are not in school. This however includes children that are of pre- school and these that have been forced out of school to care for their younger siblings. By percentage, there were slightly more boys out of school, than girls. The 46 children responded to why they were not in school. 17 (37 percent) had stayed out of school in order to support their siblings, 13 (28 percent) had failed to cope with scholastic requirements, 6 (13 percent) were out of school due to delinquency, while 5 (11 percent) were out of school due to pregnancy/early marriage. The rest were either too young or were disabled.

TABLE 4.2.13: LAND TENURE AND OWNERSHIP

No	TYPE OF LAND TENURE	TALLY	TOTAL %
1	Had completely no Land	1	2.3
3	Kibanja/Bone-fide tenant	32	72.7
3	Mailo/Freehold	12	25
	TOTAL	**45**	**100**

Uganda is basically an agrarian economy with over 70 percent of the population involved in subsistence farming. Access to land therefore becomes an essential factor for survival. It was observed that 44 households had their own land largely inherited from their parents. Twenty five percent of the households claimed that they had freehold ownership, while 75 percent were Bibanja[1] holders (bone-fide tenants).

[1] Plural for Kibanja.

TABLE 4.1.14: LAND SIZE

No	LAND SIZE	TALLY	TOTAL %
1	1-3 acres	28	63.6
2	4-6 acres	10	22.7
3	< 7 acres	6	23.7
	TOTAL	**44**	**100**

While 64 percent of the households had less than 3 acres of land, 10 CHHs (22 percent) had between 4-6 acres, while the rest had more than 6 acres of land. However, only 43 percent of households had over 50 percent of their land under economic use. Twenty three percent claimed that they had lost part of the land inherited, while only 5 percent had added to the land inherited.

CHAPTER FIVE

ANALYSIS AND INTERPRETATION OF FINDINGS

5.1 INTRODUCTION

In this chapter deductions and inference are made from research finding presented in Chapter Four, Appendix I and from information collected from the FGDs. The chapter begins by analysing WV's role in the creation and perpetuation of CHHs. The Chapter then attempts to establish relationships between WV's intervention and the variation in use of different coping strategies and concludes by analysing the impact of WV's intervention on other community support systems.

5.2 THE ROLE OF WORLD VISION IN THE CREATION CHHs

With or without WV's presence, there was a general consensus from the two FGDs, that the emergence of CHHs in Rakai District was inevitable due to the rampant death among adults resulting from HIV/AIDS, the overwhelming number of orphans, and the weakening extended family capacity to absorb orphans, predisposed by wide spread rural poverty. Although only a negligible number of CHHs in Table 4.2.8 attribute their existence directly to WV, participants in both FGDs felt that NGO's like WV played a significant, though indirect role both in the creation and perpetuation of CHHs.

Firstly, it was observed that in communities where WV was targeting CHHs, the possibility of accessing support for CHHs tended to motivate communities to encourage some orphans to stay on their own, especially in households where older orphans did exist. This option was preferred to dividing and dispersing orphans to foster families whose resources were already over-stretched. This argument was compounded by the belief that, after all, WV support tended to elevate the affluence of CHHs, sometimes even beyond that of neighbouring households.

Secondly, there were incidences where WV was deeply involved with a household or where children had been registered for sponsorship prior to the death of parents. Sending such orphans to relatives especially those living outside the project area would imply the loss of CIPs from the program. This exacerbates dropout rates and also the stalls of projects supported by WV in that household. Again this was subject to the presence of older orphans in the household.

Lastly, the involvement of WV in a family at the death of parents was also seen to deter some relatives from fostering orphans. It was observed that

often, fostering of orphans especially from propertied or affluent households was mainly motivated by ulterior motives, and used as a pretext to access household land and property. Nyonyintono (1990: 31), for example observed "that usually property left to orphans was not always utilised to the benefit of the orphans". It was also observed that many orphans taken by relatives ended up being used to look after animals or serve as domestic servants. The involvement of WV as a childcare agency in the affairs of such households was seen to deter unscrupulous relatives from fostering the orphans, since the accruing benefits were minimised.

5.3. CHH DEPENDENCE ON WORLD VISION

It was observed that the sustenance of CHHs was heavily dependent on support from WV. In both FGDs, it was agreed that many CHHs had little chance of survival in the event of an abrupt phase out of WV programs in the area. This was attributed to the fact that WV support was not being equally matched with support from the other community support systems.

Below, WV support to CHHs is graphically compared with support from the other support systems. Respondents were asked to detail support obtained from the different support systems. The following initials have been used to represent different survival/growth needs; Nutrition (**N**), Education (**E**), Health (**H**), Shelter (**S**), Security and Protection (**SP**), Parenting (**P**) and Psychosocial/spiritual (**PS**). In the diagrams, the y-axis represents the number of CHHs, while the survival/growth needs are represented on the x-axis. Not applicable in this case implies that the respondents did not acknowledge receipt of any support from a particular support system.

FIGURE 5.3.1 WORLD VISION SUPPORT TO CHHs

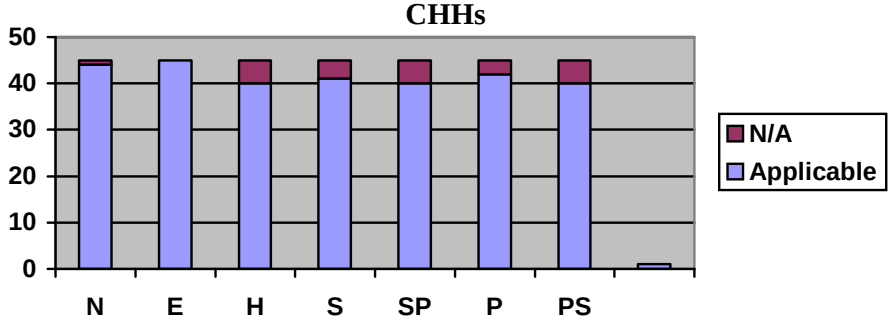
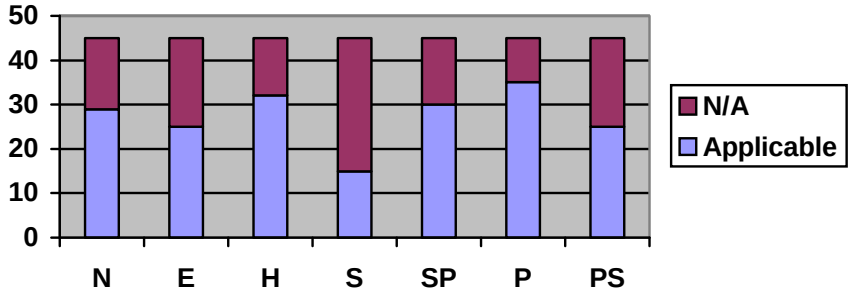


Figure 5.3.1 graphically represents WV support to CHHs. It is clearly observable that along all survival/growth needs, over 89% of CHHs acknowledged receiving support from WV. This heavy dependence on NGO support is in consonance with findings from a study by LWF (2000: 36) that indicated that NGOs met 85% of the needs of CHHs, compared with 38.1 percent by the neighbours and community, 30.1 percent by the extended family; while government and local councils met only 8.8 percent and 2.7 percent respectively.

FIGURE 5.3.2 : EXTENDED FAMILY SUPPORT TO CHHs



Based on notions of collective parenting/responsibility towards children highlighted in section 2.5, the extended family continues to play a major role in supporting CHHs. Nevertheless, it was observed both from the CHH heads and the FGDs that the availability of this support was diminishing. Under nutrition, the extended family mainly provided food relief, planting materials, and guidance on production and investment decisions. Under education, the extended family mainly provides scholastic materials and encouragement to keep in school, while under health the provision of herbs and medical support ranked highest. Friendly relatives still played a major role in parenting and protecting the orphans.

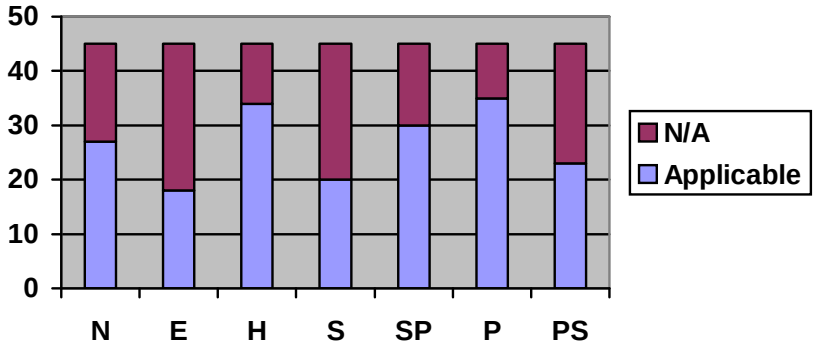
Below are a few factors seen to be contributing to the diminishing vigilance on the part of the extended family. Firstly, as observed in Table 4.2.8, 37 percent of CHHs did not have close relatives. This as already explained was attributed to the fact that most CHHs that came from migrant households, which did not have a strong extended family base. In Table 4.2.9, for CHHs who still had close kin, it was observed that only 37 percent of the close relatives lived in the immediate neighbourhood, 25 percent were living in the same sub County, while 39 were not accessible. Only 49 percent of the CHHs considered their close relatives as supportive. It was also observed that most CHHs had strained relationships with their close kin. This attitude is not peculiar to Rakai alone. In Rwanda, it is reported that " surviving family members and neighbours are often more of a threat than a benefit, many cases have

come to light where adults or relatives are trying to seize land left to the children by their murdered parents" (Netaid, 2001:3). Thus in Table 4.2.8, it is seen that 29% of the orphans made the decision to stay on their own specifically to protect household property, especially land.

Secondly, it was observed that friendly relatives and neighbours who were themselves already overwhelmed by their own households and widespread poverty, perceived the entry of NGOs in CHHs as a relief on their part, and as a privilege on the part of the orphans. CHHs to them thus ceased to be that vulnerable. It has already been observed that this attitude arose from the fact that the affluence of CHHs targeted by WV tended to grow beyond that of neighbouring households.

The following peculiar attributes of the extended family among the Baganda construed as confounding factors were observed. It was observed that although the extended family among the Baganda is 'patri-local', its not being 'co-residential' complicates the adoption of orphans. In Buganda life is relatively individualistic, and sons as a sign of acquiring manhood on getting married tend to move away from their father's households to start their own homes. This is then compounded by a very sensitive *father-in-law* to *daughter-in-law* relationship (*Obuuko*), which perpetually isolates the widow from the family. This attitude explains why the practise of widow inheritance is very rare among the Baganda. Because it is common for the husband's death from HIV/AIDS to be blamed on the widow, ostracising the widow (many times often done as a pretext to grab property) creates bitterness and isolates the bereaved family from their kin. In some families, this conflict continues between the orphans and their kin even after the mother has died. Cultural attitudes towards orphans have also changed drastically. This is indicated by a new practice of asking orphans to stay with their maternal kin. In the past it was a taboo to abandon one's own 'blood'.

FIGURE 5.3.3 : NEIGBOUR'S SUPPORT TO CHHs

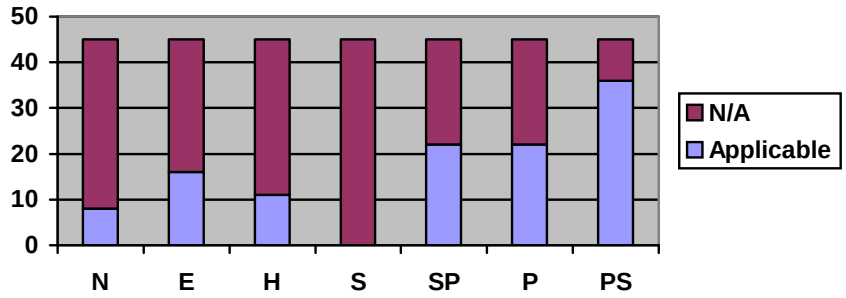


Although graphically neighbours played a slightly less important role than relatives, it was observed that most orphans in CHHs enjoyed a more

cordial relationship with their neighbours than with their own kin. Under nutrition, neighbours mainly provided food relief and other basic necessities like soap and salt, while under health the subscription of herbs and direct medical care ranked highest. Under parenting moral guidance ranked highest, while under security/protection, household security and protection of household land and property ranked highest. As already observed, like relatives, the entry of WV in a CHH also affected neighbour's attitudes towards CHHs.

It was noted that although the church did provide some support to CHHs,

Figure 5.3.4 : CHUCRH SUPPORT TO CHHs



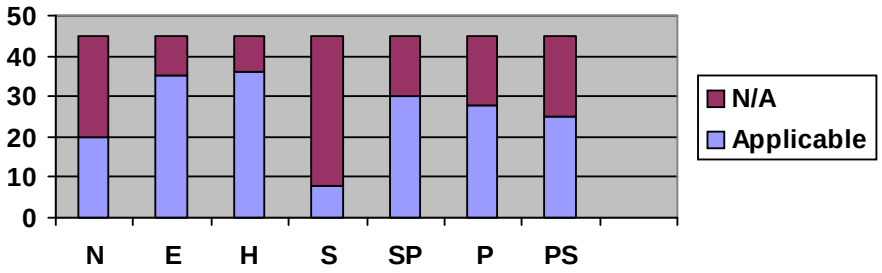
most of this support was seen to be indirect and inadequate. There was a general tendency for most respondents to claim that they had received very little or no assistance from the Church. It was only after further probing that the adequate responses were obtained. Apart from providing psychosocial/spiritual support, along the other survival/growth needs, over half of the CHHs claimed that they had received no support from the Church.

Very little was being done in meeting physical survival/growth needs. For example, the Church had played no role in helping meet clothing and shelter needs. Nonetheless, children received most of their spiritual support from the Church by attending church and catechism sessions. About 50 percent of respondents felt that the Church was playing a parental and protection role. Concerning educational and health, the low score on the role of the Church seemed to contradict reality since most social facilities especially schools are exclusively run by the Church.

In an interview with the Fr. Nestus Mugisha (Father in Charge of Schools), it was acknowledged that the dominant RC church in particular had taken no affirmative response towards CHHs as a unique vulnerable category of children. This definitely affected its response to CHHs. The Church mainly reached out to children through school based programs, and seemed to be out of touch with the reality surrounding CHHs; especially, those who were un-churched' and out of school children. More discussion concerning the Church will be done in section 5.5.7 and Table 5.6.1.

Community Institutions also played a major role in supporting orphans in CHHs. Health and education ranked highest and this can be attributed to the revitalisation of rural health services and the Universal Primary

FIGURE: 5.3.5 : Support To CHHs By Local Governments, Schools, Women groups, etc



Education (UPE) program. Local councils also played a major role in providing protection and security to the orphans. Shelter as it can be noticed is the least supported area.

From the above observations, It can be concluded that the hypothesis that there are far more CHHs in communities where NGOs like WV are in operation, than in communities where CHHs have to entirely depend on community for their survival is found to hold some truth. This is also collaborated by the fact that, Sub-Counties like Lwanda and Kaliro, where WV and LWF are operating tended to be far more CHHs than, Sub-Counties like Kirumba, Kalisizo and Nabigasa which even had much bigger orphan populations, but with no NGOs targeting CHHs. For example, with only 1,514 orphans, Lwanda Sub-County had 42 CHHs, Kaliro with only 912 orphans had 23 CHHs. On the contrary, Nabigasa with 2,585 orphans had only 2 CHHs. Similarly, Kirumba with 2,322 orphans had only 3 CHHs (OCBO: 2000).

5.4 OTHER IMPORTANT FACTORS FACILITATING THE SURVIVAL OF CHHs

It was deemed important to highlight some critical factors that have helped facilitate survival of CHHs. In addition to having older orphans in the household, it was observed that the disposition for orphans to stay on their own thus critically depended on the availability of household property especially land.

In Table 4.2.13 it was observed that 44 out of 45 CHHs interviewed had inherited land from their parents. This however is not always the case for many orphans. Nyonyintono (1990, 31) observes that due to prolonged illness, AIDS usually depletes household productive assets including land. Table 4.2.8 shows that 29 percent of the orphans made the decision to stay on their own in order to protect household property. Because of counselling into 'positive living', it has become a common practice for many PLWA to write wills, build houses, and open up gardens for their benefactors in preparation of their death. Such parents prior to their death even urge orphans to stay together after their death, as is seen in Table 4.2.8. NGOs like WV, and local councils have also played an important role in salvaging property of vulnerable households

Uganda is an agrarian economy where access to land is basic for survival. In Rakai District, a recent study revealed that 98.6 percent and 98.1 percent of the men and women respectively are engaged in farming activities on smallholdings (H.A.S.P, 2000: 8). One most unique feature of land tenure systems in Uganda, is that to a large extent, the poor (CHHs inclusive) can still access land for subsistence. This is true even for Rakai District found in the Buganda region where land tenure systems are not communal.

Although, the 1900 Buganda agreement left most of the land in the hands of a few landlords, making the rest of the people tenants, Bibanja owners sometime referred to as 'bone-fide' tenants have usufruct rights which allow them to make permanent developments on the land and which they have right to dispose off. They can also sell their tenancy rights and are entitled to compensation in case the landlord wants to use or sell the land. This therefore explains why almost all CHHs had access to land. Although 75 percent of the households had only tenancy claim over the land, legally the Uganda land Act (1997) has many provisions that protect tenants. In the presence of advocates like WV and strong LCs, it therefore becomes very difficult even to evict the most vulnerable CHHs from land that they have inherited.

The ability of mere children to grow food, it was observed, is enhanced basically by two other factors. Barnett et al (1990, 107) assert "that under circumstances of exceptional demographic change certain farming systems might suffer sharp losses of productive and managerial

resources, and that food shortages might ensue as a result". This is very true for CHHs. Nonetheless, Barnett et al (1990:116) observe that Rakai District is part of the banana/coffee-two season annual crop farming system of the Lake Victoria foreshore. This farming system is characterised by a low seasonal variation in demand for labour, since labour demands for perennial tree crops are virtually constant through out the year. Annual crops have two labour peak demands and there is a high degree of choice of crop, allowing for a possible retreat to less labour intensive crops incrementally. Because of these reasons, Barnett et al (1990:117) therefore argues that even in CHHs, "it is possible to grow enough to survive, although the range and nutritional value of crops may be reduced". Rehabilitation of Banana plantations which demand little labour after establishment, and yet provide food through out the year for CHH by WV, is an appropriate intervention.

[picture deleted]

A Banana plantation rehabilitated by WV

Secondly, Bourdillon (1999:2) argues that, "African children develop competence to survive when in difficult circumstances". According to him, in African societies children are valued for their contribution to the household. Children are expected to work in the households, on farms and with livestock at an early age. With the work and responsibility come rights to the assets in the household. As people acquire other forms of livelihood, children partake in other kinds of work, such as trading or waged labour. This kind of responsibility helps children to take on de-facto adult roles of parents who become sick or die. The concept of childhood as a time for receiving livelihood and education from others is too limited for this context. Bourdillon (1999:2) there argues controversy

"that CHHs are indeed a new expression of the extended family's coping mechanism, rather than the result of children slipping the extended family safety net".

5.5 THE IMPACT OF WORLD VISION INTERVENTION ON COPING STRATEGIES IN CHHs

In Appendix 1, each of the 58 coping strategies was tested, first for its applicability and also for variation in its utilisation following WV intervention. For coping strategies no longer in use, probing was done to establish whether respondents perceived the ceasing of their use as resulting from WV intervention. It was observed that all the 58 coping mechanisms tested were in use, however their application varied from one CHH to another. It was also observed that for all coping strategies tested, there was either a positive or negative impact on the aggregate use of each of these coping mechanisms following intervention in the CHHs by WV. Almost exclusively, it was also noted that there was a reduction in the use of detrimental coping strategies. Lastly, it was also noted that for each of the coping mechanisms tested a few respondents felt that WV intervention had had no effect on the use of certain coping strategies. Below is the analysis of the impact of the WV interventions on coping strategies under the different survival/growth need.

5.5.1. NUTRITION

The most practised coping strategies employed by CHHs, were to grow food and to rear small animals. Apparently these were again the most strengthened coping strategies. On the contrary detrimental coping mechanisms like stealing of food from neighbours, hiring out labour in exchange for food and renting/selling of household property and land to get food were drastically reduced. WV interventions made CHHs more food secure, which in turn diminished their need to employ such strategies.

[picture deleted]

A CHH head milks a cow donated by WV

Mention must however be made of interventions like the heifer project which greatly increased the labour pressures on the orphans forcing some of the orphans out of school in order to ensure that the cows survived. In other cases, the orphans had now to wake up earlier to tend the gardens and animal before going to school. The sustainability of the heifer project was seen to be in doubt, since the cows were very delicate, high consumers, and the project was required to continuously provide veterinary care. A few cows and goats had already died as a result.

5.5.2 HEALTH

General District health statistics paint a gloomy picture of the health status of any ordinary child (SEE appendix II), yet it is in this context that orphans in CHHs struggle to survive. Concerning the impact of WV interventions on the coping strategies used by the orphans to meet there

health needs, it was observed that the use of herbs, consulting diviners, self medication and evoking of natural resistance as survival mechanisms were greatly weakened. This was attributed to WV's direct provision of medical care especially for the severe cases. WV project committees and grassroots staff also promptly referred cases to nearby health Units. Because almost all Health Units in the county have been rehabilitated or constructed with the help of WV, there exists a very cordial relationship between the project and these units. The quality of services delivery in government supported health facilities has also improved greatly. Praying for healing was strengthened mainly by frequent visits from WV grass-root staff. It was however observed that there is need for a health assessment survey for the orphans to be conducted, for it was noticed that a number of orphans seemed to have mental problems.

5.5.3 EDUCATION

The most strengthened coping mechanism was encouraging orphans to take advantage of the universal primary education (UPE). The major challenge for education of vulnerable children in Uganda is to help them take advantage of the government sponsored Universal Primary Education (UPE) program. The introduction of this program has seen the growth in enrolment from 2.6 million in 1996, to 5.3 million in 1997 and to 6.6 million children in 1999 (Uganda Poverty Status Report, 2001). While primary education is catered for, the educational costs at secondary and post secondary levels are still largely met privately. Despite 38 % of the orphans not being in school (Table 4.2.12), looking at Figure 5.3.1, it is apparent that education is the most supported need met by WV.

It was also observed that WV as much as possible encouraged older orphans not to opt out of school. Comparatively however, this is one area were WV intervention had had the least effect. This is understandable since for some households, it was inevitable for the older orphans not to drop out of school, if they had to care for their siblings. This was true especially for the older households, though it appears seemed easier for the younger and newer CHH heads to remain in school. There is however need to review the provision of alternative opportunities of education for the older orphans rather than forcing them to join formal schools.

Engagement in manual labour to earn school dues, the occasional absenteeism, shifting from one school to another to avoid accumulated school debts and the involvement by girls in love relationships were greatly weakened by WV intervention. This was so because WV now met many of these needs. Interestingly, there was a mixed response on the involvement in petty trade to earn money for school dues, an almost equal number of households claimed that this coping strategy had been strengthened. Vocational training for CHHs was also strengthened, primarily because, WV ran a vocational skills program targeting 'out of school youth'.

5.5.4 SHELTER

[picture deleted]

A dilapidated shelter housing a CHH

From Appendix 1, it can be observed that the construction of simple shelters and the repair of houses were the most strengthened coping strategies. This was partly due to the shelter program, which targets orphans living under very pathetic housing conditions. It must however be observed that the mode of meeting the housing need was greatly altered by WV support. Prior to WV intervention, friendly neighbours helped construct simple grass thatched mud and wattle houses from easily accessed local materials; which made it easier for friendly neighbours to participate. The new alternative of constructing semi-permanent houses for CHHs now limits the contribution of orphans and friendly neighbours and relatives in the construction of the houses. Community participation in the construction now entails raising bricks and sand, which often have to be bought. Because this local contribution is a prerequisite, many CHHs are still denied the opportunity to benefit, owing to the failure of the community to raise their contribution

[picture delted]

Neighbours give a hand in the construction of a house for a CHH

One FGD participant also pointed out that once an iron roof was in place, there was no longer need for neighbours to periodically help orphans re-thatch their houses, and this gave the impression that community had withdrawn from the family. It was also observed that the type of houses constructed for CHHs elevated their affluence, generating jealousy from neighbours. Lastly, a number of CHHs it was observed still lacked pit latrines, thus still mainly used the bush for excreta disposal.

[picture delteted]

WV President Dean Hirsch inspects a House constructed for CHHs

5.5.5 PROTECTION

Under protection needs, it was observed that following WV intervention, fewer households now kept valuables and other household property with neighbours for safety. Sleeping out of houses at night for fear of thieves had also been reduced drastically. This was mainly attributed to the construction of secure households and raised awareness and vigilance on the part of community. It is however interesting to note that CHHs especially these in the periphery were still targeted by burglars, who took advantage of the absence of adults in the households to steal household property. Property given to CHHs like bicycles, mattresses, blankets, animals and domestic utensils also attracted burglars. Nevertheless, WV's association with the CHHs was also seen to indirectly deter persons with the intent to exploit the orphans. Orphans in CHHs for example it was observed were commonly referred to as WV's children and this created some sense of security. Each CHH is frequently visited by a WV grass-root counsellor and is closely monitored by a village project committee. Relying on friendly neighbours and seeking intervention of from local authorities were also among the strengthened coping strategies

5.5.6 PARENTING

It is interesting to note that some CHHs perceived somebody else other than the older orphans as providing leadership through proxy relationships. Such people included friendly relatives especially elder brothers and sisters who had their own families but kept close to the orphans. It was also noted that some CHHs accepted leadership from WV grass-root staff and community volunteers. This helped reduce the leadership burden on CHH heads and explains why a few families had indicated that the entry of WV weakened leadership roles played by CHH heads. On the whole however, it was noted that WV interventions helped strengthen leadership by older orphans in 41 percent of the household, although a similar percentage indicated no effect from WV intervention.

The ability of orphans to make simple production, investment and consumption decisions, the ability to enact bye-laws to regulate behaviour, the ability to resolve conflict and to amicably divide roles, and the ability to develop relationships with friendly adults for support were among the most strengthened coping strategies. Involvement in petty trade and selling of farm surpluses were also strengthened, while early marriage and involvement in early love relationships with boyfriends for girls were the most weakened coping mechanisms. It must however be noted that 50 percent of the girls seemed to continue with love relationships. Paradoxically although WV's intervention had reduced the rate of abandonment in CHHs, in a few cases abandonment was attributed to demands put on some orphans by grass-root workers, which included enforcing discipline and forcing the orphans to go to school. It was also observed that most surrogate parental roles played by WV were incidental and varied from one grass-root worker to another. This intervention should be better planned, guidelines developed and staff trained to help standardise WV's parenting role

5.5.7 PSYCHO-SOCIAL/SPIRITUAL

The most strengthened coping strategies used to meet psycho social/spiritual needs included; inter-personal sharing problems, seeking counsel from adults, going to church and praying over problems. Weakened coping mechanisms included involvement in early love relationships, exhibition of rebellion and anti-social behaviours and sulking. It must be observed that although WV Interventions were helpful in meeting the psychosocial need of the orphans, a number of critical observations were made.

Firstly, it must be recognised that perhaps the most common psychosocial problem experienced by orphans in CHHs was the failure to recover from the grief that comes with the loss of parents. Like adults,

children are grieved by the loss of their loved ones, although they do not feel the full impact owing to their inability to immediately understand the finality of death. This inhibits the completion of the grieving process, which is a prerequisite for full recovery. Children are therefore at risk of growing up with negative emotions expressed with anger and depression (Brodzinsky et al, 1986). Unfortunately the situation is aggravated by the fact that the orphans live in a culture that does not appreciate the need for children to grieve. Nyonyintono (1990:33) observed that 40.7 percent of guardians interviewed in her study believed that the loss of parents had had no effect on orphans under their care. Most orphans are also at risk of being confronted by powerful cumulative and negative social changes over which they have little control and may fail to adapt leading to stress. This stress may be exhibited in symptoms of confusion, anxiety, depression, and symptoms such as disobedience. The same symptoms may cause learning problems (Sengendo and Nambi. 1994:5). Helping children to cope with grief is therefore a very complex process, which requires both professional skills and ample time with the orphans. Unfortunately it was observed that much of the psychosocial support was being provided by grass-root workers known as Correspondence Analysts, whose major role lay in monitoring sponsored children. These workers were both not trained for such in-depth counselling, and already have a big workload making it difficult for them to adequately meet the psychosocial needs of the orphans. There was also no program followed by the counsellors leaving them to depend on 'rule of thumb' methods.

Secondly, how to meet the spiritual needs of orphans in CHH remains a grey area where staff still need help on how best they can reach children with the gospel and love of Christ, without raising suspicion of attempting to proselytise. From a historical perspective, the animosity that always existed among the different Christian religions must be brought into context. The religious wars that took place in Buganda between 1888 and 1892 left a divided Kingdom (Ssekamwa, 1981:16). Different counties of the kingdom were allotted to different religions. For example, Rakai lies in a region allotted to the Roman Catholics, this explains why the majority (60 percent) of the population are Roman Catholics. We observed in Table 4.2.6 that 75 percent of the CHHs subscribe to the Roman Catholic faith.

The entry of WV with its evangelical heritage in Rakai in 1989, was met with resistance and suspicion especially by the Roman Catholic Church which perceived WV as a threat. WV has therefore had to be very careful with the way it spiritually relates to the orphans in order not to raise suspicion and to avoid antagonism. Unfortunately as it has already been observed, CHHs have not be recognised as a special vulnerable group, which needs special attention by the Church. In the Roman Catholic for example, outreach to children is mainly done through the mission school systems, making it difficult for children out of school, and those not in mission schools to be reached. The failure of the Church to reach the orphans in their households denies it the opportunity to understand their plight.

WV recognises the Church as a vital partner in the process of transformation development. While WV may not find difficulty in working with Churches of an Evangelical background, in areas where the Roman Catholic Church is dominant dialogue must be initiated to provide ground for collaboration. Unfortunately, not many evangelical scholars have taken interest in researching in this area. Most of the scholars tend to ignore the fact that religious animosity exists in many communities world over. Daniels (1993: iii) for example observes that although "the Roman Catholic Church, through its various organs is involved in programs that parallel WV's ministry, historical though co-operation between these two expressions of the body of Christ has been severely restricted". The effectiveness of WV ministry to vulnerable communities will largely depend as Daniels (1993:38) recommends on "exploiting the broad area of convergence between Catholic teaching and the philosophy of ministry embraced by a number of evangelical development agencies". According to him this approach features the centrality of the Kingdom of God, Gods special concern for the poor and challenge of world evangelisation. These views are debatable and the study recommends future research.

5.6. IMPACT OF WORLD VISION INTERVENTIONS ON COMMUNITY SUPPORT SYSTEMS

From the discussions in the preceding sections, an inversely proportionate relationship between the WV intervention and community enthusiasm towards meeting needs in CHHs was observed. This however does not imply that WV did not have any positive effect on the different community support systems. However one important lesson drawn from this observation is that WV should be conscious of the fact that despite its commitment to empower communities respond to their problems in a sustainable manner; its mere presence creates new expectations which in turn pre-empt this philosophy. Basing mainly on information from FGDs and from interviews with key informants, Table 5.6.1, was prepared to show how WV has either weakened or strengthened community philanthropic initiatives. A SWOT (Strength/Weaknesses/ Opportunity/Threat) analysis approach was used to present opinions of what WV's impact on community initiatives was perceived to be. 'Weaknesses' imply WV's negative effects on community systems initiatives, while 'strength' implies areas of positive effect. The table also

highlights opportunities and threats/challenges to WV partnership with different community support systems.

TABLE 5.6.1: <u>WORLD VISION IMPACT ON OTHER SUPPORT SYSTEMS</u>.

TYPE OF SUPPORT SYSTEM	OPPORTUNITIES	STRENGTH OF WV APPROACH/POSITIVE IMPACT ON SUPPORT SYSTEMS	WEAKNESSES IN WV APPROACH/NEGATIVE IMPACT ON SUPPORT SYSTEMS	THREATS/CHALLENGES
Extended Family/ Neighbours	• Notions of collective responsibility/ parenting can be exploited. • Fostering as a practice and the remnant extended family can still be reinforced. • Friendly relatives and neighbours provide vital partners. • Proximity of neighbours provides protection for CHHs.	• WV employs a community-based approach to orphans care and, is emphatic on community participation in project implementation through a hierarchy of project committees challenging community to identify with and own the CHH problem. • WV through other ADP interventions like improving household food security/incomes, building schools and health facilities etc, empowers community capacity to care for orphans. • Sensitisation on rights of children and advocacy raises	• Entry of WV in CHHs elevates the affluence of CHHs creating jealousy turning off relatives and neighbours. • Some WV interventions make some support e.g. thatching from neighbours irrelevant. • Some WV interventions e.g. heifer or shelter projects increase CHH burden on friendly neighbours. • After supporting a CHH for sometime, there is a sense of pride in maintaining the family as a CHH. Therefore not enough	• Already overburdened friendly neighbours and relatives get a feeling of relief at the entry of WV. • WV advocacy roles in CHHs repel off relatives. Orphans are referred to as WV children. • Unscrupulous neighbours and relatives are a threat to CHHs. • There is need to build appropriate alternatives to the disintegrating traditional extended family.

TYPE OF SUPPORT SYSTEM	OPPORTUNITIES	STRENGTH OF WV APPROACH/POSITIVE IMPACT ON SUPPORT SYSTEMS	WEAKNESSES IN WV APPROACH/NEGATIVE IMPACT ON SUPPORT SYSTEMS	THREATS/CHALLENGES
		community awareness, voluntarism and vigilance. • Recruitment of local grassroots workers who live in and have a good understanding on the community. This also builds local capacity and promotes sustainability.	is done to reconcile CHHs with relatives or encourage an adult relative join the orphans.	
Local Councils/ Government /Institutions	• LCs provide a forum in which redress can easily be sought. • On every LC, there exists a councillor in charge of children affairs. • Existence of Child Statute empowers LCs to deal with child abuse. • LCs are democratically elected, have	• WV promotes child advocacy awareness prompting vigilance. • LCs have ex-official representation on all project committees. • WV's presence in communities forces LCs to act. • Through an Integrated approach to development, WV has supported	• It has at times been difficult for WV to consult LCs. • Creation of project committees parallel to LC structures, with councillors only as ex-officials dis-empowers LCs.	• Weak and corrupt LCs are easily manipulated to the disadvantage of CHHs • Influencing LCs at the top level still difficult. • Competing approaches from different NGOs confuse LCs, leading some to demand for allowances. • The formation of several NGO affiliated

TYPE OF SUPPORT SYSTEM	OPPORTUNITIES	STRENGTH OF WV APPROACH/POSITIVE IMPACT ON SUPPORT SYSTEMS	WEAKNESSES IN WV APPROACH/NEGATIVE IMPACT ON SUPPORT SYSTEMS	THREATS/CHALLENGES
	community mandate and are effective in mobilisation. • Youth are represented on LCs. • New government programs like UPE, PMA, UNEPI and revitalisation of health/social welfare/probation services. • Decentralisation policy facilitates easier articulation of community needs and integration of local planning and access to local resources.	construction of schools/health units/water sources etc, which improve welfare of Children, CHHs inclusive. • WV staffs work with school administration to ensure that CHHs attend school.		committees fatigues LCs. • CHHs supported by WV are seen as privileged and are, not enlisted for any other support.
Women Self-Help Groups (WSHG)/ local CBOs	• WSHGs formed on the foundation of *munno mukabi*/self-help. • WSHGs are closer to CHHs, can provide counselling.	• WV active in local NGO forum. • Supporting WSHG projects WV increases capacity of groups to support orphans in	• WV not actively utilising WSHGs to reach CHHs.	• Sustainability of WSHGs and their projects always in doubt.

TYPE OF SUPPORT SYSTEM	OPPORTUNITIES	STRENGTH OF WV APPROACH/POSITIVE IMPACT ON SUPPORT SYSTEMS	WEAKNESSES IN WV APPROACH/NEGATIVE IMPACT ON SUPPORT SYSTEMS	THREATS/CHALLENGES
		CHHs.		
CHURCH	• Most schools are church founded, making churches very crucial partners. • Clergy from evangelical Christian communities live in communities, have a fair understanding of conditions of CHHs. • The Church has a pool of trained personnel who can help provide counselling support. • Churches can be affective advocates for vulnerable children. • Churches have potential to mobilise resources among faithful to respond to needs of CHHs.	• WV concepts of holistic/ Transformational development provide space for Church involvement. • Being an FBO makes it easy for WV to partner with Churches. • Recruitment of local grassroots staff who subscribe to similar faith as CHHs reduces suspicion and tension. • Recruitment of committed Christians as staff, who perceive their involvement in CHH as a calling boosts WV's effectiveness with CHHs.	• WVs Christian witness approach and the exact desired outcome for children when witnessed to, largely remains elusive leaving staff in dilemma. • The need to nurture the very sensitive relationship and to avoid antagonism with some Churches compromises WV's witness and advocacy staunch. • Some staff lack orientation on how to deal with other faith. • The omission of key Church workers in WV project committee structures hinder maximum	• Historical animosity that has existed among different Christian communities has implications on WV ministry. • WV's evangelical background breeds suspicion for intentions to proselytise in predominantly RC Communities. • Church demands on CHHs like 'university fees' and church fees add burden to orphans in CHHs, stopping some from going to school. • Frequent transfers of clergy especially in the RC Church, makes consolidation of relationships difficult.

TYPE OF SUPPORT SYSTEM	OPPORTUNITIES	STRENGTH OF WV APPROACH/POSITIVE IMPACT ON SUPPORT SYSTEMS	WEAKNESSES IN WV APPROACH/NEGATIVE IMPACT ON SUPPORT SYSTEMS	THREATS/CHALLENGES
	• Churches can play surrogate parental roles for CHHs. • Christian communities can substitute or compensate for the disintegrating extended family. • Different churches have grass-root structures that can be strengthened to reach CHH.	• WV supports interdenominational dialogue. • 'Roll calls' conducted at church by WV staff encourage children to attend Church. • WV advocacy roles challenge Churches to act.	participation of Churches in project implementation. • Because WV conducts Christian Witness through strategic initiatives with different Churches, It becomes difficult to determine the desired outcome of outreach to children since different communities do things differently.	• Ministry to children through the RC Church is school- based. This leaves out of school and un-churched orphans. • The Church administrative structures do not tie with political administrative structures. While the decentralisation process makes WV involvement in planning easy, it is not as facilitative to the Church. • The clergy in the Roman Catholic Church, unlike their counter-parts in other Christian communities are detached from communities making it difficult for them to reach vulnerable CHHs.

CHAPTER SIX

CONCLUSIONS AND RECOMENDATIONS

6.1 CONCLUSIONS

The following conclusions were drawn from the study.

6.1.1 It was observed as long as the orphan's crisis continues, more and more CHHs will continue to emerge. The acceptance of CHHs as an alternative mode of orphan care is for the time being inevitable. Nevertheless despite the many ethical dilemmas attached to the idea of children staying on their own without parents or adult supervision, this study observes that it is possible with appropriate support from NGOs and other community support systems for orphans to be nurtured in CHHs.

6.1.2 It was also observed that NGO's targeting CHHs like WV, were partly though indirectly responsible for the emergence of some CHHs. It was also observed that CHHs in communities where WV operates, were heavily dependant on WV for their existence and survival. An obvious inverse relationship was also observed between WV entry/support to CHHs and community vigilance. This however does not imply that WV did not have any positive impact on community philanthropic initiates.

6.1.3 It was also observed that WV intervention in CHHs, both positively and negatively affects the aggregate use of the different coping strategies in the CHHs studied. However, contrary to the hypothesis that NGO interventions negatively affect resilience in CHHs; it was observed that WV interventions had increased the capacity of CHHs to support themselves. WV interventions had also reduced the utilisation of detrimental coping mechanisms. It is however important to note that these positive effects accruing from WV support were subject to the continuity of this support, bringing in doubt the sustainability this effect. Many interventions though very helpful in improving the quality of life for orphans living in CHHs, were not sustainable.

6.2 RECOMMENDATIONS/IMPLICATIONS FOR POLICY

The following recommendations have been drawn for consideration to improvement of WV ministry to CHHs.

6.2.1 There is need for WV to work in collaboration with other players targeting CHHs in order to agree on one common definition of what constitutes a CHH. This is necessary for the accurate completion of enumeration of the CHHs in the District.

6.2.2 Collaboration between the different ADPs and with other NGOs, should move to a level of sharing experiences accruing from the different approaches used to support CHHs. Special consideration should be given to collaboration with LWF, which is supporting an equally large number of CHHs and to OCBO, which is responsible for data collection and documentation on CHHs in the District.

6.2.3 Close collaboration should also be sought from NGOs like ANPPCAN, FIDA and HOPE AFTER RAPE, which have both a competitive and comparative advantage in dealing with legal cases of child abuse and neglect. This will save WV from over stretching its interventions.

6.2.4 Specific consideration must also be given to building capacity of local institutions like WSHGs, local CBOs and the Church to reach vulnerable children in the communities. These organisations are not only closer to the orphans, but have a high propensity for continuity in the community, thus ensuring that local capacity is built enhancing sustainability.

6.2.5 All current interventions with CHHs must be consciously reviewed to ensure that they: -

- Do not destroy vital coping strategies in CHHs.
- Do not reinforce detrimental coping strategies.
- Do not create unnecessary extra burden on orphans in CHHs, and on friendly volunteers.
- Do not elevate quality of life of CHHs far beyond that of their neighbours, creating jealousy, which repels volunteers from the CHHs, and also makes CHHs vulnerable to attacks from thieves.
- Those interventions can be sustained by CHHs.
- That since a big percentage of orphans in CHHs are adolescents, the specific needs of this category are adequately responded to.
- That advantage is taken to attribute the love of Christ in every intervention to CHHs.
- Interventions are long-term and phased to allow CHHs gradually build capacity to handle new 'projects'.

6.2.6 Conscious of the fact that its presence indirectly encourages the emergence of CHHs in communities, WV must make efforts to strengthen other alternatives of orphan care. Special consideration must be put in helping reduce tension between CHHs and existing relatives, and where possible encourage adult relatives or neighbors stay with CHHs in a way that is not parasitic or exploitative. The presence of such an adult should not disqualify such a family from receiving WV support. More focus should also be put on helping foster families.

6.2.7 Regarding education of the CHH heads and older orphans, new alternatives to formal education must be sought. A leaf can be borrowed from the UNICEF sponsored Complementary Opportunities for Primary Education (COPE) which allows older children to study only three hours a day, thus giving them time to attend to adopted de-facto adult roles. This mode of education has a component of vocational training, life sustenance skills and functional adult literacy (FAL). This system also provides children an opportunity to rejoin formal education.

6.2.8 There is need for projects dealing with large number of vulnerable children, to recruit professional social workers/counselors to deal with deep-seated psycho-social needs of these children. This can then be augmented by equipping other staff and volunteers with case study and counseling skills. Teachers and church workers could be specifically targeted in this respect. Staff involved in counseling vulnerable children are themselves in need of support since they are exposed to 'burnout'.

6.2.9 WV's Christian witness policy and approaches regarding the desired outcome of witness to vulnerable children, and collaboration with the Non –Evangelical Christian communities should clearly be spelt out. Staff must be given orientation to appreciate other faith, yet without compromising track of WV's mission to the children.

6.2.10 Since most orphans in CHHs are in their teens, special emphasis must be put on improving WV youth ministry.

6.3 IMPLICATIONS FOR FURTHER RESEARCH

This study creates a quest for further research in a number of areas listed below;

6.3.1 Owing to limited time and resources this study has not been exhaustive. It however provides a foundation on which further investigation can be based. More exciting findings could be obtained using comparative studies that contrast CHHs in areas without NGO and those with NGO support. A comparison between the quality of life of orphans under other orphan care systems (especially in foster homes) with orphans in CHHs, would also enrich findings.

6.3.2 More detailed scientific studies also need to be conducted to ascertain the impact of the living conditions that CHHs live in (without the supervision of parents/adults) on their growth and development processes of the orphans.

6.3.3 There is need for research on possible surrogate roles that NGOs, the Church and other players can undertake to compensate for absence of parents/adults in CHHs.

6.3.4 There is also need to investigate factors other than rampant death among adults and weaknesses in the extended family systems that have predisposed its inability to cope with the orphan crisis, and to suggest ways in which the Christian community can mitigate and compensate the effects of a disintegrating extended family system.

6.3.5 Lastly, from an Evangelical point of view, there is need to research and make recommendations of how FBOs with an Evangelical background can best operate in communities that are dominated by the Roman Catholic Church.

-THE END-

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APPENDIX 1: LIVING CONDITIONS AND THE EFFECT OF WV INTERVENTIONS ON COPING STRATEGIES EMPLOYED TO MEET SURVIVAL NEEDS

Living Conditions in CHHs	No	Coping Mechanism	Effect of NGOs on Coping Mechanism				
			Applicability	Strengthened	Weakened	Stopped	No Effect
I. FOOD/NUTRITIONAL NEEDS							
*Perpetual food insecurity. *Diet not balanced, lacking especially animal proteins. *Unhygienic preparation of food. *Younger orphans compete unfairly the little available food. *Insufficient land for cultivation. *Inability to exploit modern farming practices. *Insufficient labour to till the land. *Inadequate or no productive assets, basic farm tools and inputs. *Not enough time to attend to farms when at school.	1	Grew own food	**43**	41	1	0	1
	2	Reared small animals	**40**	35	0	0	5
	3	Hired out labour for food	**31**	5	4	14	8
	4	Sold non-food crops	**30**	6	9	6	9
	5	Begged from neighbours	**14**	1	3	6	4
	6	Stole food from neighbours	**10**	0	0	8	2
	7	Gathered fruits and roots from the bush	**27**	2	8	6	11
	8	Visited neighbours for meals	**15**	2	5	2	6
	9	Substituted luxurious foods	**16**	5	7	2	2
	10	Rented out land	**10**	2	2	4	4
	11	Sold household valuables/property	**3**	0	0	3	0
	12	Acquired food loans	**12**	1	1	5	5
	13	Woke up early to dig before schools	**26**	11	2	8	5
II. HEALTH NEEDS							
*High morbidity sometimes resulting in death. *Some children live with HIV. *Suffer from malnutrition. *Poor domestic hygiene. *Children care for terminally ill adults.	14	Used medicinal herbs.	**43**	5	22	5	11
	15	Prayed for healing.	**43**	25	1	1	16
	16	Used self- medication	**32**	9	13	4	6
	17	Invoked natural resistance.	**25**	2	4	12	7

Living Conditions in CHHs	No	Coping Mechanism	Effect of NGOs on Coping Mechanism				
			Applicability	Strengthened	Weakened	Stopped	No Effect
*Lack of immunisation from child killer diseases. *Lack money for medical services. *Find it hard to take advantage of medical services from government Health Units. *Vulnerable to attack from snakes vermin, and other dangerous insects due to poor housing. *Find it difficult to respond to health educational messages.	18	Visited local health unit.	**35**	14	9	3	9
	19	Consulted diviners.	**6**	0	0	6	0
III. EDUCATIONAL NEEDS							
*Lack of school fees especially at secondary level. *Failure to meet other school requirements(Uniforms, building fees) making it hard for orphans to benefit from UPE. *Failure to continue with education especially to higher levels. *Lack of basic scholastic materials. *Coping with lost years when out of school	20	Older children opted out of school to support siblings.	**23**	0	0	5	18
	21	Engaged in petty trade to raise school dues and buy scholastic materials.	**29**	8	10	7	4
	22	Engaged in manual work at school to contribute to school dues.	**13**	1	5	4	3
	23	Older girls engaged in relationships with men for support.	**11**	0	1	5	5
	24	Took advantage of the UPE Program.	**39**	33	0	0	6

Living Conditions in CHHs	No	Coping Mechanism	Effect of NGOs on Coping Mechanism				
			Applicability	Strengthened	Weakened	Stopped	No Effect
*Use of school time to cater for survival leading to high absenteeism. *Poor performance at school. *Fail to get attention for psychosocial problems exhibited at school *Lack parental encouragement, enforcement and support to continue with school.	25	Shifted from one school to another to avoid accumulated debts.	**6**	0	0	6	0
	26	Occasionally absented themselves to raise school dues.	**22**	0	10	8	4
	27	Opted for private study.	**16**	5	1	3	7
	28	Resorted to learning vocational trades/skills.	**12**	7	1	0	4
IV. SHELTER NEEDS							
*Pathetic housing conditions. *Poor or no bedding/clothing. *Share houses with domestic animals. *Boys and girls share same rooms. *No or poor pit latrines. *Vulnerable to attacks from thieves. *Susceptible to bites from snakes and other vermin. *Exposed to cold and insect bites.	29	Constructed simple shelters	**11**	5	0	2	4
	30	Repaired structures left by Parents	**26**	11	0	3	12
	31	Made simple beds & mattresses from sacks and grass.	**31**	5	1	7	18
	32	Used bushes or visited pit latrines in the neighbourhood.	**16**	0	1	5	10
V. PROTECTION NEEDS							
*Children loose property to greedy and unscrupulous	33	Kept valuables/property with neighbours.	**19**	4	1	8	6

Living Conditions in CHHs	No	Coping Mechanism	Effect of NGOs on Coping Mechanism				
			Applicability	Strengthened	Weakened	Stopped	No Effect
relatives. *Girl children vulnerable to sexual abuse/exploitation. *Exposure to HIV/AIDS and other STIs. *Unwanted/child pregnancies/child mothers. *Child labour and exploitation. *Theft of animals, food stock and household property. *Live in fear of thugs in the night. *Because of the powerlessness, their gardens are invaded by domestic animals.	34	Left one of the children at home to guard property while others went to school.	**18**	3	2	5	8
	35	Slept outside the house or took refuge with neighbours.	**10**	0	1	5	4
	36	Relied on friendly neighbours.	**25**	9	2	3	11
	37	Sought intervention from Local authorities.	**20**	12	0	0	8
VI. PARENTING NEEDS							
*Children live on their own without care, guidance and love from parents. *Frequent conflict within the family. *Frequent incidence of indiscipline, rebellion, juvenile delinquency and abandonment. *Children frequently move from one relative to another. *Vulnerable to abuse and exposure to all types of	38	Older children took up leadership and provided parenting for younger siblings.	**39**	16	8	1	14
	39	Many CHH heads opted out of school.	**18**	0	0	2	16
	40	Orphans learnt to make simple production and investment decisions.	**37**	24	3	0	10
	41	Divided up roles and Responsibilities.	**36**	19	0	0	17
	42	Orphans developed by-laws and mechanisms for discipline.	**36**	17	2	2	15

Living Conditions in CHHs	No	Coping Mechanism	Effect of NGOs on Coping Mechanism				
			Applicability	Strengthened	Weakened	Stopped	No Effect
risk. *Moral decay and cultural disorientation. *Severe shortage and basic necessities like paraffin, salt, soap. *Struggle with an identity crisis and lack a sense of belonging	43	Orphans developed mechanisms for conflict resolution.	**33**	11	3	0	17
	44	Overwhelmed by challenges, some children abandoned household.	**16**	4	0	8	4
	45	Developed relationship with friendly adults for protection.	**34**	24	0	1	9
	46	Engaged in petty trade and odd jobs to buy basic necessities.	**30**	12	4	2	12
	47	Sold farm surpluses to buy basic necessities.	**32**	15	7	0	7
	48	Elderly girls got boyfriends to provide for their needs.	**32**	0	1	7	16
	49	Early marriage.	**12**	0	0	9	3
VII. PSYCHO-SOCIAL/SPIRITUAL							
*Children suffer from and sometimes fail to recover post traumatic stress after the painful loss of parents. *Children suffer from stigma associated with AIDS orphans. *Suffer stress resulting from adapting to de-facto adult roles and responsibilities. *Suffer from alienation and low self-esteem.	50	Shared problems and sought counsel from one another.	**33**	19	5	3	6
	51	Teens engaged early in love relationships.	**10**	1	3	4	2
	52	Some children sulked, became withdrawn.	**20**	0	6	6	8
	53	Some children rebelled and exhibited anti-social behaviour	**15**	2	5	5	3
	54	Sought counsel from friendly adults	**31**	22	5	1	3

Living Conditions in CHHs	No	Coping Mechanism	Effect of NGOs on Coping Mechanism				
			Applicability	Strengthened	Weakened	Stopped	No Effect
*Suffer from a feeling of helplessness/depression. *Failure to adapt to new lives as orphans. *Suffer from religious disorientation. *Some orphans develop indifference/bitterness towards God.	55						
	56	Frequently went to church	**27**	19	0	0	8
	57	Prayed over problems	**31**	25	0	0	6
	58	Attend local fellowship	**15**	13	0	0	2

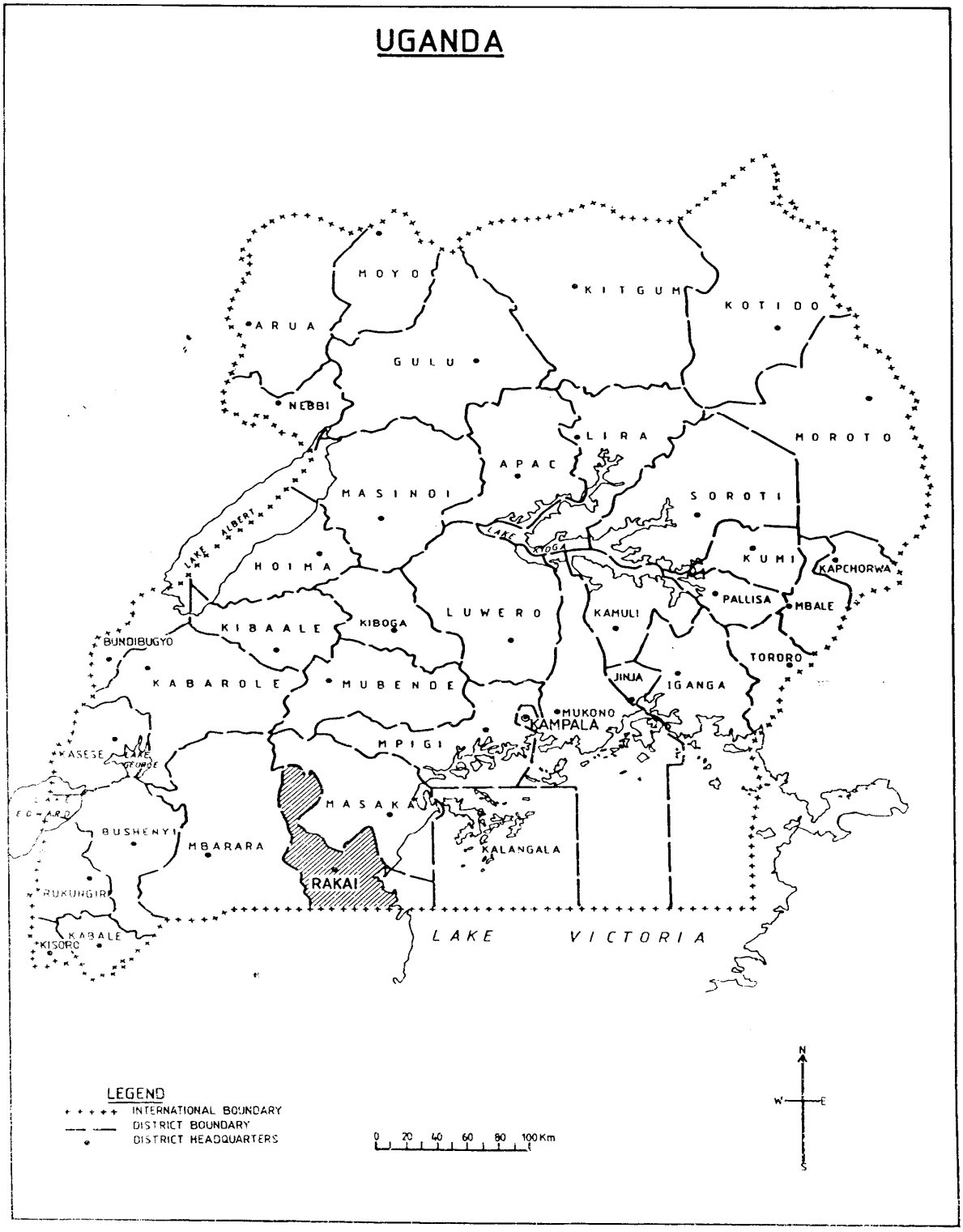
Compiled by author from different sources.

APPENDIX II
RAKAI DISTRICT PROFILE

Area coverage	4989sqkm
Distance from National Capital	190km
Number of Counties	4
Number of Sub-counties	23
Parishes	120
Villages	850
Population	464,600 (2000)
Population density	102-141 people per sqkm
Annual growth rates	3.04%
Urban population	3.8%
Rural population/subsistence farmers	77.4%
Female Headed households	31.7%
Orphans who have lost one parent	17.9%
Estimated number of orphans	65,000
Estimated number of CHHs	300-600
Children under 5	20%
Children between 12-19	17.3%
Male to female ratio	49%:51%
Infant mortality rates	119/1000(1991)
Under five mortality rate	137/1000
Maternal Mortality	600/100,000
Total fertility rate per woman	7.7%
Illiteracy rates	57.9% (female 30.2%/male29.7%
Doctor to population level	1:31958
Population living under the National Subsistence line (5$ per week)	70%
Safe water coverage	33% (1994)
Safe Latrine coverage	68%
Life expectancy	Females 50/Males 45.3 years
Crude death rates	18/1000(1991)
Couples using family planning	15%
HIV/AIDS prevalence	9% (1998)
Pupil enrolment	138,744
No. of teachers	2,458
Pupil/teacher ratio	56

APPENDIX III

THE MAP OF UGANDA SHOWING RAKAI DISTRICT



APPENDIX IV

THE MAP OF RAKAI DISTRICT SHOWING AREA OF STUDY