

Uganda Country Report¹

Executive summary

The Uganda Country Report is a compilation of key qualitative and quantitative information on children in Uganda with emphasis on children in residential care. The data have been gathered from various sources, but come basically from the pre-conference report and regional workshops held on children in residential care in years 2002 and 2003.

Uganda has a population of 12,781,238 children who constitute 52% of the total population of Uganda, which gives an indication of the country's high dependency ratio. A quarter of Uganda's households care for at least one child who is not a biological sibling. There are 2.3 million orphans who constitute 19% of the child population. Uganda has had a sustained economic growth of 6% annually, but poverty levels are still high, currently 35%, with children constituting 62% of the poor.

Uganda ratified the UN Convention on the Rights of the Child in 1990 and the African Charter on the Rights and Welfare of the Child in 1994. Uganda has included children's rights in the Constitution of 1999 and in the Children Statute of 1996. Several policies have been formulated to address children's problem. An Orphans and Other Vulnerable Children (OVC) policy is currently being drafted.

There has been a substantial increase in the sector budget allocation to education by some 30% since 1997. Today 7.2 million children, compared with 2.3 million in 1996, are accessing Universal Primary Education (UPE). Literacy rates have subsequently increased from 54% in 1991 to 64% today. However, more action needs to be done to raise the literacy rate among women.

Water and sanitation coverage is relatively low at 47% of the population accessing safe drinking water and adequate sanitation in rural areas. Children continue to be afflicted with malaria and HIV/AIDS. It is estimated that 100,000-700,000 children die of malaria every year while 43,000 babies are infected, mainly by their mothers. To address the HIV/AIDS problem the Government has pursued a multi-sectoral policy of openness. This has helped to reduce the infection rate from 30% a decade ago to 6% today. But despite the policy initiatives and good intentions, Uganda's efforts to improve the welfare of children continues to be undermined by war, poverty and disease.

Today, there are still some 3,822 children in residential care, mainly because they have been abused or neglected by their families and by the communities. Macro-economic problems further impinge upon parents' capability to provide the basic needs of their children. The safety net of the extended family has broken down in many instances and community-based care is now facing its greatest test. The weakened social fabric, especially of urban communities, has contributed to the deterioration of parental responsibility and hence the large number of children being placed in institutional care. In like manner, the weakening of the juvenile justice system is partly responsible for the rise in the number of children in correctional institutions. But despite all the challenges the country faces, Uganda has opted for community-based approaches for the care and protection of vulnerable children. Institutions can only be a last resort. Family empowerment is being emphasised in all care programmes with a focus on providing support to initiatives for girls. Support programmes that promote the eradication of

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poverty, assistance to youth, counselling by community volunteers and the advocacy of child rights are being implemented by the government and NGOs.

The government of Uganda will focus on the reintegration of children into their home communities and on improving the alternatives to residential care by supporting community-based initiatives. It will also revitalise the inspection of children homes and ensure that appropriate numbers of children are being cared for.

The biggest challenge to the Ugandan government, however, is how to reduce poverty and narrow the gap between the rich and the poor.

Background information

Country profile

The Republic of Uganda is located in East Africa and lies astride the equator. It is landlocked and bordered by Kenya in the East, Tanzania in the South, Rwanda in the Southwest, the Democratic Republic of Congo in the West and Sudan in the North. The country has a surface area of 241,039 square kilometres and is divided administratively into 56 decentralised districts.

Preliminary results of the 2002 National Population and Housing Census put the total population of the country at 24.6 million. Women constitute 12.5 million and men 12.1 million. The data show a sex ratio of 96.5 males per 100 females. There has been an increase of 7.9 million persons between 1991 and 2002 with an annual growth rate estimated at 3.3%. Projections from the figures of the 1991 census show the child population in Uganda under the age of 18 years to be 12,781,238 (see Appendix 1 for the child population in various years).

The annual per capita income has increased from USD 186 in 1991/1992 to about USD 272 in year 2000 (UNDP Human Development Index 2002). The economy sustained a growth rate of 6.5% per annum over the last ten years. Poverty levels have declined from 56% in 1992 to 35% in 2000. Sixty-two percent of the poor in Uganda are children under the age of 18 years.

The conflict in the Northern and Western regions has resulted in the abduction of 11,100 children and 718 adults by rebels in the Lords Resistance Army (LRA) and the Allied Democratic Forces (ADF) (UNICEF Uganda 2000). This has led to displacement, abductions, destruction of the social infrastructure and family systems etc. However, since 1999, 5,187 children have been reunited with their families.

Trends in basic social development indicators

Social development indicators are shown in Table 1 in the Appendix.

Legislative and policy framework

Uganda ratified the UN Convention on the Rights of the Child (CRC) in 1990. It also ratified the African Charter on the Rights and Welfare of Children (ACRWC) in 1994. As a follow-up measure, it adopted the Uganda National Plan of Action for Children (UNPAC).

Children's rights are entrenched in the Uganda Constitution (1995) and the Children Statute of 1996 that guarantees the right to education, medical treatment, protection and other socio-economic benefits. The Babies and Children Homes Rules Statutory Instruments 13 and 14 (1991) specify the rules and regulations for the establishment and operation of Children and Infant Homes in Uganda. These rules provide for a minimum standard of institutional care.

The Local Government Act (1997) provides for a Secretariat for Children's Affairs within each Local Council administrative unit to handle the welfare of children. A Street Children Desk in the Ministry of Gender, Labour and Social Development was established in 1995 to provide technical guidance on policy and practice regarding street children. Minister of State in charge of children is functions as an institutional framework to give voice to children's issues. A National Youth Policy has been adopted which focuses on empowering young people aged 12–30 through key strategic actions.

Public expenditure

The government of Uganda has effected substantial increases in a number of social sectors through a poverty eradication action plan that focuses on good governance, modernisation of agriculture, roads and infrastructure, and the improvement of the quality of life of the poor (see the Appendix for details).

The Social development sector

A Social Development Strategic Investment Plan has been put into effect. The goal of the Plan is to ensure full realisation of economic, social, cultural, political and civic rights, as well as improved livelihood of the people of Uganda, with a special focus on the poor and vulnerable groups for sustainable and gender-responsive development. It emphasises policies and actions that will improve the survival, development, protection and participation of children. The Sector Plan will enable the social actors under the Ministry of Gender, Labour and Social Development to obtain funding from the Poverty Action fund. An Orphans and Vulnerable Children Policy (OVC) is currently being drafted.

The education sector

Universal Primary Education (UPE) came into effect in 1997. Today, 7.2 million children are enrolled in primary schools compared with only 2.7 million in 1996. Of these, 51.1% are boys and 48.9% are girls. Literacy rates have climbed from 54% in 1991 to 63% today, (77% among men and 51% among women). The overall national expenditure on education has increased by more than 30% since 1997 (MoES 2002). Despite these improvements, 13-18% of the 6-12 year-olds in Uganda do not attend school because of other financial impediments besides school tuition.

The government introduced the practice of affirmative action at university level in 1991. This allows an extra 1.5 points for girls on the top of their score. This measure has increased the enrolment of girls at Makerere University by 35% over the last ten years. However, dropout rates for girls at primary school level remain at 39% compared with 33% for boys at the same level (Education Sector Investment Plan 2002). Teachers are being given training on gender issues and psychosocial support measures.

The water and sanitation sector

Today, an estimated 47% of the population has access to clean water and sanitation, although coverage varies both within and between districts. The biggest problem is in the rural areas where 90% of the population live. Access needs to be improved, especially when we consider that the combined effects of poor hygiene and sanitation practices, limited access to safe water and the harsh living environments still contribute to 50% of child morbidity in Uganda (UNICEF Uganda 2000). Women and children have to walk an average of 6-7 km to reach a water source in rural areas.

Guinea worm disease (Dracunculiasis), which was endemic ten years ago, has now been totally eradicated in Uganda.

The health sector

A National Health Policy and Health Sector Strategic Plan has been drafted. It introduces the element of Private Public Partnership (PPP) into the provision of health services, with the private sector, civil society and NGOs working in partnership. Malaria poses the biggest threat to child survival. It is estimated that 70,000 to 100,000 children die of malaria every year. Malaria is also responsible for 30% of all deaths of children under five years of age because of poor access to treatment. Today, 26% of the population still does not have access to health services.

HIV/AIDS impact on children

HIV/AIDS has made orphans of 2.3 million children in Uganda, which constitutes 8.7% of the population. Of the orphan population, 41% are boys and 36% are girls. The HIV/AIDS pandemic is also responsible for 12% of deaths each year in Uganda. It is estimated that 7.3% of reported AIDS cases are children under 12 years of age. Approximately 43,000 babies are infected annually with HIV/AIDS virus by their mothers (UNICEF UGANDA 2000).

Adolescent girls aged 15-19 years are four to six times more vulnerable than their male counterparts, largely because girls do not have adequate information on sexuality and fertility. There is also a general misconception among older men that young girls are HIV/AIDS free and therefore the men tend not to use condoms during sexual intercourse.

Infection rates have declined from 30% a decade ago to 6% today. The decline can be attributed to a firm political commitment at the highest levels of government coupled with an attitude of openness about HIV/AIDS. This has helped reduce the problem and the stigma for both infected children those who are otherwise affected by the disease. There is a high acceptance level in the communities for children affected by AIDS, which facilitates the re-integration of children into communities when after their parents have died.

The government is developing through the Uganda AIDS Commission a Multi-Sectoral National Policy on HIV/AIDS and young people which has the overall goal of preventing the spread of HIV/AIDS by strengthening the care and support of young people infected and affected by the AIDS pandemic.

Children in residential care. Trends during 1998-2001

Residential institutions are government or non-governmental homes set up for the purpose of caring for children; they must first obtain certification by the minister in charge of children as being suitable for that purpose (Children Statute 1996). Children are placed in these institutions for a variety of reasons: orphanhood, abandonment, street life, disability, physical, emotional and psychological abuse in homes, war, juvenile delinquency and poverty.

There are 4,788 children living in 88 residential institutions today compared with 2,882 children in 75 residential children institutions in 1998. Figure 1 shows the trends in the number of children in institutional care. There has been an increase in the number of children living in institutions because of the various factors mentioned above. In addition, rural-urban migration, the high cost of living and high rate of unemployment have compounded the problems of families. This has led in recent years to increased child abuse and neglect in households. The war in the Northern and Southern parts of Uganda has led to many deaths and the displacement of families. Children have been abandoned because of these circumstances and many of them are being kept in reception centres. The impact of HIV/AIDS has resulted in an increased number of orphans, some of whom are cared for

in institutions. These reasons explain why there has been an increase in the number of children in residential care since 1999.

Ethnic distribution

There are four main ethnic groups in Uganda: the Bantu in the Central and Western regions, the Nilo-Hamitic in the Central region, the Nilotics in the Northern region and the Hamitics-speaking people in parts of the Eastern region. The distribution of children in institutions varies among these ethnic groups. According to available data, the children from the Bantu-speaking people, who are the largest ethnic group in Uganda, constitute 75% of all children living in institutions (see Pie-chart 1 in the Appendix).

The demographic, socio-economic and cultural differences among the ethnic groups are the main reasons for this pattern of distribution. The Bantu live mostly in the Central and Western regions, which have a relatively rapid urbanisation characterised by rural-to-urban migration. More cases of child abuse are reported in the central part of the country. As a result, children's homes have emerged to address the problem of childcare and child protection in these areas.

Socially there is a contrast between the Eastern and Central Regions. The Eastern and Northern Regions are characterised by a strong extended family system typical of less industrialised nations. The strong cultural values and norms are conducive to efficient community-based childcare practices.

The central region has the highest number of children in institutional care, as seen in Graph 2. The lowest number of children in care is recorded in the West-Nile region and the Eastern region. Northern and Western regions have been affected by armed conflict, which may explain the emerging trend towards institutional care in the wake of the intensified disruption of community life by the war.

Status of state-run children's institutions

Despite the policy of decentralisation, children's institutions have continued to be managed at the national level. However, guidelines are being drafted for handing over the responsibility for institutions to the districts. (Table 2 in the Appendix shows the status of government institutions).

The Naguru Remand Home and the Kampiringisa National Rehabilitation Centre continue to accommodate more children than they have capacity for. In May 2002 the Kampiringisa National Rehabilitation Centre began to admit street children. Naguru Remand Home, on the other hand, has excess accommodation largely because of the above-mentioned weaknesses in the administration of the juvenile justice system. The negative attitude of parents/guardians and the personnel who manage the justice system towards children in conflict with the law is an important factor that negatively impacts on the situation of children in the justice system, and as a result large numbers of children are remanded (Juvenile justice system in Uganda: Situation Analysis September 2000).

Institutions targeting children with disabilities have continued to have lower numbers over the last decade, largely because of the government's policy of re-integrating children with disabilities into the mainstream of normal schools.

In correctional institutions for juveniles, boys constitute 90% of the resident population. The reason is that girls are less prone to committing crime and they have the possibility of fending for themselves through such activities as house-keeping, prostitution, early marriages etc. Also, girls are more likely than boys to receive a family placement (Situation Analysis of Orphans and Vulnerable Children in Uganda 2002).

The educational level of institutional staff is low, falling within the range of the fourth and sixth grade in secondary school. The percentage of professional social workers

among the cadre of guardians/wardens is still low. The liberalisation of education in Uganda has led to the introduction of additional courses in the Social Development Diploma and more young people are being enrolled for studies in the field of social work. The percentage of female students undergoing social development training at the Nsamizi Training Institute has increased from 3% in 1996 to 47% in 2002 (Nsamizi Annual Report 2002).

Challenges of institutional/residential care in Uganda

In Uganda the residential care of vulnerable children poses many challenges. It nurtures dependency and has a negative effect on the physical, social, psychological and emotional growth of children. It exposes children to abuse by ruthless caregivers, encourages the corruption and exploitation of children for the benefit of the private owners of homes who often misuse for their own lavish expenditure the funds intended for the children. Residential care is expensive in itself. Because of these bad practices the social integration and acculturational needs of children in institutions are often neglected. (Situation Analysis of Orphans and Vulnerable Children in Uganda 2002).

Alternatives to residential care. Trends during 1998-2001

Family placement

Family placement in Uganda means the informal placement of children at risk with relatives or adoption. The latter has not gained much ground as yet, largely because of the rigorous court processes involved.

The community-based care system supports both formal and informal placements. The government has continued to support the reunification of institutionalised children with their families. Probationary and social welfare officers have been trained to trace parents, resettle children and counsel families as part of their duties. NGOs have also supported in equal measure family placement initiatives at all levels.

Extended families receive support through income-generating programs. Various stakeholders have made it possible for youth groups to engage in income-generating activities. Girl empowerment programs are emphasised at all levels. For example, the goat-rearing scheme for child mothers in the Soroti District in the eastern part of the country is a deliberate effort to enable young girls to care for their children rather than abandoning them.

Various interventions geared towards poverty alleviation, youth promotion, community volunteer counselling, peer education and child rights advocacy in the communities and families have been undertaken by government organisations and NGOs in Uganda to support family and community-based care.

Since 1999 government organisations and NGOs have reunited over 10,000 children with their families or relatives. According to data from the resettlement programme in Kampala City in 2002, 86% of the resettled children had a home to go to. A total of 783 street children were successfully resettled and are now living with their families/relatives. Runaway children accounted for only 20% of all resettlements carried out in the last year. Reports suggest that NGOs have been more successful in their placements because they have the ability to mobilise resources for family support and follow-up.

Rural youth training centres have been established as a non-residential outreach programme to target vulnerable children and youth.

Preventative measures

Preventive measures are implemented through government policies and legislation designed to protect children from abuse, exploitation and neglect. The Children Statute of 1996 and the Local Government Act of 1997 provide a framework for the care of children by local governments. The Secretariat for Children's Affairs in the local city councils are mandated to provide for the care of children.

Community sensitisation and mobilisation on children rights increases awareness of children's rights. Community competence-building is vital because communities have the responsibility to provide the material and psychosocial support children need.

Residential care results in very little psychosocial support, as shown in the Situation Analysis of Orphans report of 2000. The study found that 9% of the institutions provide some kind of psychosocial support, 5% provide counseling and only in only 30% of the cases can children in residential care talk with the wardens of homes about their problems. These data point at a weaknesses of residential care. Community support is a preventive safety net because it provides 55% of the food for at risk families, thereby circumventing one of the basic reasons why children run away from home.

Community social schemes on the protection of water sources, feeder road maintenance, building of schools, health units and household security vigilance have proved to be very good practices in addressing the needs of individual families/children. These practices are backed up by the by-laws of local governments.

Conclusion

This country report has been prepared through consultations with a large number of stakeholders. The report shows that the problem of institutionalisation has broad implications on the macro level. Poverty creates sub-groups of vulnerable children susceptible to institutionalisation, and this problem needs to be tackled at both the national and global levels. The policies of the industrialised world should aim at encouraging economic growth and empowering poor countries to become more self-reliant and improve the living standards of their people.

In the Ugandan context, economic growth has not substantially narrowed the gap between the poor and the rich; instead, it has undermined good child welfare policies and laws that were intended to address the problems of vulnerable children. There is a need to review policy implementation at all levels. The views emerging from the stakeholders in the consultative conferences held in Uganda to discuss children in residential care reveals that while commitment and good intentions are evident in government actions, the actual implementation of the laws and policies is inadequate.

There is an urgent need to address the problem of the increase in the number of children in residential care because of poverty, war and the insecurity of households. Residential care should be used as a last resort and only for very short periods of time while other community options are being sought. The success of deinstitutionalisation should be measured by the number of children actually living in children's homes as compared with the number of children resettled into the community over a given period of time. If this is the case, then deinstitutionalisation is indeed a success story in Uganda. This conference should discuss better approaches in which co-ordinated planning mechanisms to ensure sustained resettlement programmes are encouraged. A new attitude by the management of residential homes that advocates establishing strong links between institutions and families/communities should be a way forward in the new millennium. Sustained monitoring and evaluation mechanisms have to be established or revitalised in all government frameworks to ensure that there will be fewer children in residential care and that alternative forms of care will be given priority.

Acknowledgement

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Appendix

Table 1: Basic Social Development indicators.

| Indicators | 1991 | 1995 | 2002 |
|--|------|------|------|
| Population under the age 15years, | | | 52% |
| Urban population | | | 16% |
| Total Fertility rate | 7.1% | 6.9% | 6.9% |
| Crude birth rate (per 1000 population), | | | 52% |
| Infant mortality rate (per 1000 live births) | 122% | 81% | 97 |
| Under-five mortality rate (per 1000 live births), | | | 147 |
| Stunting for children under 5 years | 45% | 38% | 39% |
| Immunisation of children between 12 – 23 months | 31% | 47% | 38% |
| % of deaths by Malaria for children between 2 –4 years | | | 30% |
| Maternal mortality Ratio (per 100,000) | 700+ | 506 | 505 |
| Life expectancy at birth (male) | | | 45.7 |
| Life expectancy at birth (female) | | | 50.5 |
| Percentage of births delivered at Home | | | 62 |

Source: Uganda Bureau of Statistics Demographic and Health Survey of Uganda (2000)

Table 2: Numbers and status of children in government institutions.

| Name of the institution | Size/ capacity | Number of children | Average age | Target group |
|--|-------------------|-----------------------|----------------|-------------------------------------|
| Naguru Remand home | 45 | 160 | 15 | Child Offenders |
| Naguru Reception Centre | 30 | 65 | 3 | Children < 4 yrs |
| Kampiringisa National Rehabilitation Centre | 200 | 250 | 15 | Child Offenders |
| Fort-portal Remand Home | 30 | 42 | 15 | Child Offenders |
| Mbale Remand Home | 30 | 30 | 15 | Child Offenders |
| Kireka Rehabilitation Centre* | 50 | 20 | 17 | Children/Youth with disabilities |
| Lweza Rehabilitation Centre* | 50 | 15 | 17 | As above |
| Ruti Rehabilitation Centre* | 50 | 20 | 17 | As above |
| Ocoko Rehabilitation Centre* | 50 | 30 | 17 | As above |
| Mpumudde Rehabilitation Centre* | 50 | 35 | 17 | As above |
| Total | | 647 | | |

Source: Regional Workshop Reports 2002. * Institutions for children with disabilities

Table 3: Child population in single years of age.

| Age | Boys | Girls | Total |
|--------------|------------------|------------------|-------------------|
| 1 | 470,236 | 462,972 | 933,209 |
| 2 | 454,060 | 447,819 | 901,879 |
| 3 | 437,933 | 432,616 | 870,549 |
| 4 | 421,908 | 417,416 | 839,324 |
| 5 | 406,035 | 402,271 | 808,305 |
| 6 | 390,366 | 387,231 | 777,597 |
| 7 | 374,954 | 372,349 | 747,303 |
| 8 | 359,849 | 357,676 | 717,525 |
| 9 | 354,104 | 343,263 | 688,367 |
| 10 | 330,769 | 329,163 | 659,932 |
| 11 | 316,769 | 315,320 | 632,089 |
| 12 | 303,024 | 301,680 | 604,704 |
| 13 | 290,233 | 288,826 | 579,058 |
| 14 | 278,703 | 277,021 | 555,724 |
| 15 | 268,099 | 265,999 | 534,099 |
| 16 | 257,810 | 255,326 | 513,136 |
| 17 | 247,994 | 245,205 | 493,198 |
| 18 | 238,161 | 234,927 | 473,088 |
| 19 | 228,018 | 224,133 | 452,152 |
| Total | 6,420,025 | 6,361,213 | 12,781,238 |

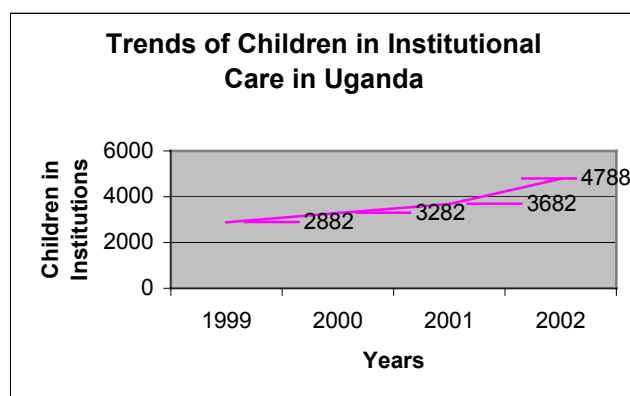
Projected in 2000, Uganda Bureau of Statistics (UBOS).

Table 4. Budgetary trends/outcomes.

| Description | 1996/7 | 1997/8 | 1998/9 |
|---|---------------|---------------|----------------|
| EDUCATION | (21.8%) | (24.1%) | (26.4%) |
| Education and sports (including primary education) | 35.31 | 36.68 | 68.98 |
| Primary education including school facilities grant | 81.11 | 115.54 | 151.09 |
| Secondary education | 28.81 | 30.0 | 39.6 |
| Tertiary institutions | 0.00 | 0.00 | 7.46 |
| Sub-Total | 174.18 | 212.57 | 297.32 |
| HEALTH | (7.4%) | (6.8%) | (6.3%) |
| Health | 23.63 | 19.19 | 20.96 |
| NGO hospitals/primary health care | 0.00 | 0.76 | 2.91 |
| District primary health care | 0.00 | 1.14 | 6.27 |
| District medical services | 8.32 | 5.95 | 6.17 |
| District health training schools | 0.87 | 1.42 | 1.73 |
| District referral hospitals | 12.26 | 8.67 | 13.28 |
| Sub-Total | 59.34 | 60.24 | 71.29 |
| ECONOMIC FUNCTIONS & SOCIAL SERVICES | (6.5%) | (5.7%) | (4.0%) |
| Labour and social welfare | 3.84 | 1.88 | 0.00 |
| Gender, labour and social development | 2.79 | 2.39 | 3.40 |
| Sub-Total | 51.74 | 50.46 | 44.65 |
| Grand Total | 798.44 | 882.00 | 1127.13 |

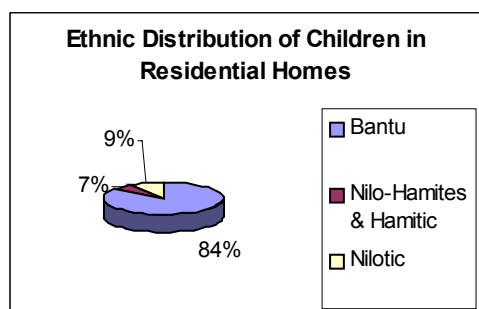
Source: Background to the budget 1999/2000, MFEPD

Figure 1. Children in institutional care in Uganda.



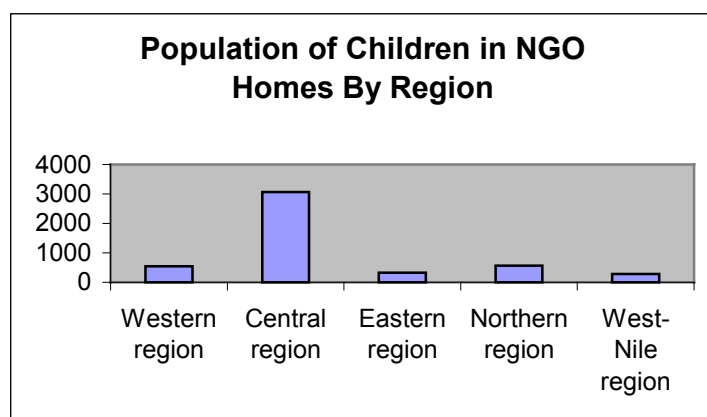
Source: Children Homes Regional Workshop Report 2002.

Figure 2. Pie chart showing the ethnic distribution of children in residential homes.



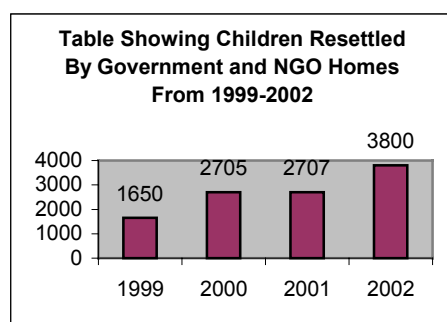
Source: Regional workshop reports on children in residential care 2002.

Figure 3. Population of children in NGO homes, by region.



Source: Children Homes Regional Workshops Report 2002.

Figure 4. Children resettled by government and NGO homes between 1999 and 2002.



Source: Regional Workshops, Street Children Desk, Psychosocial Reports 2002.

List of Acronyms

| | |
|---------|---|
| ADF | Allied Defence Forces |
| AIDS | Acquired Immune Deficiency Syndrome |
| ANPPCAN | African Network for Prevention and Protection against Child Abuse and Neglect |
| CRA | Child Rights Advocates |
| CRC | Convention on Rights of the Child |
| CVC | Community Volunteer Counselors |
| LC's | Local Councils |
| LRA | Lord Resistance Army |
| MGLSD | Ministry of Gender, Labour and Social Development |
| MoES | Ministry of Education and Sports |
| NCC | National Council for Children |
| NGO | Non-Governmental Organization |
| OVC | Orphans and other Vulnerable Children |
| PE | Peer Educators |
| PEAP | Poverty Eradication Action Plan |
| STD | Sexually Transmitted Diseases |
| UBOS | Uganda Bureau of Statistics |
| UCOBAC | Uganda Community Based Association for Child Welfare |
| UN | United Nations |
| UNCRC | United Nations Convention on Rights of the Child |
| UNPAC | Uganda National Plan of Action on Children |
| UPE | Universal Primary Education |
| YP | Youth Promoters |