MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

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EXPANDING SOCIAL PROTECTION

# DEVELOPING SOCIAL CARE AND SUPPORT SERVICES IN UGANDA

## A situational Analysis and Policy Recommendations

by Prof Andy Bilson, Dr Jolly Nyeko, Joanna Baskott and Chris Rayment

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A report of research carried out by Prof Andy Bilson, Dr Jolly Nyeko, Joanna Baskott and Chris Rayment on behalf of the Expanding Social Protection Programme- Ministry of Gender, Labour and Social Development.

This report is also available on our website at: **www.socialprotection.go.ug**

# FOREWORD

The Ministry of Gender Labour and Social Development (MGLSD) is currently undertaking theExpanding Social Protection (ESP) programme which was approved by the Cabinet in June 2010. The purpose of this programme is to reduce chronic poverty, and improve life chancesfor poor men, women and children in Uganda with the objective of developing a coherent andviable national strategic and fiscal framework for social protection. The scope, objectives and priority interventions of social protection in Uganda are comprised of two pillars:

1. Social security; this provides protection from economic insecurity through a contributory social insurance element and non-contributory direct income support element
2. Social care and support services: this includes a range of support aimed at reducing social vulnerability and strengthening resilience.

Social care and support services include such areas as the protection of children from violence andexploitation, care for chronically sick or disabled children and adults, support in dealing with thesocial difficulties of those affected by conflicts and disasters and responses to gender basedviolence. This research was conducted to get a deeper understanding of social care services in Uganda. This report presents the findings that have and will continue to inform the development of a social care and support component within the National Strategy for Social Protection for Uganda which is currently being drafted. The report also makes proposals for a unified coherent strategic framework which clarifies the vision, nature, scope and rationale for social care and support services.

Social care and support services in Uganda can take a number of forms. They play protective, advocacy, preventive and remedial functions. They also have a developmental focus in which they contribute to the government's social developmental plan as one of the means to achieve the mission of a better standard of living, equity and social cohesion. In particular, social care and support services contribute to the objective of improving the well-being of vulnerable, marginalised and excluded groups.

While poverty may be one of the drivers that lead people to require social care and support services, we know that income generation or provision of cash transfers alone will not, in many cases, providethe solution to meeting the needs of people who are dependent on others for basic care orprotection. Social care and support services are therefore required because of the benefits they provide tothose who need them. Thus, investment in social care and support is required to achieve;enhanced capacity of families to care and protect their vulnerable members, Improved security for vulnerable people, their caregivers andfamilies/households, empowerment of vulnerable people to demand, access and utilise available services and todevelop capacities to control their destiny among others.

We note that the absence of a unifying framework for social care and support serviceshas contributed to a lack of clarity on the overall vision and strategic focus of social care and support, fragmentation of interventions, duplication of resources, and limited impact on the beneficiaries. While there is no unifying framework for the various social care and support commitments, it is important to note that there is a single government structure at the local level, the Community Based Services Department (CBSD), which carries out the main responsibilities for developing services and coordinating or implementing the programmes at the local level. Wetherefore believe putting a unified framework for social care and support services in place will help ensure that support is provided in a holistic fashion to respond effectively to the range of difficulties faced by individuals and families. The framework will also enable the development of services better able to provide care, protection and to promote the rights, social inclusion and empowerment of vulnerable groups and their families and communities. It will directly support economic growth through developing the human capital of vulnerable individuals and families and increasing their participation in productive activities.

Pius Bigirimana
Permanent Secretary

# Preface

This draft report is the second part of a study to support the development of a social care and support component within the National Strategy for Social Protection for Uganda which is currently being drafted. It is based on a desk review of international and Ugandan literature on social care and support and support services carried out in July 2013, as the first step of this study, and supplemented by further information obtained through interviews, focus groups and workshops carried out by Prof Bilson and Dr Nyeko in Uganda in August 2013. A draft of the report was circulated and formed the basis for a second round of in-country consultations in October 2013. As such it aims to include the opinions of relevant government officials, members of civil society and staff working in the field of community work and social care and support in two districts.

We would like to thank all of above people who shared information and opinions so readily and particularly to those who participated actively in discussions at workshops held in Kampala and interviews and focus groups held in the districts of Hoima and Mukono. We would also like to thank those who provided detailed and useful comments on the initial draft. All the discussions and feedback have formed the basis for the proposed vision, strategic objectives and recommendations for future developments put forward in this report. Proposed amendments to the Draft National Social Protection Policy Framework are included in the final Annex of this report.

This assessment has been carried out by Oxford Policy Management. The project manager is Joanna Baskott. The other team members are Professor Andy Bilson, Dr Jolly Nyeko and Chris Rayment.

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# Abbreviations

ACDO Assistant Community Development Officers
ADD Action on Disability and Development
AIDS Acquired Immunodeficiency Syndrome
ANPPCAN African Network for the Prevention and Protection against Child Abuse and Neglect
CBO Community-Based Organisation
CBSD Community-Based Services Department
CDO Community Development Officer
CDW Community Development Worker
CPC Child Protection Service
CSO Community Service Organisation
DFID UK Department for International Development
DPO Disabled Persons Organisations
ESP Expanding Social Protection
FBO Faith-Based Organisation
FGM Female Genital Mutilation
GBV Gender-Based Violence
IDP Internally Displaced Person
HIV Human Immunodeficiency Virus Infection
MFPED Ministry of Finance, Planning & Economic Development
MGLSD Ministry of Gender, Labour and Social Development
NGO Non-Governmental Organisation
NSPPI National Strategic Programme Plan of Interventions
OPM Oxford Policy Management
OVC Orphans and Vulnerable Children
PSWO Probation and Social Welfare Officer
PWD Persons With Disabilities
ROTOM Reach One Touch One Ministries
SAGE Social Assistance Grant for Empowerment
SCG Senior Citizens Grant
UBOS Ugandan Bureau of Statistics
UNFPA United Nations Population Fund
UNHS Ugandan National Household Survey
UNICEF United Nations International Children's Fund
VFSG Vulnerable Family Support Grant

# EXECUTIVE SUMMARY

## Introduction and Background

The Ministry of Gender Labour and Social Development (MGLSD) is currently undertaking the Expanding Social Protection (ESP) programme which was formally approved by the Cabinet in June 2010. The purpose of this programme is to reduce chronic poverty, and improve life chances for poor men, women and children in Uganda with the objective of developing a "coherent and viable national strategic and fiscal framework for social protection." The MGLSD has carried out consultations and analysis determiningthat the scope, objectives and priority interventions of social protection in Uganda are comprised of two pillars:

1. Social security: this provides protection from economic insecurity through a contributory social insurance element and non-contributory direct income support element.
2. Social care and support and support services: this includes a range of support aimed at reducing social vulnerability and strengthening resilience.

## This second pillar of social protection is the subject of this study.

Social care and support services include such areas as the protection of children from violence and exploitation, care for chronically sick or disabled children and adults, support in dealing with the social difficulties of those affected by conflicts and disasters and responses to gender based violence. The aim of this study is to make proposals for a unified coherent strategic framework which clarifies the vision, nature, scope and rationale for social care and support services.

The scope of the study focused primarily on demand side issues (an analysis of who needs social services) but analysisof supply side issues (meaning the existing provision of services, including financial and human resources) was limited. The aim of the study is to provide recommendations to the MGLSD for the furtherdevelopment of social care and support in Uganda.

The term 'social care and support services' has been endorsed at variousstakeholder meetings and is felt to represent a Ugandan approach. The following proposed definitionstems from the consultation and draws upon the work already done within the social protection policy.

Social care and support services for vulnerable groups constitute the "nonmonetary" element of socialprotection and include a wide range of programs which help to identify and reduce social vulnerabilityby strengthening informal care and promoting rights, social inclusion and empowerment.Social care and support services take many forms and include awareness campaigns, psychosocialsupport, provision of care and protection which address vulnerabilities which are primarily social or cultural(such as domestic violence, early marriage, children living in the streets) and sometimes economic (e.g.trafficking and child labour).

The literature review carried out as the first stage of this study identified a number of models andapproaches to the provision of social care and support services. It became clear very quickly duringthe fieldwork that there was a consensus amongst those participating in the interviews and workshopsthat social care and support services in Uganda have a developmental focus in which they contributeto the government's social developmental plan as one of the means to achieve the mission of "a betterstandard of living, equity and social cohesion"

## Rationale for Social care and Support services

The government of Uganda has developed several policies, guidelines, strategies, action plans, laws andacts that support the provision of social care and support services. They aim to promote human rights andimprove the well-being of specific vulnerable, marginalised and excluded individuals. Their approach isone of providing care alongside developing capacities and promoting empowerment of individuals,families and communities. The absence of a unifying framework for social care and support services leadsto a lack of clarity on the overall vision and strategic focus of social care and support,

fragmentationof interventions, duplication of resources, and limited impact on the beneficiaries. Whilst there is nounifying framework for these various social care and support commitments, there is a single governmentstructure, the Community Based Services Department (CBSD), which carries out the main responsibilitiesfor developing services and coordinating or implementing the programmes at the local level. Putting aunified framework for social care and support services in place would help ensure that support is providedin a holistic fashion to respond effectively to the range of difficulties faced by individuals and families.

A unified, distinct and coherent framework will also enable the development of services better able toprovide care and protection and to promote the rights, social inclusion and empowerment of vulnerablegroups and their families and communities.

## Study findings and policy implications.

The approach to socialcare and support services therefore should strengthen and develop informal systems of care such as families/households, clan or tribe, faith groups and other community support systems. Formal social careand support services should facilitate, strengthen and extend the reach of these informal systems. Atthe same time there will be those for whom the informal system cannot provide the necessary supportin part or in full. Formal social care and support services are also needed in these situations to act as asafety net, providing care and support, much as cash assistance provides a safety net for those whohave access to limited or no monetary assets. Thus social care and support services should help informalsystems to improve their care (e.g. by working to ensure HIV orphans or frail older people are not subjectof discrimination or exploitation) but they should also provide services such as foster care for childrenwhere the informal system is not available or appropriate. The Government of Uganda has an importantrole to play in ensuring that formal services are provided and that formal and informal systems are linked.

There is considerable under-staffing both in terms of the number of posts and unfilled vacancies in theexisting staff structure, which was approved in 1997. Budgets for CBSDs are provided to local government as part of their total allocation. The concern that very little funding actually reaches communities was widely voiced by respondents atdistrict and sub-county levels, as well as by other interviewees, and this was not limited to child protectionprogrammes. Other funds are distributed through programmes such as those for OVC and CBR. At districtand sub-county levels there was a view that funds which were paid directly to user groups were themost effectively used. There were also criticisms of the manner in which allocation decisions were made,particularly where this was undertaken centrally.

A study of GBV services conducted by the Uganda Women's Network found thatthe majority of interventions are concentrated in northern Uganda with coverage in other parts of thecountry at less than 5%. These findings indicated a gap in service provision in other areas of the country.Gender-based violence is an issue in all districts and particularservices may be required to respond to local circumstances. There is an extensive legislative and policy framework for many aspects of social care and support,although currently these are not in one place but in a number of laws and policies focusing, usually, on aparticular vulnerable group. This can lead to duplication of resources and overlapping implementation structures. It wouldbe helpful to align responses under a coordinated social care and support framework at policy level.

Existing policies for vulnerable groups benefit from a social development ideology which gives a cleardirection and value base for social care and support. The community development approach, which isat the heart of service provision at district and sub-county levels, fits well with the philosophy of strengtheningfamilies and local structures as the key service providers for supporting vulnerable children and adults.There is a strong commitment to inclusivity in legislation and policy.

Lack of coordination at national and local levels, between different programme areas as well as inrelation to the work of NGOs and civil society groups is a serious problem. The government has developeda series of policies for different aspects of social care and support, each having a strong rationale andsound direction. However, in practice, implementation of each policy tends to take place in isolationfrom others. At the national level there seems to be little facility to plan for a coordinated approach toservice provision across these programmes. There is a need for a single coordination mechanism at district level, perhaps a social care and support.

The state has actively sought and developed partnerships to provide support for vulnerable groups withcivil society including NGOs, religious groups, informal structures and the private sector. NGOs, faith–based and Civil Society Organisations are highly active, with a notable emphasis on the provision ofsupport to vulnerable children and adults. NGOs are the dominant actors implementing the OVC strategy.Areas not adequately covered for social care service provision include; children without parental care, mental health and diversionary juvenile justice.

Agood foundation exists in Uganda on which to develop and strengthen social care and supportservices. The constitution and government policies regarding a range of vulnerable groups provideа strong foundation for the development of a framework for social care and support. Ugandanfamilies, communities and cultural structures continue to be active in providing support and care formany vulnerable children and adults, despite the adversity faced as a result of poverty, HIV and AIDS,natural disasters and conflict.

There is a need for an overarching policy within the social protection framework that provides clearguidance for the structure and means by which the vision for social care and support can be implemented.This will enable the planning and provision of social care and support to be brought together to avoid thecurrent duplication in service delivery and the planning of service programmes in silos framed aroundparticular vulnerable groups. Such a policy should include a process for planning, prioritising and settingobjectives for implementation that includes the participation of other ministries and key stakeholders. Thepolicy will need an agreed, concrete implementation plan, endorsed by all relevant partners and will bereliant on good communication between central and local government.

Some other aspects of thepolicy to be considered include; professionalising social work and community development, increasing staffing and skilling the community development officers and probation and social welfare officers, the further development of social care and support should support a move from programme and projectbased services towards an integrated model of social care and support.Social care and support also needs to operate inclose coordination with other disciplines including health and education.

The resources available to carry out social care and support in CBSDs appear to be inadequate atpresent. If the currentshare of government budget is to be increased then a strong case for social care and support will haveto be made and advocated for.Effective advocacy will need to be based on credible information regarding the economic and socialbenefits of social care and support services as well as the potential impact of not supplying services;moral arguments in favour social care and support can also be made and developing a comprehensive and simple information system.

# 1 INTRODUCTION

## 1.1 Purpose of the study

The Ministry of Gender Labour and Social Development (MGLSD) is currently undertaking the Expanding Social Protection (ESP) programme which was formally approved by the Cabinet in June 2010. The purpose of this programme is to reduce chronic poverty, and improve life chances for poor men, women and children in Uganda with the objective of developing a "coherent and viable national strategic and fiscal framework for social protection." The MGLSD has carried out consultations and analysis determining that the scope, objectives and priority interventions of social protection in Uganda are comprised of two pillars:

1. Social security: this provides protection from economic insecurity through a contributory social insurance element and non-contributory direct income support element

2. Social care and support and support services: this includes a range of support aimed at reducing social vulnerability and strengthening resilience.

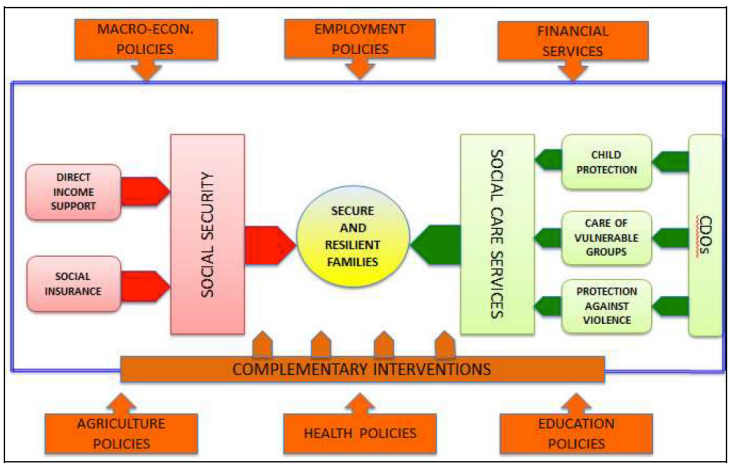
This second pillar of social protection, as also illustrated in Figure 1.1, is the subject of this paper.

Social care and support services include such areas as the protection of children from violence and exploitation, care for chronically sick or disabled children and adults, support in dealing with the social difficulties of those affected by conflicts and disasters and responses to gender based violence. The aim of this paper is to make proposals for a unified coherent strategic framework which clarifies the vision, nature, scope and rationale for social care and support services.

The key objectives identified in the terms of reference are:

1. To articulate the risks and vulnerabilities to which social care and support services respond;
2. Identify the gaps in policy & implementation;
3. Identify key areas of focus for further developing social care and support services as a distinct, unified, coherent and comprehensive area of government service delivery;
4. To generate increased understanding of what social care and support services entail amongst key stakeholders;
5. To contribute to the development of the social protection policy framework and the programme plan of interventions for social care and support and support services.

### Figure 1.1 Social Protection in Uganda




Source: Draft National Social Policy Protection Framework for Uganda

## 1.2 Methodology

The proposed methodology initially comprised a diagnostic phase, the determination of broad policy options and an outline of next steps, with time for discussion and debate with key stakeholders between each of these phases. Due to various constraints, it was agreed that the scope of the study would be reduced to focus primarily on demand side issues (an analysis of who needs social services) but analysis of supply side issues (meaning the existing provision of services, including financial and human resources) would be limited. The aim of the study is to provide recommendations to the MGLSD for the further development of social care and support in Uganda. Once these are agreed, further research will be needed in order to analyse availability of resources for the development of social care and support after which a costed action plan could be developed. In line with the Terms of Reference, the methodology used to develop this report consists of:

i. Literature review of relevant international and regional research and policy and service delivery frameworks for social care and support services as well as a desk review of relevant Ugandan policies, plans, legislation, research and studies.

ii. A series of interviews and two focus groups with 56 key stakeholders who included:
- Key staff of the MGLSD
- Representatives of the Office of the Prime Minister
- The Social Protection Sub-Committee of the Social Development Sector Working Group
- Relevant Ministries, Departments and Agencies
- Local Government staff
- Development partners
- Civil society organizations and a few identified faith based organizations.

iii. Field visits to 2 districts to assess the level of implementation and institutional framework to social care and support services in Uganda.

iv. Two workshops, the first was an initial inception workshop which presented the findings of the international literature and desk review and a draft definition of social care and support and support services. The second workshop presented and consulted on draft findings of the diagnostic study.

There has been close consultation with the ESP management team throughout. Annex A gives details of those involved in focus groups and interviews.

### 1.3 Structure of the report

This report provides the findings of the diagnostic study and updates sections of the original literature review with information from the study. Annex D provides proposed amendments to the Draft National Social Protection Policy Framework.

This report has 7 chapters. After this introduction, Chapter 2 sets out the organising principles and proposed definition of social care and support as agreed in the initial workshops with key stakeholders. Chapter 3 updates the discussion of risks and vulnerabilities presented in the literature review adding information gained from interviews and documents identified during the fieldwork. In Chapters 4 and 5, respectively, we present a situational analysis of the current institutional framework and resource setting for social care and support and an overview of current service provision, based on services which were brought to our attention in interviews or about which we were given information. Chapter 6 summarises the key findings of the diagnostic study and Chapter 7 sets out a proposed strategic framework for the future development of social care and support in Uganda.

# 2 Definitions and organising principles

The literature review identified possible definitions and a range of organising principles for social care and support services. Proposals from chapter 2 to 5 of the literature review were discussed in the initial workshop and those considered by stakeholders to be of most relevance were further explored during interviews and a second workshop.

## 2.1 Defining social care and support services

Definitions of social care and support and the associated concept of social work are problematic (Jones and Truell, 2012). The term 'social care and support services' has been endorsed at various stakeholder meetings and is felt to represent a Ugandan approach. The following proposed definition stems from the consultation and draws upon the work already done within the social protection policy paper. The definition is further clarified in the context of other aspects of the organising principles discussed below.

Social care and support services for vulnerable groups constitute the "nonmonetary" element of social protection and include a wide range of programs which help to identify and reduce social vulnerability by strengthening informal care and promoting rights, social inclusion and empowerment.

Social care and support services take many forms and include awareness campaigns, psychosocial support, provision of care and protection which address vulnerabilities which are primarily social or cultural (such as domestic violence, early marriage, children living in the streets) and sometimes economic (e.g. trafficking and child labour).

## 2.2 Underpinning model and approach

The literature review carried out as the first stage of this study identified a number of models and approaches to the provision of social care and support services. It became clear very quickly during the fieldwork that there was a consensus amongst those participating in the interviews and workshops that social care and support services in Uganda have a developmental focus in which they contribute to the government's social developmental plan as one of the means to achieve the mission of "a better standard of living, equity and social cohesion" (SDIP-2: 1). In particular, social care and support services contribute to the objective to "improve the well-being of vulnerable, marginalised and excluded groups" (SDIP-2: 1). As one respondent remarked:

There is a need to use the developmental approach in response to the problems – social development. Give the vulnerable persons a voice and space of expression. It's not just cash they need, but other services we are calling social support services.

According to Patel's (2008) analysis of implementation of developmental social work in South Africa, there are four strands to a framework for a country to adopt social development as the underpinning approach to social care and key aspects of each of these are evident in Uganda:

1. A pro-poor strategy which promotes participation of socially excluded people in development activities in order to achieve economic and social justice, promote human rights, and develop social solidarity and active citizenship. Evidence in Uganda of the adoption of this strand can be seen in the social development implementation plans and other policies such as the inclusion of people with a disability in governance structures in Uganda.

2. A collaborative approach between government, civil society and the private sector in which government plays an active leading role. Evidence of this approach in Uganda includes the emphasis on public private partnerships and the leadership role of government which defines key services for the mixed economy of providers in the strategy for orphans and vulnerable children.

3. A balance between remedial, preventive and developmental strategies. This is again evident in approaches to OVC and in community-based rehabilitation (CBR) for people with a disability. This strand also implies a stronger link between social care and support services and social assistance which is evident in the inclusion of social care and support services as a pillar of the social protection policy in Uganda.

4. A holistic approach to balancing generic or generalist services with those focusing on specific specialised needs of target groups such as children, families, people with disabilities, older persons and so on. The aim is to prevent the fragmentation of service delivery that is often seen when services become specialised in particular areas. Again, this can be seen in Uganda's community development approach at local government level and OVC policy which seeks to provide a range of support to households whilst continuing to provide specific help to individual children.

The developmental approach needs to ensure that social care and support is just, equitable, participatory, responsive to local culture and empowering. It also recognises that poverty is central to the difficulties faced by many of the vulnerable, marginalised and excluded groups it serves. In Uganda current social care and support services operate within a community development framework. There was general agreement that the approach was developmental though it was recognised that much more needed to be done to develop an effective system. It was also considered important that the approach to social care and support services was built on strengthening family and cultural systems, but at the same time recognising the need to challenge some aspects of culture such as the status of women. For example, one participant hinted at this saying:

Cultural institutions, norms, behaviours should underscore the importance of the social care and support. They are key strengths but can also hide everything. The need to ensure that social care and support services are holistic was raised in the workshop and a number of interviews. In addition to developmental practice there will be some need for remedial and preventive work.

The literature review identified that developmental social care and support services, whilst difficult to define, frequently have the following aspects:

- Strengths-based: acknowledging and focussing on family and community assets and through this aiming to promote resilience.

- Social investments: enhancing capabilities and responding to poverty through supporting and providing access to income generating activities and investments in capacity such as: "employment placement, childcare, adult literacy, micro-enterprise, and asset savings accounts, to name but a few" (Midgley and Conley, 2010: xii-xiv)

- Interdisciplinary focus: involving work with a range of relevant agencies promoting access to housing, medical care, education, and recreational facilities.

- Community focussed: working with communities, groups and families to strengthen informal social care and support and promote social inclusion.

- Advocacy based: working with user groups and communities to advocate for policy and system change rather than a narrow preoccupation with practice with individual service users

## 2.3 Vulnerability and risk

Social protection is defined in Uganda as "public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives" (MGLSD, 2013c). Although traditionally understood as relating primarily to economic risk, there is an increasing understanding of risk in a broader framework including any kind of risk whether economic, health, socio-cultural or environmental, which is detrimental to the well-being and rights of individuals. Fundamentally, social care and support services aim both to reduce risk and to increase ability to manage risk.

Holzmann and Jorgensen (1999) highlight the importance of distinguishing between two broad classes

of risk: idiosyncratic risk, that is to say the probability of occurrence of a shock affecting one household or individual, regardless of others (e.g. illness or loss employment), and covariate risks, such as economic, climactic or political shocks that affect the entire community, region or country. They also highlight the fact that covariate risks often require actions at macro level (such as good management of the economy or resolution of conflict) which go beyond the remit of individual social protection interventions. Increasing the capacity of individuals, families and communities to manage and prevent risks lies at the heart of social care and support interventions. People that do not have the capacity to manage the risks that they face can be considered to be vulnerable. In trying to define who needs social care and support services there is a tendency to refer to "vulnerable groups", however, it is important to highlight that social care and support interventions are based on the assessment of individual need and, whilst using different categories of vulnerable groups may give some guidance as to who needs services, this does not mean that every person within that group will need social care support services.

## 2.4 Rationale for the development of social care and support services within the social protection framework

The government of Uganda has developed several policies, guidelines, strategies, action plans, laws and acts that support the provision of social care and support services. They aim to promote human rights and improve the well-being of specific vulnerable, marginalised and excluded individuals. Their approach is one of providing care alongside developing capacities and promoting empowerment of individuals, families and communities. The absence of a unifying framework for social care and support services leads to a lack of clarity on the overall vision and strategic focus of social care and support, fragmentation of interventions, duplication of resources, and limited impact on the beneficiaries. Whilst there is no unifying framework for these various social care and support commitments, there is a single government structure, the Community Based Services Department (CBSD), which carries out the main responsibilities for developing services and coordinating or implementing the programmes at the local level. Putting a unified framework for social care and support services in place would help ensure that support is provided in a holistic fashion to respond effectively to the range of difficulties faced by individuals and families.

A unified, distinct and coherent framework will also enable the development of services better able to provide care and protection and to promote the rights, social inclusion and empowerment of vulnerable groups and their families and communities.

However, the impact goes beyond providing direct help to individuals and families. The framework will directly support economic growth through developing the human capital of vulnerable individuals and families and increasing their participation in productive activities. Effective social care and support services can also reduce longer term costs. For example, the social costs of not responding to child protection are summarised by Long (2011) as follows:

child abuse has been found to negatively impact school attendance, performance, and economic productivity among child abuse survivors, as well as reduce economic investment, increase rates of injury, increase acute and chronic health problems, and at times, increase rates of child death in countries where child abuse is common. Furthermore, abuse and exploitation, particularly sexual abuse and exploitation, can contribute to higher rates of drug abuse, sexual activity, and other risky behaviours associated with HIV.

Similar social costs that lead to higher long term expenditure on dealing with the problems caused by inadequate prevention and care can be seen across all aspects of social care and support provision.

Whilst poverty may be one of the drivers that lead people to require social care and support services, income generation or provision of cash transfers alone will not, in many cases, provide the solution to meeting the needs of people who are dependent on others for basic care or protection. Social care and support services are required because of the benefits they provide to those who need them. Thus, investment in social care and support is required to achieve the following outcomes:

- Enhanced capacity of families to care and protect their vulnerable members including children, elderly and those with disabilities.
- Improved economic security for vulnerable people, their caregivers and families/households.

- Empowerment of vulnerable people to demand, access and utilise available services and to develop capacities to control their destiny.
- Improved protection for children, people with disabilities, elderly and other vulnerable persons and their households including access to justice and legal protection.
- Enhanced capacities (skills, knowledge and institutional capabilities) for service providers i.e. medical workers, social workers, teachers, community workers and local leaders to provide quality services that address the concerns of vulnerable people.
- Strengthened institutional, policy and legal mechanisms for delivery of social care and support services to vulnerable people and to link them to other services.

## 2.5 Functions of social care and support

An area of consensus amongst participants in the study was that both formal and informal services need to be recognised as being part of a social care and support services framework. The approach to social care and support services therefore should strengthen and develop informal systems of care such as families/households, clan or tribe, faith groups and other community support systems. Formal social care and support services should facilitate, strengthen and extend the reach of these informal systems. At the same time there will be those for whom the informal system cannot provide the necessary support in part or in full. Formal social care and support services are also needed in these situations to act as a safety net, providing care and support, much as cash assistance provides a safety net for those who have access to limited or no monetary assets. Thus social care and support services should help informal systems to improve their care (e.g. by working to ensure HIV orphans or frail older people are not subject of discrimination or exploitation) but they should also provide services such as foster care for children where the informal system is not available or appropriate. The Government of Uganda has an important role to play in ensuring that formal services are provided and that formal and informal systems are linked.

Social care and support services can take a number of forms. Attendants at the first workshop agreed the following summarised their understanding of the functions of social care and support services:

- Promotion: that aims to enhance realisation of the rights of vulnerable, marginalised and excluded individuals and groups
- Supportive: that provides care to individuals and families experiencing social vulnerabilities but who have inadequate capacity to care for themselves or some members of their families.
- Protection: that creates a safe environment, where vulnerable children and adults are free from violence, exploitation, and unnecessary separation from family
- Increasing resilience: that increases the capacities of communities, households and individuals to deal with their problems including poverty and to withstand future stress and adversity
- Advocacy: that aims to achieve social justice and inclusion through promoting changes in culture, policies, laws, and services and the empowerment of vulnerable, marginalised and excluded groups
- Prevention: that aims to identify and respond to potential problems before they occur or in their very early stages of a development. Early identification and interventions aimed at removing the root causes of problems are crucial.
- Developmental: that aims to improve situations, developing potentials and new capacities, and providing opportunities for the marginalised and vulnerable.
- Remedial: that aims to remove disabling conditions, regain normal functioning, correct or remove problems faced by individuals.

Social care and support services should also help individuals to gain access to other complementary services e.g. interventions that enable vulnerable or disabled children to access universal primary education, enabling older people to access health services etc.

# 3 Risks and vulnerabilities and the social care and support response

Reducing vulnerability is a core part of the Government of Uganda's approach to national development (MFPED 2012:14; MFPED 2010:1) and vulnerabilities (with gender inequality) are seen as being a constraint to achieving development goals (MGLSD 2012b: 21-22). Social care and support services aim to reduce a wide range of vulnerabilities and so this offers a promising foundation on which a social care and support services policy can be further developed.

The National Development Plan links vulnerability to "poor, marginalized and socially excluded groups such as older persons, people with disabilities, Orphans and Other Vulnerable Children (OVC), women, non-literate adults and ethnic minorities". It closely links vulnerability to poverty so that vulnerability is described as "at risk of falling into poverty and perpetually living in conditions of impoverishment" (MFPED 2010: 275).

Particular groups are more prone to multiple vulnerabilities. Findings from the Participatory Poverty Assessment suggest that there is a strong link between disability, vulnerability and extreme poverty (MFPED 2008). Women, children, the elderly and people with disabilities are subject to multiple vulnerabilities (MGLSD, 2011).

## 3.1 Vulnerability to economic risk

Vulnerability to monetary poverty is one of the most significant issues for social protection interventions in Uganda. Considerable achievements have been made in reducing incidence and depth of poverty over recent years but with significant differences between rural and urban areas and between north and south. Just below 25% of the population live below the poverty line (9.1% in urban areas and in 27.2 % in rural areas). However, the reduction in poverty needs to be qualified by two important factors – firstly, that the poverty line is set at the level just equal to the basic caloric requirement (which means people living on the poverty line are actually surviving on less than their caloric requirement taking into account expenditure on other essential non-food items); secondly, that although just under 25% of the population are officially below this poverty line, 42% of the population are considered "non-poor but insecure" in that they are very susceptible to shock.

Table 3.1 Number and percentage of Ugandans who are absolutely poor, insecure non-poor and middle class

**Table 3.2 Poverty levels, 1992/93–2009/10**

| Year | 1992/93 | 1999/00 | 2002/03 | 2005/06 | 2009/10 |
|---|---|---|---|---|---|
| No. of population (millions) | 17.5 | 21.9 | 24.0 | 27.3 | 30.7 |
| Absolutely poor | 9.9 | 7.4 | 9.3 | 8.5 | 7.5 |
| Non-poor but insecure | 5.8 | 9.6 | 9.6 | 11.0 | 13.2 |
| Middle class | 1.8 | 4.9 | 5.1 | 7.8 | 10.0 |
| Proportion of population (%) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Absolutely poor | 56.4 | 33.8 | 38.8 | 31.1 | 24.5 |
| Non-poor but insecure | 33.4 | 43.9 | 39.9 | 40.2 | 42.9 |
| Middle class | 10.2 | 22.4 | 21.2 | 28.7 | 32.6 |

Source: OPM adapted from MFPED (2012).

In the literature review particular correlations were highlighted between economic vulnerability and children and economic vulnerability and older people (particularly older women). The 10% of the population which is considered chronically poor is "characterised by the presence of widows, orphans,

the unemployed, youth, plantation workers, people with disabilities, the chronically ill, ethnic minorities and the elderly…these households are more prevalent in the North" (NDP:2010:276).

The impact of poverty as a driver for issues needing to be addressed by social care and support is evident. For example, poverty is a key driver for young people to get involved in the sex trade. Similarly, if older people are unable to afford medicines not provided through the free health service this affects both their own ability to cope or to provide care for children or those with HIV/AIDS.

There remained disagreement amongst stakeholders about the extent to which social care and support services should also include elements of social assistance and food security. The authors of this report advise that, although social care and support services do not usually provide financial resources, where required they can and should play a role in linking families with existing schemes, which directly or indirectly lead to economic improvement at household level. Some examples of these activities may include social care and support personnel at local level providing information about what income support schemes are available and how to apply; making links between impoverished households and micro-credit schemes; advocating for people with disabilities to access assistive aids which enable them to participate in income generating activities.

**Box 3.1 Example of social care and support service increasing household income**

A disabled man was given a tricycle as an aid to daily living. His new ability to move around the community enabled him to use his skills in shoe making to develop a small business making and selling shoes at a local market. Through this he was able to significantly increase his ability to support his family. In this example a simple social care and support service enabled a man with disability to become a productive member of his community and to better support his family.

## 3.2 Vulnerability to risk: life-cycle

Levels of vulnerability to risk vary across the life-cycle and thus the need to access social care and support services (and indeed social protection in a wider context) also varies. Some people may need social care and support services for their whole lives but with different levels of intensity (for example some people with disabilities); others may only need social care and support services at particular points (for example, children who are left without family care and may need protection or support, but once in a safe family environment or on becoming adults, no longer need support).

The following sections examine the stages of the life cycle where vulnerability is the greatest in Uganda.

### 3.2.1 Children

Children form a major part of the Ugandan population with 50.9% of the population aged under 15 and a further 10.6% aged 15-19 (UBOS, 2013). In general, considerable effort seems to have been spent on defining vulnerability amongst children, encouraged, possibly, because of the large number of children (Pereznieto et al, 2011) but also because of a growing awareness of the deficiencies in referring to categories of groups, such as orphans, which do not allow for more nuanced definitions of vulnerability (Kalibala and Elsen, 2009). Kalibala and Elsen (2009) developed a vulnerability scoring system for use with household survey data. This was used to identify degrees of children's vulnerability. They estimated that:

> more than 96 percent of children in Uganda can be considered vulnerable, with 8 percent (1.4 million) critically vulnerable, 43 percent (7.4 million) moderately vulnerable, and 45 percent generally vulnerable (7.7 million) (Kalibala and Elsen 2009:26)

These vulnerable children have a variety of needs, not all of which require social care and support services. The huge numbers of children in difficulty was summed up in an issues paper as follows (MGLSD 2011b: 10):

According to the OVC Situation Analysis report 2010, an estimated 8.1 million[1] out of 17.5 million children below the age of 18 are vulnerable with estimated 1.3 million children critically vulnerable. The same report indicates that 7.5 million children experience child poverty and are deprived of essential basic services.

2 Barazas are a presidential initiative to promote citizen advocacy at sub-county level and provide an opportunity for interface between the local communities and their leaders on sharing of public information with focus on effective monitoring of public service provision.

The NationalHousehold Survey (2010) reveals that 12 per cent of children are orphaned. In addition, 32% of all children aged between 5 and 17 in Uganda are engaged in child labour while more than half of children 5-17 years are economically active which affects their school attendance (UNHS 2010).

An estimated 25% of teenage girls are sexually abused resulting into child motherhood and high risk to HIV/AIDS…In addition, an estimated 10,000 [children] live on the streets with no adult care. About 63 per cent (1,530,900) of the orphans live with caregivers other than a natural parent. It has been reported that at the time of arrest, some children are beaten, handcuffed, tied up and are pressured to admit guilt. 51% of the children interviewed attest to having been subjected to some form of torture and mistreatment during arrest.

## Trauma and loss

Orphans and vulnerable children often suffer anxiety and fear due to their circumstances. For example, children affected by HIV/AIDS may be anxious during the years of parental illness and also suffer from grief and trauma on the death of a parent. Harms et al's (2010:1) study of orphaned children concluded that in addition to these issues "youth experienced culturally specific stigma and conflict which was distinctly related to their HIV/AIDS orphan status. Exploitation within extended cultural family systems was also reported." This can lead to a number of problems which may require different levels of intervention. Some children require protection, other children may become depressed or turn to the use of drugs or alcohol as a coping mechanism for responding to trauma. It is not clear what proportion of children require extra support from social care and support services to help them to deal with trauma or loss.

## Loss of protective family environment

Out of the 6.2 million households in the country, 1.1 million (18%) included one or more orphans. Many other children are living outside of a protective family environment and this includes:

- Child headed households - According to the Uganda National Household Survey Report 2009/2010 (UBOS, 2010: 10) around 25,000 households were headed by someone aged 1 This figure is significantly different from the Kalibala and Elsen estimate. However, it is likely that it is based on the total number of critical and moderately vulnerable children as does not include Kalibala and Elsen's "generally vulnerable" category. under 18. Plan International in Uganda (Wevelsiep 2005) suggests that prevention of the need for child headed households is a priority, however, where child-headed households exist, theyshould be assessed and supported and schools and communities should be sensitised to the issues they face. For the children involved, child-headed households will often represent the best option amongst a poor set of alternatives.

- Children living in residential care - There is a growing number of residential care institutions, many of which are unregistered. Recent estimates suggest that 45,000 children are currently accommodated in these institutions (UNICEF, 2013). There are 25 babies' homes ccommodating 7,690 children aged below 3 years (UNICEF 2013: 72). The quality of care is variable but in many it is very poor. In some institutions children are exploited for economic reasons through funds raised by international adoption and individual sponsorship (Riley 2012).

For many children in orphanages there is no attempt at care planning and, once placed, children rarely return to their family or community, resulting in problems with rehabilitation when the child leaves the institution.

- Children living and working on the streets - The African Network for Prevention and Protection against Child and Abuse and Neglect (ANPPCAN) indicates that the number of street children in Uganda has increased from 4,000 in 1993 to over 10,000 in 2013 (cited in Nabulya 2013). These children are at risk of harm and exploitation.

## Violence, abuse and exploitation

There are a range of forms of violence, abuse and exploitation faced by children. According to data collected by UNICEF (2013: 45), almost 3.5 million children are involved in child labour and as many as 6.3 million are affected by harmful cultural practices including child marriage, female genital mutilation or cutting, gender based violence and other forms of gender based discrimination.

The ANPPCAN Uganda Chapter produces an annual situational analysis of child abuse and neglect. The most recent (ANPPCAN, 2012) provides information from incidents reported to the police in 2011. Table 1 gives the national data on the 21,100 children who were victims of offences, ranging from neglect to infanticide, during 2011.

A further study by the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) of child protection in Busoga and Acholi sub-regions found high levels of all children being subject to harm and exploitation (Walakira, Ismail and Byamugisha 2013). Many were subject to exploitation due to issues of poverty which, in some cases, led to the selling of sex. The range of harms they face stretch from inappropriate uses of violence in the punishment and discipline of children, through to very serious assaults and harms. The social care and support response to these will need to vary from the educational (stressing alternatives to violence as a form of punishment or control of children) through to providing direct support for those who are the subject of serious physical or emotional harm along through to responses to perpetrators.

**Table 3.3 Child abuse cases reported to police in 2011**

| Type of case | Number of Victims | Percentage |
|---|---|---|
| Child neglect | 8,075 | 40.2 |
| Defilement | 7690 | 38.2 |
| Child desertion | 1,973 | 9.8 |
| Child stealing | 1,775 | 8.8 |
| Child abuse/torture | 261 | 1.3 |
| Child abduction | 125 | 0.7 |
| Child kidnapping | 69 | 0.3 |
| Infanticide | 66 | 0.3 |
| Abortion | 66 | |
| Total number of children involved | 20,100 | 100% |

Source: Uganda Police Annual Crime and Traffic/Road Report 2011 cited in ANPPCAN (2012: 13)

## Conflict with the law

Many children who commit minor offences are dealt with by village level mechanisms which are of variable quality and require support and inputs from probation services. Some children are detained in remand centres. Table 3 shows the offences for which children were arrested and detained in 2011. "Defilement" is the most common offence and Moore (2010: 15) states:

> Defilement is an "offence against morality": sexual activity with a girl under the age of eighteen (the age of sexual consent). According to the Commissioner for Youth and Children "even consensual sex is called defilement." The majority of remand homes noted that defilement was the most common offence among the children detained there, and that girls, as well as boys, could be held for this offence.

For those detained there is unlikely to be education during the judicial process. Moore (2010) also found that few of those held in remand benefitted from social welfare reports.

**Table 3.4 Numbers of children arrested in 2011**

| Offence arrested for | Number |
|---|---|
| Defilement | 534 |
| Theft | 318 |
| Assault | 306 |
| Breakings | 201 |
| Robberies | 35 |
| Total | 1,774 |

Source: Uganda Police Force annual report

### 3.2.2 Young people

Uganda has just under eight million youths aged between 15 and 30 years old. The Government of Uganda's youth policy identifies 22 priority target groups of young people for special attention because of their vulnerability and living circumstances. They include: youth in conflict; youth with disabilities; youth in the informal sector; orphans; rural/female/unemployed youth; youth addicted to Developing Social Care and Support Services in Uganda: Situational Analysis and Policy Recommendations 18 alcohol or drugs; and youth affected by HIV/AIDS. A mapping of youth issues was undertaken by the International Youth Foundation and published in 2011. Amongst a range of issues the high rate of substance abuse amongst young people particularly stands out with 57 percent of youth aged 14 to 35 involved in drug abuse (IJHRC, 2009). Young people face similar issues to other categories of the population in terms of gender discrimination with more than half of young women in Uganda (56 percent) having experienced physical violence, and a quarter reporting that their first sexual encounter was forced. Rates of poverty and unemployment are higher amongst rural youth compared to urban youth (although the youth unemployment rate in urban Kampala is high).

### 3.2.3 Older people

In line with the United Nations definition, older persons are defined as those aged 60 and above. In the 14 years from the 1991 to 2005 the population of older persons nearly doubled. In 2013 the population of older persons is estimated to have reached 835,000 which represents 2.4% of the population. The majority of older persons live in rural areas where they face high levels of poverty and limited economic opportunities. Older people are frequently carers for younger generations, particularly as a result of the HIV/AIDS epidemic, with one estimate showing that 2.1 million (13.7%) of the children who would normally have been raised by their parents are cared for by an older person (MGLSD, 2012). Looking after younger generations provides an important care function but can also place an additional burden on the older generation, who in turn may need support. The breakdown of community support systems has led to isolation of older persons and many suffer stigma, physical abuse, stress, discrimination, neglect as well as chronic poverty. Decreasing health and increasing levels of disability mean that older people, particularly those over 75, become more and more dependent on others for care.

The National Policy for Older Persons (2009) set out what are understood to be the major vulnerabilities and there is significant evidence from analysis of the HBS data used in other sources that there are correlations between poverty, disability and old age.

Older people are also considered to be at high risk of contracting HIV/AIDS although (and partly because) government programmes do not target the elderly and little information is directed to the older generation. Besides still being exposed to HIV/AIDS because many of them are still sexually active, a number of older persons are at risk of contracting HIV/AIDs through the role they may play as carer to people in the family suffering from HIV/AIDS and as traditional healers and traditional birth attendants (National Policy for Older Persons).

### Older people are also considered vulnerable to a range of abuses:

Older persons are abused socially, physically, sexually, economically and psychologically. Their basic human rights such as the right to life and liberty, the right to work, the right to freedom from discrimination are violated. The older persons suffer abuses such as rape, theft and burglary, dispossession of property by individuals, families or the community and are, among other things, accused of witchcraft, preventing or causing too much rain for which they are tortured and assaulted (National Plan of Action for Older Persons 2012/13-2016/17:4)

Particularly vulnerable groups of older people are highlighted in the National Plan of Action as follows: those who are physically and mentally incapacitated; chronically sick; homeless; widows and widowers; caregivers of OVC; and economically active poor.

## 3.3 Vulnerability to risk: other issues

### 3.3.1 Gender

Vulnerability to risk is frequently higher for women than for men because of women's limited access to assets and services; their weak and limited voice, influence and agency; and discriminatory norms (Calder and Nakafeero 2012). This means that issues of gender cut across other vulnerabilities due to life cycle, disability and chronic illness and environmental factors. Calder and Nakafeero (2012:10) discuss the way that women and girls face additional risks across the life course and give the example that:

> … girls face additional risks compared to boys due to biological vulnerabilities and discriminatory social norms … girls (ages 9 – 11) are at risk from harmful traditional practices, including early sexual initiation and female genital mutilation, as well as early pregnancy, and childbirth. They are at greater risk of contracting sexually transmitted infections, including HIV.

Social care and support services can address gender discrimination by providing care, support and protection to women and girls but also by seeking to empower women through challenging discriminatory norms and increasing their voice.

Gender-based violence (GBV) is a significant social problem in Uganda and includes a wide range of human rights violations such as sexual harassment, rape, defilement, physical assaults, verbal abuse and psychological violations. For example, the 2006 Uganda Demographic and Health Survey found that 48% of married women age 15-49 have experienced physical violence from their intimate partners and 36% of all women have experienced sexual violence whilst one in four women aged 15 to 19 reported that they had been "physically forced, hurt or threatened into having sexual intercourse" (cited in Kasembe, 2011: 40).

There are many consequences of gender-based violence which go beyond the obvious harms caused directly by the violence. They include a higher likelihood of HIV infection but may also prevent women from accessing appropriate information, being tested, disclosing their status, accessing services for infants, and accessing treatment, care and support. Children who are exposed to gender-based violence between their parents will suffer psychologically and boys will also be more likely to be abusive in their own relationships (PEPFAR, 2006).

The causes of gender-based violence in Ugandan society are mostly related to cultural values and male dominance. This includes a range of issues from inheritance rights to gender disparities due to high poverty levels, low literacy rates among women, negative cultural practices and institutional weaknesses, inequalities in resources, responsibilities and entitlements (MGLSD, 2011).

The NGO 28 too Many has recently published a country profile on Female Genital Mutilation (FGM) in Uganda. This reports that the estimated prevalence of FGM in girls and women aged between 15 and 49 years is 1.4% (28 Too Many, 2013). The highest prevalence was reported in Karamoja (4.5%) and the Eastern Region (2.3%) with all other regions having prevalence rates below 2%. Nationally, Uganda has a low rate of FGM in comparison to many other African countries where this practice is undertaken, although rates remain high in a few communities. The country report suggests that the legislative change that bans FGM in Uganda has had some impact however enforcement remains an issue. In Amudat district, the inspector of schools has reported that educational authorities have been overwhelmed with a reported 400 school-aged children fleeing their homes in a period of 10 months because of fears of being subjected to FGM and early arriage (28 too Many, 2013: 53).

## 3.2 Disability, chronic disease and mental health

### Disability

Disability in Ugandan policy documents is defined according to modern international definitions of disability which promote a social model of disability, rather than a medical model. The Ugandan legislation states that disability is "a substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environment barriers resulting in limited participation" (Persons with Disabilities Act, 2006).

The MFPED (2008) notes that people with disabilities are vulnerable by virtue of their impairment and negative societal attitudes arising from fear, ignorance and lack of awareness. Disability is also highlighted as one of the constraints to national development goals in that it negatively affects citizens' access to healthcare, law justice and order employment and education (MFPED, 2010).

Statistics on disability are limited in Uganda. According to the Uganda National Household Survey 2009/10, 16 percent of the population aged 5 years and above have a disability. There is a slightly higher prevalence in the northern regions which can probably be attributed to the civil war and to higher rates of poverty and lower access to services (including health services). Since the Government of Uganda, supported by the NGO community, took affirmative action towards disability in 1997, considerable changes in policy have led to some positive outcomes (MFPED 2010, MFPED 2008). Although there is evidence of more children with disabilities accessing school which is very positive, this tends to apply only to children with physical disabilities and only at primary level education. There is also evidence of more people with disabilities accessing health and rehabilitative services. However, those accessing services are still a minority and are generally those with less severe disabilities. The challenge is to increase service accessibility and coverage, particularly for people with severe disabilities(MFPED 2008). In particular, the high cost of assistive devices means that they remain inaccessible for many people with a disability.

**Table 3.5 Causes of disability (reported by respondents)**

| CAUSE | FREQUENCY(UNHS 2005/06) | PERCENT |
|---|---|---|
| Disease/Illness/Infection | 1,083,680 | 51.86 |
| Natural Aging Process | 351,434 | 16.82 |
| Congenital | 321,170 | 15.37 |
| Accident | 239,185 | 11.45 |
| Other | 47,235 | 2.26 |
| Witch Craft | 34,708 | 1.66 |
| Psychological Trauma | 9,919 | 0.47 |
| Abduction/War | 2,272 | 0.11 |
| Total | 2,089,602 | 100 |

Source: MFPED 2008

The issue of stigma remains significant. One report refers to the words used to describe people with disability across the 13 participating districts and note that derogatory terms used in all the districts refer to connections with evil spirits or stupidity (MFPED 2008, 10). Stigma at community level is also reflected in high rates of divorce and abandonment of mothers giving birth to children with disabilities; women and men report that marriage to people with disabilities is stigmatised.

Gender also has an impact on disability in a number of ways. In all of the 13 sites reviewed by the MFPED study, it was reported that the families headed by disabled women were "poorer or likely to suffer from poverty over time". Similarly there seems to be evidence of abuse of disabled women as suggested by the abandonment referred to above but also that sexual exploitation of women with disabilities is described as "rampant" among many communities.

Understanding causes of disability (see Table 3.5) can help to assess where demand for services may lie. In Uganda the high prevalence of disability due to disease, illness and infection (the cause of disability amongst over 50% of the disabled population) suggests that access to early prevention services may be crucial. This can either prevent or reduce disability or increase the functioning of the child or person with disability.

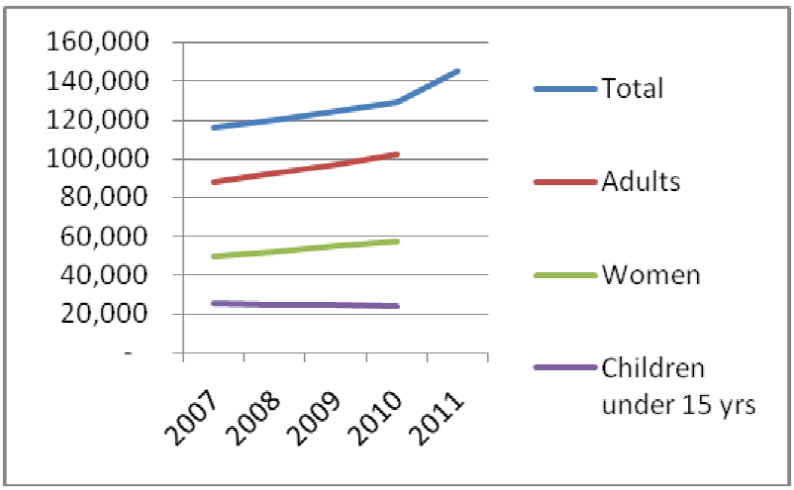
## HIV/AIDS

Although HIV/AIDS has been included in the previous sections as a risk which cuts across vulnerable groups, it also warrants specific attention in its own right. Statistics on the impact of HIV/AIDS vary somewhat. According to UNAIDS, approximately 1,400,000 people in Uganda were living with HIV as of 2011 and the prevalence rate among adults (aged 15 to 49) was 7.2%. Women make up a slightly larger percentage (56%) of the total number of adults living with HIV/AIDs than men.

Among the Most at Risk Populations in Uganda between 2009 and 2010, HIV Prevalence was highest among Female Sex Workers at 37% (Uganda AIDS Commission, 2012). UNAIDS estimated that almost 14% of the population living with HIV were children under 14 years of age in 2011 and that the total number of AIDS orphans (children under 17) stood at 1,100,000. The national Health Sector Strategic Plan (2010/11-2014/15) noted that HIV/AIDS is responsible for 20% of all deaths in Uganda and the 2011 National HIV Indicator Survey put the overall figure at 2 million people to-date.

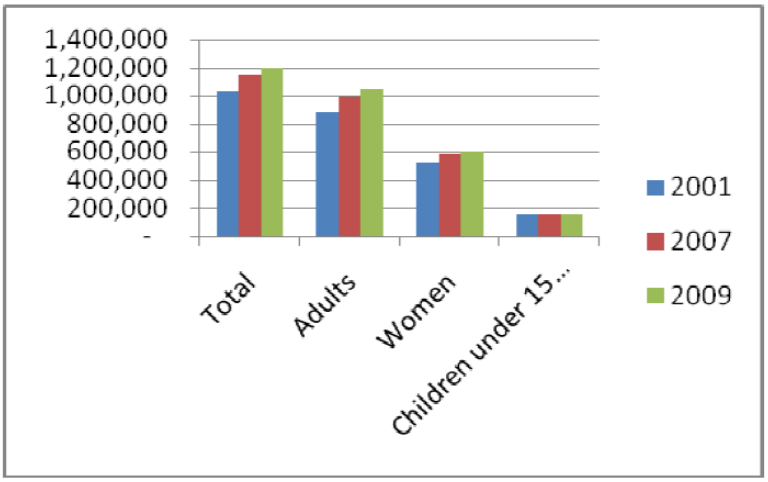
Although the epidemic appeared to have stabilised during the period 2007 - 2012, the number of new infections increased year on year between 2007 and 2010, reversing a downward trend in earlier years (Uganda AIDS Commission, 2012).

**Figure 3.1 Number of new infections (2007 – 2010 and projection for 2011)**




Source: Global AIDS Response Progress Report (2012) plus projected total figure for 2011 given by Uganda AIDS Commission (Uganda AIDS Commission, 2012a)

**Figure 3.2 Number of people living with HIV AIDS (2001, 2007, 2009)**




Source: Global AIDS Response Progress Report: Uganda Jan 2010-Dec 2012 (Uganda AIDS Commission, 2012a) Responding to the alarming increase in new infection rates, the President of Uganda spearheaded a renewed awareness-raising initiative in 2012, reminding people that "…contrary to public perception, HIV/AIDS remains a killer" (Uganda Aids Commission, 2012b).

Many of the issues for social care and support raised by HIV and AIDS are addressed in the section above on orphans and vulnerable children. However, some adults suffering from HIV/AIDS will also require social care and support responses including psychosocial support or basic care because they have serious problems of mental health or are isolated from relatives or communities who can provide care during periods of illness. Psychosocial support, particularly in the period of acute stress following notification of HIV infection, the period of adjustment which follows, and the process of dealing with chronic symptoms of the disease's progression can help people to respond better to the stress of being affected and may reduce the likelihood of serious mental health problems.

## Mental health

The WHO country profile on mental health (Ndyanabangi et al. 2012) identified a number of contextual issues that influence mental health needs in Uganda as follows: the stresses caused by IV/AIDS; conflict and the high number of refugees and internally displaced persons; migration of skilled workers from the health service; and poverty. The country profile sums up information on the prevalence of mental illness as follows:

There is no recent and reliable data on the prevalence of mental illness in Uganda because few epidemiological studies have been conducted in the field of mental health. One 2004 study estimated that 35% of Ugandans suffer from some form of mental disorder (Basangwa, 2004; as cited by Kigozi et al 2008), however this is much greater than the generally accepted estimate of 13% global prevalence rate (3% severe mental illness, 10% mild to moderate mental illness) (12). Anecdotal evidence suggests an increase in the incidence of mental disorders. According to UBOS (2006)(13), an estimated 7% of the households in the country had disabled members, of which 58% had at least one person with a mental disorder. This implies that about 4% of the households had at least one member with a mental disability. (Ndyanabangi et al. 2012: 20)

Studies conducted in the conflict-affected area of northern Uganda have revealed high levels of psychiatric symptoms in the general population. It is estimated that the prevalence of postDeveloping Social Care and Support Services in Uganda: Situational Analysis and Policy Recommendations 23 traumatic stress disorder symptoms affect between 54% and 75% of the population (Roberts et al, 2008) and depressive symptoms affect between 44.5% and 67% (Vinck et al, 2007). High rates of alcohol and drug abuse are also likely to increase mental health issues, making young people particularly vulnerable.

Most people are unaware that mental health disorders can be treated and there is a widespread cultural belief that mental illness is caused by witchcraft. There is only one hospital specialising in mental health issues in Uganda (in Kampala) and its capacity is very limited. People suffering from mental illness are often taken to traditional healers or left untreated. They are often treated as an embarrassment to the family and may be restrained with chains, shackles or ropes or even subjected to stoning and expulsion from the community (Byaruhanga et al. 2008).

Although mental health is often seen as an issue dealt with under health services, not all issues are health-only oriented, requiring only medical inputs. Supporting people with mental health issues to live in the community and access any existing services, programmes or income-support schemes, advocating on their behalf in the community and promoting mental health issues to combat stigma and fear are all areas where social care and support services can play an important role.

### 3.3.3 Conflict and emergency situations

Conflict and emergency situations have affected Uganda since the 1970s and have negatively impacted Ugandan society, with children and women being the greatest casualties. Conflict has caused stress and increased impoverishment in communities. According to the Ministry of Gender, Labour and Social Development (2004), conflict affected 10 out of 56 districts in 2003. Conflict led to abduction, orphanhood, and many children and adults were forced to sleep on the streets. Over 20,000 children are believed to have been abducted between 1990 and 2001, of whom over 5,000 were returned to their communities and resettled. Whilst the civil conflict in northern Uganda has finished, many individuals still suffer long-term effects. Other emergency situations which affect Uganda include: flooding, which has recently ravaged parts of north-eastern (Karamoja) and eastern Uganda (Bududa); famine; and mud- or landslides. Uganda has also received an influx of displaced people from the ongoing conflict in Congo that includes a significant number of children.

The legacy of the civil conflict have resulted in a terrorised and fearful population, with psychosocial impacts akin to those typically found in individual torture victims evident across the whole society (Dolan and Holvil, 2006: 5). Annan et al (2006) carried out a study in northern Uganda for UNICEF. Whilst finding that the level of psychosocial well-being of male youths was remarkably robust, despite being a population where each member had had, on average, nine traumatic experiences, they still outlined key problem areas, including the long-term effects of trauma, with 5% of youths reporting being haunted by spirits. The World Health Organisation (WHO) (IASC 2007: 2) identifies a number of social problems for those living in

areas affected by conflict and emergencies, which include:

- Pre-existing (pre-emergency) social problems (e.g. extreme poverty; belonging to a group that is discriminated against or marginalised; political oppression);
- Emergency-induced social problems (e.g. family separation; disruption of social networks; destruction of community structures, resources and trust; increased gender-based violence); and
- Humanitarian aid-induced social problems (e.g. undermining of community structures or traditional support mechanisms).

Evidence of these problems is outlined in the Internal Displacement Monitoring Centre's report on Uganda (IDMC 2012 :4) which states:

Decades of war have substantially eroded the traditional Acholi commitment and capacity to care for vulnerable and elderly family members. With many additional urdens, especially tilling new land to re-establish livelihoods, many returnee families cannot offer shelter. Today the majority of the 30,000 IDPs remaining in camps - most of which have been officially closed - either cannot manage the return process on their own (due to their age, illness or disability) or have no land to go back to ... Many widows and orphans are denied access to land of deceased husbands and fathers.

# 4 State institutional framework and resource setting for social care and support services

The MGLSD is the lead agency in the Social Development Sector. It coordinates all the social development actors to facilitate efficient and effective programming and resource utilization towards sustainable development. Key aspects of this responsibility are upholding the rights and meeting the needs of vulnerable and disadvantaged populations such as persons with disability, older persons, youth, orphans and other vulnerable children and the chronically poor.

In delivering its mandate, the MGLSD employs a twin-track approach. On the one hand it provides direct services to specific vulnerable and marginalized groups and, on the other hand, it promotes issues such as rights, gender and other areas relevant to vulnerable groups, through working and supporting policy and programme development in other sectors.

The Community Based Services Department (CBSD) is the section of local government responsible for social care and support as well as wider aspects of social development. It is responsible for the coordination and provision of social care and support services such as community-based rehabilitation for persons with a disability and services for older people. Within the CBSD, the Probation and Social Welfare Officer (PSWO) is responsible for the coordination and provision of a range of social care and support services for children, and offenders services for children and adults. The CBSD has a much wider remit than simply providing social care and support services, as will be discussed below. In addition to CBSDs there are a number of residential services directly provided by government as well as programmes which are administered by CBSDs.

## 4.1 Policy and legislative framework

The Constitution is the fundamental basis and guide for the development of all national legislation, policies and programmes, including those relating to social care and support. The constitution makes specific mention of key duties of the state relevant to social care and support services including:

- Protection of the aged: to ensure that the State makes reasonable provision for the welfare and maintenance of the aged. (Objective VII)
- Protection of children from social or economic exploitation: children must not be employed in or required to perform work that is dangerous to his or her health or physical, moral or social development or to interfere with his or her education. (17(2)b)
- Special protection for orphans and other disadvantaged children (17(5))
- Provision of support to persons with disabilities to ensure that they have the opportunities realise their full mental and physical potential. (18(2))

In addition Schedule 6 of the constitution gives District Councils the duty to provide and manage:

- the development of social work among adults;
- remedial social welfare programmes aimed at the alleviation of social distress;
- the welfare of children and the elderly; (Schedule 6 Part 2 Article 13)

Other legislation that lays out the duties relevant to social care and support includes:

- The Children Act - gives a legal framework for the rights and duties of parents; protection of children's rights and protection from harmful customary practices and harmful employment; the right of a child with a disability to have early diagnosis, treatment and rehabilitation; the legal powers to make care and supervision orders, juvenile justice provision including possibilities for diversion. Probation and social welfare staff are mandated to provide services under this act.
- The Probation Act 1963 - establishes probation officers and services for adult offenders
- The Persons with Disability Act 2006 - gives a duty to government to provide supportive social

services (Article 28) including: provision of assistive devices; specialised training; counselling and rehabilitation services; and services for the children of persons with disabilities.

- The Prevention of Trafficking in Persons Act (2009) - provides duties for government and other agencies to provide a victim of trafficking with: social services and counselling; safe accommodation; and assistance and support. It also gives a duty to those involved in the detection, investigation and prosecution of trafficking in persons to refer victims for this assistance and support.
- The Domestic Violence Act 2010 - defines domestic violence and provides the basis for legal protection of victims or those threatened with domestic violence.

There are also a number of government policies and plans that address aspects of social care and support which are included in the literature review.

## 4.2 Community Based Services Department (CBSD)

### 4.2.1 Community development

According to the recently produced National Handbook for Community Development Officers and Stakeholders in Community Development Work (MGLSD, 2013) there are 10 core functions of community development namely: 1) Community Mobilisation and Empowerment; 2) Participatory Planning; 3) Gender mainstreaming; 4) Social protection; 5) Linkages and networking 6) Community Information System; 7) Monitoring and Evaluation; 8) Technical Support to other sector guidelines; 9) Resource mobilisation, and 10) Promotion of Culture in Development and Cultural Industries. Most of the CBSD role in relation to social care and support falls within the social protection function of their work. In social protection CDOs are mandated to provide services to three groups (MGLSD 2013: 64):

- those affected by conflicts: refugees, internally displaced persons, war orphans, abductees, and traumatized civilians, households living in or near war zones;
- those in certain demographic categories: assetless widows and widowers, orphans and abandoned children, female headed households, child-headed households, illiterate people, elderly, people with disabilities, chronically sick HIV/AIDS persons and carers, victims of domestic abuse, ethnic minority groups and street children;
- those with poverty related vulnerability: urban unemployed, low paid workers, informal sector workers, beggars, squatters, rural landless, cash crop farmers, nomadic pastoralists and plantation workers.

**Box 4.1 Role of community development in social protection**

**Strategies of social protection.**

- Rehabilitation, resettlement, integration, and empowerment of people living in difficult circumstances to become self-reliant.
- Putting in place and operationalising safety nets for people living in difficult circumstances.
- Strengthening and expanding programmes to support HIV/AIDS infected and affected persons at the work place and in the communities.

**Processes in social protection.**

- Conducting awareness sessions at community and household levels.
- Supporting programmes for skills development among needy people.
- Identifying and supporting CBOS and CSOs.
- Providing social protection services to people in difficult circumstances.
- Support orphans initiatives.
- Provide support to ethnic minorities.
- Providing support to entrepreneurial skills development and start initiatives for unemployed youth.
- Providing rehabilitation, resettlement, and reintegration kits, packages, and social service to the target groups who are orphans, street children, and child labourers and also empowering them to become self-reliant.
- Design and operationalising safety nets for the various categories of people in difficult circumstances.
- Implementing the care and support programmes and building the capacity of institutions and other actors involved in implementing social protection programmes.
- Developing and operationalising an institutional mechanism including an effective monitoring and evaluation system for ensuring effective implementation of the social protection programmes.

**Role of CDOs and CDWs**

- To empower the vulnerable and marginalized groups within the communities to demand for civil rights and these are the youth, orphans and other vulnerable children, people with disability and the older persons.
- To promote awareness and application of the rights of the children.
- To establish and support system for community members who are infected with HIV/AIDS.
- Carrying out preventive and developmental work in the field of social protection with greater involvement of the local government, NGOs, CBOs and the communities.
- To integrate issues and concerns of vulnerable and marginalized groups into the Parish, Subcountry and District Development Plans and Budgets.

Source: MGLSD 2013a: 64-65

The community development role in social protection is set out in Box 4.1 and covers all elements of social protection including those parts relevant to social care and support services. The work is carried out by Community Development Officers (CDO) and Assistant Community Development Officers (ACDO) who are based at district and sub-county levels in local government. In relation to ocial care and support services, these staff directly provide services, administer national rogrammes such as community-based rehabilitation for persons with a disability, and monitor and oordinate civil society provision. As can be seen from Box 4.1, community development has a range of areas of responsibility not directly linked to social care and support services in areas such as roads and agriculture.

A key element of all community development is community mobilization. However, this is funded with a specific programme focus e.g. mobilization for water and sanitation or for Community Based Rehabilitation (CBR), and so on. This leads to communities being mobilised repeatedly and with considerable overlaps between the programmes. A comment from a focus group member illustrated that mobilization is being used across many strategies in an unplanned and unhelpful way:

> The mobilisation has been disintegrated, even health wants to do mobilisation, water, etc. where there is money, they do it on their own. Where no money, they call CDO come help us.

A recommendation made by the focus group held in Hoima district was that all funds for mobilization should be centralised through the CBSD which could coordinate and oversee activities:

> There is need for harmonization of community mobilization funds from national to district and sub county level.

### 4.2.2 Probation and Social Welfare

Whilst CDOs and ACDOs at sub-county level work across all aspects of social care and support, the responsibility for social care and support services for children and offenders falls to probation and social welfare. The Probation and Social Welfare Service is a state-provided service based within the CBSD. It operates across the country and was established under the 1963 Probation Act. It has a wide range of responsibilities. Not only does it have responsibility for work related to offenders, including probation orders, but it is also mandated to implement the Children's Act, including care and protection of children and work with children in conflict with the law. Its work with children is described as follows:

> responsible for handling child abuse cases; including attending courts and conducting social inquiries ,provision of family counseling services and arbitration to solve family problems, evacuation/rescue of abandoned children and children held under ungazetted facilities or with adults, routine monitoring, support supervision and maintaining of children's homes, remand homes and foster parents and sensitization of Local communities and NGOs/CBOs/ FBOs on Child Care and Protection, and referral mechanism for handling cases of child abuse. (MGLSD 2011b: 11)

Box 4.2 sets out the range of duties undertaken in probation and welfare as described by interviewees. The overwhelming amount of work faced by PSWOs was confirmed during our study, not just by what was reported but also by seeing the queue of service users waiting to have problems resolved and witnessing the other issues that had to be dealt with during the short interview with a PSWO. Box 4.3 highlights the inadequacy of human resources. It is clear that a single PSWO per district, even when supported by Parish Chiefs and sub-county CDOs, is not sufficient to cover the range of duties and responsibilities for child welfare or offenders.

**Box 4.2 Description of probation work in districts visited**

Receiving child related cases of abandoned or missing children; children in conflict with the law; and, in general, children needing care and protection. Such cases that are graded as emergency cases are handled by tracing and resettlement. Cases which cannot be settled by reuniting children with families are then referred to a children's centre, a remand or a reception centre. In Hoima district, an orphanage run by the Anglican Church sometimes helps out with resettlement.

The probation service also involves mobilisation and sensitisation of communities and develops mentorship programmes for the children so that they can be encouraged to attend and stay in school. In doing this, Probation Officers link with the education department. They also attract the private sector to promote skills training for youth and children. For example, in Hoima a Chinese oil company is already planning on skills training for the youth as part of their corporate social responsibility. Another oil company has built a health centre, a school and improved the road network in the area.

Examples of work include: 'men come complaining of disobedient wives leading to neglect of children. I sit them together and reconcile them.' Other cases involve land issues, where relatives want to grab land from orphans and widows. In cases such as these, the worker invites local councillors together with the religious leaders and clan members from the area, and then facilitates a meeting to amicably resolve the issue. In this way, the CDO provides a reconciliatory service at community level.

Source: Interviews with Hoima district and sub-county staff

## 4.3 Human resources

### 4.3.1 Social care and support staffing

The lack of sufficient numbers of staff in the CBSDs to provide and monitor social care and support services was raised in almost all the interviews with civil society representatives and was confirmed by most staff of the CBSDs.

Currently the CBSDs are staffed by 4 Senior CDOs for Probation and Welfare, Elderly and Disability, Gender and Labour. In Mukono district it was said that prior to local government restructuring in 2005, which led to these new standards being introduced, there had been three posts in the probation service.

Community development officers are expected to hold a degree in the humanities; probation and social welfare officers are expected to hold a Master's degree in the same subject area. A number of those consulted during the study said that these qualification requirements, whilst ensuring a certain level of education, were not specific enough to ensure that people appointed to these posts had the necessary knowledge and competencies to undertake the required work. Most degrees in humanities do not provide skills training or knowledge in areas relevant to either community development or probation and social welfare. It was suggested that both community development and probation and social welfare posts should be recognised as professions and require certification or registration. Interviews with CBSD staff made it clear that they would value skills training in the sorts of areas that would normally be covered during professional social work qualification.

There is considerable under-staffing both in terms of the number of posts and unfilled vacancies in the existing staff structure, which was approved in 1997. Additionally, as confirmed in visits to districts, staff frequently undertake the responsibility for work that should be carried out by other post-holders. For example most CDOs in the lower tier of local government are acting as subDeveloping Social Care and Support Services in Uganda: Situational Analysis and Policy Recommendations 30 county chiefs allowing little time for fulfilling their core function of community development. The limitations in staff skills and knowledge at this level - highlighted by respondents to the study - are shown in Box 4.3. The issues raised relate solely to work with children but the same staff also have to deal with other client groups (adult offenders, youths, older persons and persons with a disability or chronic illness). Relevant information is also included in section 5.1, including indications that a range of duties are carried out by some post-holders which go way beyond developing and providing social care and support services.

**Box 4.3 MGLSD analysis of staffing in Community Based Services Department including Probation and Welfare Service related to OVC services**

Currently, the average social worker-child ratio is 1:6000 (based on total number of vulnerable children); this is a significant deviation from the standard ratio of 1:200. An analysis of the social welfare workforce for the Community Based Services Department (CBSD) indicates that there are critical gaps in the provision of child care and protection services. The analysis highlighted high vacancy rates among child care and protection frontline workers with only 41.3% of the approved CDO/ACDO positions filled on average.

The low ratio of staff to child population limits the effective provision of child care and protection services among other roles they are charged with. The situation is also aggravated by high vacancy rates among CDOs and ACDOs that currently stand at about 59% of total approved positions in local governments. The evidence was that a large number of Community Development Officers at sub county level were acting as sub county chiefs.

The analysis also indicated that of 1,035 sub counties, 144 sub counties had no CDO/ACDO positions filled at all while 44% of districts had no substantive Probation and Social Welfare Officer….Most CBSD staff have limited competencies relevant to the provision of social welfare services. The study indicated that 72% of current CBSD staff did not have adequate skills in social work.

Reasons advanced for high vacancies include: limited wage bill provisions, absence of District Service Commission, CDO/ACDO positions not prioritized in recruitment and high staff turnover.

Service provision by frontline workers is further constrained by limited staff competencies. Overall, the analysis reveals that 72% of the staff (A/CDO) did not have adequate skills in social work. Only 16% had sufficient training in child care and protection while 12% were partially trained. This indicates that beyond significant gap in staffing levels, those employed by CBSD lack sufficient knowledge and skills to offer child care and protection services. The study concluded that current funding levels were inadequate to address the existing staff capacity gaps

Source: (MGLSD, 2011b: 12-13)

### 4.3.2 Professional capacity

In most countries a major element of social care and support practice is undertaken by professional social workers who are usually responsible for undertaking assessments, community work, providing psychosocial support and responding to violence and exploitation. Because of the nature of these duties in most countries social work is recognised as a profession which is registered or certified by national bodies through legislation. In Uganda there is no formal certification or registration of social workers although there is a Ugandan Association of Social Workers. Several interviewees recommended the need for a system of registration and for government accredited qualifications. At present, because of the lack of a professional infrastructure, there is no ethical framework for social care and support, no agreed or standardised training curriculum, and inadequate skills and knowledge amongst practitioners.

About 20 universities currently offer a Bachelor of Social Work programme (Twikirize et al 2013). Social work education falls under the National Council for Higher Education which has the overall

mandate for establishing standards and regulations for tertiary education. One respondent suggested that the curriculum was overly focused on remedial practice and required reviewing in order to ensure a more developmental orientation. Twikirize et al's (2013) study of social work in Uganda looked at the curriculum provided and reached the same conclusion. The study revealed a heavy reliance on theory and research produced outside Africa with over 70% of students reporting that reference materials were mainly from Britain and other European or American sources (Twikirize et al 2013:xxi). Whilst all social work training programmes attempted to include fieldwork as a key element, privately funded programmes were found to be less likely to include fieldwork for all students as part of their training because of the expenses involved.

Several respondents suggested the need for a formal qualification and a legal framework for social work in order to strengthen the profession. Twikirize et al's (2013) also recommended the need for a legal framework for social work training and practice in order to ensure high quality professional services could be offered. They also identify a need for more indigenous practices in social work, suggesting that the starting point for this would be the strengthening of social work course requirements and curricula with the oversight of a national professional council, a practice found in many countries.

Many respondents felt that key posts such as Probation and Social Welfare Officers should be held by qualified social workers. It was also proposed that other positions at sub-county and Parish Chief level would benefit from social work training; it was suggested that a formal system for paraprofessional training and support would seem appropriate at this level.

## 4.4 Financial resources

Many interviewees reported the lack of funds available for CBSDs as a key issue. In addition to the impact this has on the number of staff appointed to posts it also meant that CDOs do not have the basic facilities they require to do their work effectively. There is insufficient access to funds for fieldwork, lack of a range of basic equipment - from desks to computers - and limited funds for facilitating community work. It was also reported that the sub-county staff tend to prioritise work which has funding and includes 'facilitation' in areas such as agriculture and health. This results in already over-stretched staff being required to work in areas significantly beyond the boundaries of social care and support, leaving little time and other resources for their priority activities. This further engages the limited staffing in areas beyond social care and support leaving little capacity for activities relevant to social care and support. The negative impact of inadequate funding was apparent during the visits to districts during the study; for example, during an interview with a PSWO, he had to pay taxi fares from his own money for a young person to be returned to a remand home.

An earlier study of the constraints on care and protection services for children found similar issues; CBSD staff cited inadequate transport, lack of fuel and inadequate and irregular funding for programme work as the top three constraints (MGLSD 2011b: 15). An analysis of the funding of services was not within the scope of this study. However an earlier study of child protection carried out for the MGLSD reported that over a three year period from 2008-2010, resource allocation for all aspects of the Social Development Sector represented on average only 0.5% of the government's annual budget (MGLSD, 2011b:14). According to UNICEF, the share of the annual budget allocated to social development will reduce over the next three years; the allocation to the sector for 2013/14 is 0.2% of the budget.

Budgets for CBSDs are provided to local government as part of their total allocation. These were analysed in the MGLSD-SUNRISE OVC systems gaps analysis which indicated, in the 10 districts studied, limited prioritisation and allocation of funds to CBSDs responsible for child protection. Only an average of 1.4% of the district budget was allocated to CBSDs in 2009/10 (MGLSD, 2011b:14) with variations from 2.5% to 0.4% in the districts studied.

The concern that very little funding actually reaches communities was widely voiced by respondents at district and sub-county levels, as well as by other interviewees, and this was not limited to child protection programmes. Other funds are distributed through programmes such as those for OVC and CBR. At district and sub-county levels there was a view that funds which were paid directly to user groups were the most effectively used. There were also criticisms of the manner in which allocation decisions were made, particularly where this was undertaken centrally.

### One respondent summed this up in relation to OVC funds:

The OVC programme is top down, and just going through NGOs and abandoning government offices. All the funds are given to NGOs. It does not work. Inadequate public resourcing of social care and support structures, institutions and programmes is a major issue. Apart from salaries of government staff, most of the funding for social care and support, including child protection programmes, is donor dependent. This is partly attributable to the failure of the sector to package and communicate its services in a manner that makes them amenable to increased public financing. In addition the bulk of donor support is provided outside the government budget framework which does not create incentives for government to invest in the area. All this is exacerbated by the absence of effective mechanisms for tracking and monitoring the use of the resources allocated to institutions with a social care and support mandate.

# 5 Social care and support services and programmes

Some of the key social care and support services available in Uganda at the moment are presented here using the framework of risks and vulnerabilities that was presented in section 3.

## 5.1 Services addressing risks associated with the life-cycle

### 5.1.1 Children

### Services for orphans and vulnerable children

The 2nd National Strategic Programme Plan of Interventions for Orphans (NSPPI-2) provides the framework for both state and non-state interventions. It identifies two core programme areas relevant to social care and support services: 1) psychosocial support and basic care; and 2) child protection and legal support.

**Box 5.1 Interventions to support OVC proposed by NSPPI-2**

**NSPPI-2 identifies the following psychosocial support and basic care interventions:**

i. Support the scale up of direct psychosocial support services to OVC
ii. Provide training to caregivers and service providers to offer psychosocial support services
iii. Strengthen family, traditional and emerging social support networks to provide psychosocial support interventions
iv. Address stigma and discrimination of children living with HIV and AIDS
v. Mobilize and train communities, service providers and other stakeholders to support OVC and their households with basic necessities
vi. Provide appropriate alternative care (temporary care, foster care, guardianship, adoption and residential/institutional care) for OVC

**NSPPI-2 identifies the following broad areas for child protection interventions:**

i. Undertake direct provision of legal and child protection services for Vulnerable Children
ii. Strengthen community mechanisms for protection of children
iii. Promote appropriate mechanisms for handling children who are in conflict with the law
iv. Promote child participation and strengthen children's capacity to protect themselves

Source: NSPPI-2

The following challenges have been identified in relation to the implementation of the OVC programme:

### 1. Limited reach and targeting of services.

### One district respondent said:

The OVC programme is not friendly on the ground, orphans are not being reached.A lot is theoretical. There is need for practical solutions, not to raise expectations of people.

### 2. Centralised rather than localised coordination and accountability of NGO service providers.

For example, in one sub-county the CDO identified the most vulnerable families through consultation with local communities in anticipation of NGOs being appointed to supply services. Once the NGOs were appointed to provide support they chose a different set of families. Thus in a district meeting we heard:

> … the centre is killing the programme at district level, no resources. But funds are given to the civil society organisations who are not helping build the capacity of the probation and social welfare officer and instead we see civil society organisations in their big vehicles, they want reports from us only, yet no evidence of work done.

In another district the appointment of NGOs to implement OVC activities was criticised. It was said that the appointments were made centrally but there was no effective mechanism for checking whether the organisations actually existed on the ground, as was the case for one of the NGOs appointed in that district. Because of this funds were lost and no work was undertaken.

Another are of concern is for children living and working on the streets. There are few services and where children are arrested for an offence or where they are simply apprehended on the streets by police they are dealt with by the Probation and Welfare Service. In Kampala the Kampiringisa National Rehabilitation Centre is used for children found on the street. In a study of remand homes Moore (2010) writes:

> International guidance states that children who are vagrant, "roaming the streets or runaways should be dealt with through the implementation of child protective measures" rather than through the criminal justice system. However Kampiringisa National Rehabilitation Centre held 103 such children, 63 boys and 40 girls, alongside young offenders at the time of this review… The children range in age from as little as one year old and are housed with and looked after by much older offenders (Moore 2010: 18)

The report suggested that little work is done with these children and that they participate in the same programmes as the offenders held at the centre. This worrying use of facilities for offenders may lead children to be exploited by others at the centre or increase the risk of them becoming criminalised.

In 2011 the MGLSD and UNICEF established a task force to assess the state of services and develop an Alternative Care Framework. The task force found that there are around 50,000 children in orphanages and institutional care in Uganda (Riley 2012). The quality of care is variable with almost half of the homes having poor or very poor standards of care (Riley 2012). Almost four out of every five homes lacks MGLSD approved status and a similar proportion do not have a child protection policy. The number of homes is increasing rapidly particularly those for babies and younger children.

Key observations of the task force's study of current services are set out in Box 5.2. Children are frequently placed in orphanages without proper assessment and consideration of other family based alternatives. PSWOs had limited time and lacked the resources necessary to make home visits, particularly where parents are in other districts. This means that in some cases children are placed in care and stay for long periods when other options could have been possible and this contributes to the overuse of (and over-crowding in) institutional care. Once a child is placed, no review of the children's or their family's situation takes place and many children stay until they become adults. The difficulty of returning orphanage residents to the community once they have spent long periods in care is reflected in the task force report as well as in comments from interviewees in this study.

**Box 5.2 Key issues and observations of the Alternative Care Task Force**

- Children recruited into institutions in line with a 'vision' rather than the needs of the community
- Very little will to resettle children when an organisation has a child sponsorship or international adoption are involved
- Most children in the institutions assessed HAVE families and sometimes visited them
- International adoption reduces efforts to find Ugandan solutions
- Some institutions admitted donors not willing to fund resettlement activities
- Child record keeping, policies, procedures very limited
- Many children available for International Adoption are from the Makindye area
- 'Pastors' often ill-equipped and unskilled to deliver quality child care services
- Standards vary greatly - saw magnificent facilities but also appalling conditions
- Social work not taken seriously in most institutions
- Some institutions cannot differentiate between boarding schools / orphanages
- Limited awareness of the legal requirements, Children's Act or home regulations
- Limited 'formal' engagement between district officials and institutions
- Many parents abdicate parental responsibility to Homes thus removing the opportunity for their children to grow up in a family and community environment

Source: Riley (2012: 23)

Riley (2012) suggests the need for an alternative care policy in Uganda, giving the following reasons:

- There is Mushrooming Number of Baby & Children's Homes, current estimates are 500+, which are removing children out of families and communities and placing them into institutional setting.
- Homes not submitting to regulations / legal processes
- Homes exploiting children for economic reasons through child sponsorship schemes and international adoption of which homes receive money• Many Homes are used as free boarding school facilities which obtaining funds from donors under the pretence of caring for vulnerable orphans
- Many parents abdicate parental responsibility to Homes thus removing the opportunity for their children to grow up in a family and community environment
- Many Homes are not interested in Resettlement / Alternative Care as they develop their own organisations which is often contrary to the policy of the Ugandan Government
- All actors need clear guidelines, that are in line with Ugandan law, for children without parental care

## Child protection

Child protection services are provided mainly by the probation and welfare service. Through a responsive approach to child protection, child protection committees at village level are identified, trained on how to effectively report cases, or handle those they can manage, and refer others. In this way, structures at community level - where most cases were not being reported before - can deal with cases. Child protection committees are provided with transport, materials like bicycles, gum boots, umbrellas, and any other basic items that can make their work easy. The CPCs work with local councils and law enforcement agencies, including the police. The aim is to create a good referral network working at community level with formal and informal sectors working together.

The ANNPPCAN study in Busoga and Acholi sub-regions highlights the importance of strengthening community-based responses to child protection. It suggests that key actions should:

> strengthen the capacity of families to protect and care for children, build children's capacities for self-protection, and strengthen and complement the capacity of key community-based child protection actors (Walakira et al, 2013: 67)

## Juvenile justice

Many children who commit minor offences are dealt with at village level. According to district-level interviewees, the situation for other children in conflict with the law is similar to that of children placed in orphanages. Child offenders are placed in remand homes and rehabilitation centres that are supposed to act as corrective centres but, due to inadequate resources, end up as custodial centres. Many children stay in remand homes until their case is dropped, often due to lack of transport to bring them to court.

Detained children are placed in one of four remand homes (Fort Portal, Gulu, Naguru, and Mbale) if awaiting trial or in the Kampiringisa National Rehabilitation Centre if they have received orders or sentences. All of the homes and the centre contain young males and females from the ages of 12 to 18. As can be seen in Table 5.1 the remand homes were not overcrowded at the time of Moore's review in 2010. However districts and regions where these services are unavailable turn to any other alternatives which unfortunately include adult remand and prison centres. One of the interviewees described the situation as follows:

> "Child offenders are remanded at the home, but due to no transport to bring them to court, they stay there 'til the case is dropped. Children even become hard core criminals. No reformatory services, no evidence that they can even reform" Moore (2010) found that children could be placed at Kampringisa simply because their parents said they were unruly with no due process or evidence that any crime has been committed. Moore (2010:2) recommends that for such children "Probation and social welfare officers should investigate each case and make alternative provision for them."

There is therefore a need for viable non-custodial strategies and alternatives, e.g. community programmes of interacting with the individual, understanding the crime and its effects. In Mukono District there were

five courts sitting almost every day of the week and which needed to be staffed by the single PSWO. This post is also responsible for developing any alternatives to custody and a vast array of work with OVCs making it impossible to provide an effective service.

**Table 5.1 Number of young people housed in remand institutions (3rd August -12th August 2010)**

| | Gulu Remand Home | Mbale Remand Home | Naguru Remand Home | Fort Remand Home | Kampiringisa National Rehabilitation Centre |
|---|---|---|---|---|---|
| Total capacity | 40 | 45 | 160 | 45 | 200 |
| Total numbers | 20 | 37 | 126 | 25 | 93 |
| Capacity male | 20 | 40 | 130 | 30 | - |
| No. of male | 18 | 35 | 110 | 24 | 93 |
| Capacity female | 20 | 5 | 30 | 15 | - |
| No. of female | 0 | 2 | 16 | 1 | |

Source: Adapted from Moore 2010:15

## 5.1.2 Older people

The CDOs coordinate and provide services for older people. The National Plan of Action for Older Persons suggests that they undertake the following interventions in relation to psychosocial care (MGLSD 2012:11)

- Develop guidelines on provision of psychosocial support for older persons;
- Train service providers in counselling and guidance for older persons;
- Train peer counselling groups among older persons.
- Promote intergenerational activities.
- Promote recreation, culture, leisure and sports activities that target older persons.
- Promote formation of associations of/for older persons.
- Promote family and community□based care for older persons.

In addition the following actions are recommended in order to create a protective environment and prevent elder abuse:

- Train older persons in precautionary measures and personal security alertness.
- Sensitise families and the community on older person's security.
- Monitor the security of older persons by different stakeholders in the community.

There is evidence from districts and national organisations that older people are being helped to organise themselves into groups, including committees which have been established at village level. However, services organised by the CBSD are subject to the problems of under-capacity and low staff skills already highlighted in relation to the institutional framework overall.

The Social Assistance Grant for Empowerment (SAGE) is a social protection pilot project, focusing on the social security component of the Draft National Social Protection Strategy (see Figure 1.1). SAGE is a direct income support programme for older and vulnerable persons. It has two sub programmes: The Senior Citizens Grant (SCG) and the Vulnerable Family Support Grant (VFSG). The SCG programme enables older persons to access a social grant of shs 23,000/- per month as a kind of social pension. Anyone over 65 years of age (60 years in Karamoja) is eligible. The programme is being piloted in some of the sub counties in 14 districts. The SCG covers over 4,000 families during the five year pilot phase.

Services are also provided by non-state actors, an example of which is highlighted in Box 5.3. Projects such as this show that where funds for services exist it is possible to identify those most in need at the local level with local community participation.

**Box 5.3 Example of civil society programme for older people.**

Reach One Touch One Ministries (ROTOM), an NGO based in Mukono district that also operates in Kabale (south west) and Namutumba district (east), reaches out to over 800 beneficiaries a year. It is a non-denominational Christian ministry dedicated to meeting the spiritual, social, physical, and psychological needs of the elderly and their dependants. It is funded through a direct person to person sponsorship; both international and national sponsors are involved in regular giving. ROTOM provides a range of services including home visiting by volunteers and bringing people together for companionship, spiritual support and counselling where necessary.

In one district, 250 older people access a weekly meal, often taking food home for the 170 grand children they care for. The project acknowledges the fact that old people tend to be carers and seeks to increase the support they are able to give to their grandchildren through various initiatives, including payment of school fees to ensure access to proper education. In Muhanga ROTOM currently supports 120 grandchildren. Older people can also access healthcare and the costs of transport and treatment are met by the service. The programme provides support to enable people to have a better life in their homes through a range of services including provision of mosquito nets, rainwater drums, basic home repairs and latrines.

The project trains volunteers in counselling and provision of support services including encouraging people to keep their homes clean. These volunteers are often active older people themselves and one incentive given for them to become volunteers is that they can also access funds for health care. The project identifies older people at risk by working with community development officers and through nomination by local leaders, representatives of churches and mosques, and other professionals working in the community. Lists of people needing support are shared between these individuals as a form of quality control and, following this, individual assessments are undertaken.

This project was considered to be a good practice example by interviewees at local and national level. ROTOM staff said that the cost of providing support in this way averaged at shs 60,000/- per person per month. However there are occasions when things become more expensive, for example when someone is ill and needs a carer to help them remain in their home – a service which is paid for by the project.

Source: Interviews with ROTOM staff

## 5.2 Services addressing specific risks

### 5.2.1 Disability

In each district a post exists which has responsibility for services for people with disabilities. As is the case with many posts within CBSD structure there are many vacancies. A significant amount of work is being done to organise and support Disabled Persons Organisations. CDOs mobilise people with disabilities into groups, help them to access funding, and monitor and assess the utilisation of grants. Disability grants are allocated to individual or group accounts goes from national level, via the districts, once a concept paper has been prepared identifying the projects that should be funded. CDOs work with groups and individuals to identify priority projects.

CDOs also assess the need for assistive devices including walking sticks and wheel chairs. The CDOs then either get funding to purchase the devices and distribute them to people with disabilities or support local communities to make devices. Respondents in one district stated that only a very small proportion of the budgets actually reaches the sub-county level and that this amount was sufficient to purchase only one or two walking sticks or small aids.

One area of success has been the increasing inclusion of people with disabilities in government structures, especially at local level, although respondents reported that it remains an "uphill struggle" to be taken seriously (MFPED 2008). Despite the on-going challenges, this can be viewed as a significant move in increasing the importance of disability issues on the public policy agenda and should help to further close the gap between policy and implementation.

Affirmative action has led to more demand for services however many factors work against demand being met; these include lack of funding and negative attitudes towards people with disabilities:

> There has been a considerable change in the design of education infrastructure and massive awareness that all children should go to school including those with disabilities. However, as a district, we lack funds to implement what people with disabilities are aware of.(CDO, Bugiri cited in MFPED 2008: 37).

At the same time there is evidence that people with disabilities do not request services due to:

> poverty, negative attitude on the side of service providers, and stigmatisation by communities. Thus persons with disabilities decide to keep away from the ridicule and insults.(MFPED 2008:53).

Other barriers include low levels of education, lack of access to information about the services that are available, the nature and type of disability and the generally unfavourable physical environment.

Both state and non-state actors are active in the disability sector. NGOs and other non-state organisations active in the field include World Vision, Plan Uganda, UN Human Rights and Action on Disability and Development (ADD).

Community Based Rehabilitation (CBR) programmes for people with a disabilities are currently operating in 18 districts. These programmes were initiated in 1992; according to Lang and Muranga (2009), and a change of strategic direction in 2002 led to a focus on the following objectives:

- To raise awareness among civic and political leaders, and communities about disability issues;
- To advocate for and promote effective service delivery to people with disabilities across all sectors;
- To promote collaboration between Government and NGOs in delivery of services to people with disabilities;
- To build the capacity of people with disabilities, their families and communities for prevention and management of disability;
- To equip people with disabilities with skills so that they can participate in development activities; and
- To advocate for the equalisation of opportunities for people with disabilities (Lang and Muranga 2009: 33)

In the districts where they are operating, CBR programmes are providing public awareness training on disability issues, basic physiotherapy, assistive devices where necessary and psychosocial support; the latter has been particularly needed in the northern region of Uganda. In 2005 an evaluation of CBR in Tororo district (Claussen et al 2005) found that it succeeded in its aim of creating awareness and building capacity at community level. This was achieved through the use of volunteers who played a key role in identifying and assisting disabled persons and who were in turn supported by professionals including community workers and special needs coordinators. The success factors identified were:

a. The mobilisation of communities, including dedicated volunteers at parish level, guided and supported by community based workers at the sub-county-level.
b. Significantly more financial resources allocated to sub-county level.
c. The participation of Disabled Persons Organisations and other stakeholders in planning, sensitisation and monitoring at all levels.
d. Disabled people and communities identifying themselves as partners in the mobilisation of assistance, not only as receivers of services.
e. More mainstreaming of services from health clinics, assistive aid workshops, integration of more disabled in schools, and disabled persons benefiting from agricultural extension service programmes.

The 2005 evaluation identified issues around coordination and ownership of the programme. At national level there was "little coordination" between national and district level groups and problems of ownership by external ministries: "agriculture, trade and industry, public service, housing and others are not involved" (Claussen et al 2005: 25). Steering committees at district and sub-county levels were more successful at involving all agencies although this may have been because it was seen as a way of funding programmes for which they were responsible and they "perceive it more as a funding mechanism for disability programmes / activities in their sectors" (Claussen et al 2005: 26).

The evaluation highlighted that awareness raising and partnership with local communities led to high numbers of people with disabilities being identified and supported: With the awareness created, the high number of disabled persons sensitised and assessed, a significant higher number of referrals have been made. (Claussen et al 2005: 2)

A number of respondents to this study highlighted the importance of programme finances being directly transferred to community groups. CDOs helped community groups to develop proposals which were vetted at district level. It was suggested that this was a successful mechanism to ensure that finances reached the community. The funding for 'facilitation', as well as for volunteers and extension workers at sub-county level, provided additional resources for CDOs and ACDOs to carry out their work.

Whilst it is clear from Clausen et al's (2005) observations that some positive outcomes were achieved in Tororo district, the National Council on Disability claimed that only two of the 18 CBR programmes were deemed to be "very successful". It has not been possible to ascertain the rationale for this view.

There are four state-run institutional rehabilitation centres in the country for people with disabilities: Ruti in Mbarara, Mpumude in Jinja, Lweza in Wakiso and Kireka, in Wakiso. According to interviewees, the quality and suitability of these services is very poor; a lack of basic equipment means that training (for example in cooking or shoe making) remains largely theoretical.

A limited number of social workers are based in hospitals and clinics. These workers provide services including palliative care, early intervention for children with disabilities and support for those with chronic illness or disability but capacity is seriously overstretched. As early intervention is often crucial in improving life chances and increasing the ability of people with disabilities to function, this is a significant gap. No system currently exists to diagnose disability at an early stage and refer individuals to helpful services.

### Mental health

The objective of the Mental Health Policy, which is due to be published soon, is to improve access to primary care services (supported by good-quality referral services) and to establish communitybased psychosocial rehabilitation programmes. Some NGOs are active in mental health and activities include advocacy, promotion, prevention, treatment and rehabilitation. Mental health support groups are also emerging and primarily focus on providing psychosocial care and support to war-afflicted populations (Nydanabangi et al 2012).

Nakimuli-Mpungu et al (2013) describe a public private partnership that shows promising results in the treatment of people affected by trauma in northern Uganda. A number of clinics have been established which provide treatment for a range of disorders including depression, post-traumatic stress disorder as well as mental neurological and substance use disorders. In addition to psychiatric and clinical staff each clinic employs a social worker and a trauma counsellor to provide psychosocial support.

## 5.2.2 Services addressing gender-based violence

According to the Guidelines for Establishment and Management of Gender-Based Violence Shelters in Uganda (MGLSD 2013b) the government places an emphasis on the prevention of gender-based violence through awareness raising and behaviour change strategies; this is to be achieved by empowering men, women, boys and girls through provision of information and skills, and by rebuilding family and communication structures and support systems. However once violence has occurred, survivors/victims deserve timely responses and access to services including accommodation for temporary refuge. The 2009 Domestic Violence Act mandates CDOs to undertake the following actions in cases of gender-based violence:

- Offer counselling to the survivors of gender Based Violence
- Listen to the complaint and reconcile the two parties where need avails
- Refer the survivor to the police for further investigation
- Advise the survivor to seek legal support
- Refer the survivor to the health centre or hospital for medical support

Thus GBV services include legal and psychosocial support. Numerous resources have been developed to support community action in the reduction of gender-based violence; for example the NGO Raising

Voices has produced a range of materials and guidelines for using its community mobilisation approach called SASA! (http://raisingvoices.org/sasa/). This is being used in a number of districts and one of the first randomised control trials to measure the impact of community mobilisation is already underway.

Whilst women who are subjected to violence need support, changing attitudes and cultural values to prevent violence remains a critical challenge. It is crucial that social care and support services support advocacy in local communities to challenge cultural values that support violence against women and help to empower women by promoting their involvement in local community formal and informal governance structures.

Although the ministry is responsible for policy development and enactment of laws at national and district levels, and of ordinances and by-laws at district level, GBV services are operated by a small group of NGOs which are funded by UNFPA. Some districts, for example Kanungu in southwestern Uganda, have developed an ordinance that all children must go to school. This was intended to curb violence as a result of children not going to school. In the north-west Yumbe district passed a law limiting the times at which alcohol can be purchased in an attempt to address the issue of alcohol related violence.

Services are not provided on a national basis. There 15 districts with GBV funded activities, but 22 districts where FGM is still practiced. There are also 5 shelters for GBV victims in the districts of Masaka, Mbarara, Lira, Gulu and Moroto. A study of GBV services conducted by the Uganda Women's Network found that the majority of interventions are concentrated in northern Uganda with coverage in other parts of the country at less than 5%. These findings indicated a gap in service provision in other areas of the country. (Uganda Women's Network, 2012: 6) Gender-based violence is an issue in all districts and particular services may be required to respond to local circumstances. For example staff in Hoima identified a connection between increasing levels of prostitution, including child prostitution, with developments in the oil industry Commercial sex workers are emerging because of the oil industry. The attraction of the construction men means young girls are coming into town. They are out of school and no jobs.

# 6 Summary of key findings

## 6.1 Risk and vulnerability

An important feature in many countries, including Uganda, is that risk is rarely associated with a single vulnerability. In Uganda many families/households face multiple vulnerabilities and the needs of individuals, families and households for social care and support services cut across the categories used for defining policies. Thus a household might be headed by an older person, contain a child with a disability or an orphan, and may be affected by exploitation of children or gender based violence.

In relation to vulnerability linked to the life-cycle, children constitute the largest group in terms of potential numbers, both due to the large child population in Uganda and also, for reasons including immaturity and status, due to their particular exposure to risk. Another group at risk, generally less well recognised, is people with mental health issues, particularly those outside of conflict-affected regions.

However, in general risk and vulnerability is widespread in Uganda with economic factors playing a significant role.

The causes of vulnerability and risk which lead to the need for social care and support are often dependent on wider government policy. Recent progress in a number of policy areas is likely to have had a positive impact on the need for social care and support. The government's achievements in strengthening the economy have led to a reduction in the number of people living in poverty, reducing the number of people most affected by this key area of stress. The ending of the conflict in the north has also enabled a process of normalisation to begin in that region. In both cases there is much still to be done; many people still live in poverty and the effects of the conflict still cause major problems. Other policy changes, including in health and education, are beginning to see some universal services becoming available without formal charge, including universal primary education and access to free health services. Whilst some respondents to this study cited problems in the implementation of these services - including having to pay for medicines that are not made available and other costs for education - these changes nevertheless represent a key step forward in strengthening and building resilience within society.

## 6.2 Policy and legislation

There is an extensive legislative and policy framework for many aspects of social care and support, although currently these are not in one place but in a number of laws and policies focusing, usually, on a particular vulnerable group. For example many of the policies require the provision of community engagement or psychosocial support for specific groups and this is then addressed for each group separately. This can lead to duplication of resources and overlapping implementation structures. It would be helpful to align responses under a coordinated social care and support framework at policy level.

Existing policies for vulnerable groups benefit from a social development ideology which gives a clear direction and value base for social care and support. The community development approach, which is at the heart of service provision at district and sub-county levels, fits well with the philosophy of strengthening families and local structures as the key service providers for supporting vulnerable children and adults.

There is a strong commitment to inclusivity in legislation and policy; for example, the most recently developed plan for orphans and other vulnerable children (NSPPI-2) provides a good model of inclusive strategic planning. The voices of children were included and this helped to shape the strategy. This

provides a good model of planning for other vulnerable groups. Other examples include the involvement of people with a disability in the political process and the mainstreaming of initiatives on gender. However in practice there continue to be difficulties in fully implementing these commitments.

A major issue is the considerable gap between policies and their implementation. For example, NSPPI-2 states that despite the previous plans "only 11 percent of the 96 percent of children considered vulnerable have received any form of external support" (NSPPI-2 2011:2). This type of implementation gap exists in many other areas related to provision of social care and support. There is a real danger that policies can raise expectations leading to greater frustration and resentment when there is little evidence of implementation. This undermines the good intentions of government and can actually make the situation worse for vulnerable people. Policies and plans need to have approved implementation plans which have resources and responsibilities formally tied to them and which set clear timescales for implementation.

## 6.3 State institutional framework and resource setting for social care and support services

### 6.3.1 Policy management and co-ordination

Uganda has a decentralised system of social care and support service provision with much of the implementation carried out through CBSDs at district and sub-county levels. The devolved local government structure, whilst lacking sufficient resources and still having complicated relationships with central government ministries, is seen as the best platform on which to develop a state structure for social care and support that can identify and respond to local needs. CBSDs are central to the provision of social care and support services. The role of CBSDs includes direct provision of services such as aids to daily living for people with disabilities and the probation and welfare service. CBSDs work with local communities to identify those in need, to educate and raise awareness about issues such as GBV, child protection, and disability, and to carry out local planning. CBSDs also administer other programmes including CBR and services for OVC.

A system of registration exists for NGOs and some services but further work is needed to ensure that operates effectively. For example a study of orphanages has shown that many are not registered, that district councils do not monitor them, that the orphanages are unaware of expected standards, that there are many examples of poor practice and that some orphanages are exploiting the children placed under their care (Riley 2012).

Lack of coordination at national and local levels, between different programme areas as well as in relation to the work of NGOs and civil society groups is a serious problem. The government has developed a series of policies for different aspects of social care and support, each having a strong rationale and sound direction. However, in practice, implementation of each policy tends to take place in isolation from others. At the national level there seems to be little facility to plan for a coordinated approach to service provision across these programmes.

At the local level priorities are set more in response to the availability of funds from one of these sources than with a thorough assessment of the needs of the local community. A number of respondents to this study opined that coordination mechanisms are established but these tend to be in each of these silos so they only coordinate within their particular area. This can lead to a situation where multiple coordination committees exist at local level, often involving the same participants. Respondents also described a situation where different programmes compete to attract the attention and participation of community development officers whose time and availability is finite but whose role in the provision of services in villages and communities is seen as critical. Examples were also given of NGOs being requested to undertake work without sufficient consultation with local government staff; this has led to situations where staff have been unable even to verify the suitability or capacity of NGOs to carry out the work.

There is a need for a single coordination mechanism at district level, perhaps a social care and support coordination committee. This could involve representatives from the most relevant local bodies including education, health and finance. The role of such a committee would be to coordinate the implementation of social care and support policies as a whole at the local level.

Coordination of programmes is urgently required. There is much duplication which is wasting already scarce resources. Coordination is required at all levels from the community through to national government.

### 6.3.2 Financial resources

Current expenditure on social development is very low and amounts to less than 0.5% of the government's total annual budget (MGLSD 2011a). Many interviewees expressed the view that this proportion of the budget was insufficient to meet current demand for social care and support and will need to increase. The budget for social care and support received by the CBSD is insufficient to meet existing policy commitments, particularly for funding front line activities and direct services. A major issue at district level is limited administrative support. Access to computers is poor (at sub county level it was reported that the CDOs had to use their own personal computers) as is the availability of other basic equipment necessary for their work, including telephones and desks. Administrative systems are necessarily paper-based and limited in capacity. There is a lack of sufficient funding for transport, to facilitate meetings with local communities, or to ensure effective communication with partners.

Given the tremendous stresses caused, for example, by the impact of HIV/AIDS and by the conflict in northern Uganda, traditional community resources are stretched. The MGLSD has called for greater investment and a larger share of the national and local budgets to be allocated to social care and support services. A large number of donors, INGOs and faith-based organisations have supported the development of social care and support projects and programmes, however there are many examples of projectbased services which have disappeared once external funding has been withdrawn. As the economy improves it will be essential to consider how programmes can be mainstreamed and sustained.

Funding for projects led by community groups was reported to be more effectively utilised in situations where funds are directly transferred the groups rather than through local government structures and when funds for 'facilitation' have been included in project budgets.

### 6.3.3 Human resources

#### Staffing

The insufficient availability of human resources (for various reasons) to deliver government policy is a major issue. Many of the current posts in the CBSD are unfilled and staff that are in place have a wide range of responsibilities which go beyond the generally recognised boundaries of social care and support. Some interviewees felt that, given the wide range of duties of community development staff, it may be useful to specify some posts as having specific responsibility for social care and support services. However, even if all the current posts were filled and entirely dedicated to social care and support, it is doubtful that this would be sufficient to provide a comprehensive service given the huge level of demand.

#### Professional capacity

The higher education system is well developed and there are a number of relevant courses and qualifications; this can be seen in the fact that there are at least 20 universities offering a degree in social work. Despite this, a significant proportion of interviewees highlighted the need for more relevant qualifications and training for staff of CBSDs. Eligibility criteria for CBSD post-holders include requirements for different levels of education, depending on seniority, (i.e. master's degree, degree and diploma) but specific or relevant subject areas are not specified. Because of the specialist nature of social work and community work and the need for practice skills as well as relevant knowledge, many respondents who informed this study were of the view that a specific qualification was required which included practice-based training. This approach is already established within social work degrees and diplomas and there is also a course in CBR but there may be a need to develop professional training for CDOs. A social work degree which had a sufficiently social developmental orientation might provide the relevant skills, knowledge and expertise. Some informants believe that many staff in NGOs and key community members, such as Parish Chiefs, would also benefit from social work training.

Although there seems to be a clear commitment to social development approaches rather than Western models in the delivery of services, research into social work education in Uganda has demonstrated that, despite this commitment being stated by those providing social work courses, the majority of materials used are from Western sources. A number of respondents pointed to the recommendations of Twikerize

et al's (2013) research which suggested that the National Council for Higher Education did not have the capacity to provide guidance for social work qualification. A number of respondents felt that there was need for legislation to establish social work as a profession and provide a regulatory framework for it. This might include the establishment of a national council for social work which would have oversight over professional training.

## 6.4 Service provision

The informal sector continues to play an important role in providing a social care and support function for vulnerable people. Although respondents referred to traditional values having come under pressure due to widespread poverty, HIV and AIDS, disasters and conflict, and some weakening effects of urbanisation, there was also an acknowledgement that families continue to provide care. Similarly community and cultural structures, though weakened by these same stressors, continue to be active in providing support and care for many vulnerable children and adults. Despite the high incidence of orphanhood the vast majority of children continue to be cared for in families/households.

Current levels of social care and support provision in Uganda are low. In contrast, levels of need and numbers of vulnerable people are very high indeed, despite considerable reductions in the numbers of people living in poverty.

A key issue is the need to ensure more comprehensive coverage of social care and support services, available to all those in need. Interviewees and focus group participants described the lack of access to services experienced by many groups including older people, people with disabilities, people with mental illnesses, those affected by conflicts, and subjects of violence and exploitation.

Given the large number of people in need, effective targeting is particularly important. It is feasible to identify those most at risk at the local level and this can be done in partnerships involving community development staff and local civil and religious leaders. The process needs to be transparent to reduce the risk of corruption, including perceived corruption, but there are examples in Uganda of an effective local approach, involving local communities, which is able to actively identify those most at risk.

The state has actively sought and developed partnerships to provide support for vulnerable groups with civil society including NGOs, religious groups, informal structures and the private sector. NGOs, faith–based and Civil Society Organisations are highly active, with a notable emphasis on the provision of support to vulnerable children and adults. NGOs are the dominant actors implementing the OVC strategy. It is however worth noting concern voiced in one district, that the OVC policy is centrally driven and as a consequence is bypassing local government rather than strengthening its role in community development and the co-ordination and oversight of NGOs.

There are a number of programmes - mainly funded by donors – which provide services for specific groups and in certain geographical areas.

The government has taken steps to define and strengthen the NGO sector and has introduced registration as well as some light touch regulation and review processes. However, the registration of NGOs and services such as orphanages is effectively not taking place.

Unfortunately, many innovative services funded by short-term grants from donors have disappeared once the donor funding has come to an end. There is a desperate need to plan for and provide continuity of funding for social care and support services.

Families and households who are most in need often have multiple risks and vulnerabilities. They cannot be neatly categorised in particular groups, for example OVC, person with a disability, older people, child protection, gender-based violence, young offenders and so on. Many services tend to be planned and arranged in line with such categorisations rather than having the aim of meeting the needs of families. There are also overlaps and duplication in services provided by the different programmes. Thus most programmes include:

- Community mobilization
- Awareness raising (e.g. about disability, violence, HIV/AIDS and so on)
- Psychosocial support

CDOs report a lack of programme ownership among local communities which means that it can be difficult to engage and involve them. Many projects still appear to be centrally determined with little scope for local communities to influence how best they should be targeted or implemented. There are also some examples of good practice; this includes programmes where CDOs support local communities to develop funding proposals for projects that they want to implement. Funds for selected projects are transferred directly to the community group and the role of CDOs is to support them and to ensure that funds are properly spent. This approach was well thought of by local communities, perhaps in part because receipt of funding can sometimes be contingent upon certain conditions being met. Such conditions may be linked to other policy priorities; for example, a community might not be able to consider submitting a proposal until a certain proportion of people had been vaccinated.

Some potential key gaps in service provision have been identified:

## a. Children without parental care

The increasing number of children in orphanages appears to stem from the absence of any form of assessment taking place before placement decisions are made. It also appears that, once placed, regular, formal reviews of each child's circumstances are not taking place. Assessment and review processes are critical for ensuring that care is used for the shortest time possible - in the best interests of the child - and that plans are oriented towards the child's resettlement. Interviewees identified the need for family based alternatives for those children who require placements away from their families or who have no family to care for them. Such an approach would require increased resources and staffing in the probation service or civil society sector. There are very few services for children living on the streets.

## b. Mental health

Mental health is still approached from a medical perspective. Although a mental health policy exists it is under the remit of the Ministry of Health and does not contain a social care and support element.

## c. Diversionary juvenile justice

Resources need to be put in place to work more effectively with children who are in conflict with the law. Whilst there seem to be some good practices taking place at village level this needs to be supplemented with better diversionary juvenile justice practice.

# 7 Options for a unified coherent strategic framework for social care and support services

A good foundation exists in Uganda on which to develop and strengthen social care and support services. The constitution and government policies regarding a range of vulnerable groups provide a strong foundation for the development of a framework for social care and support. Ugandan families, communities and cultural structures continue to be active in providing support and care for many vulnerable children and adults, despite the adversity faced as a result of poverty, HIV and AIDS, natural disasters and conflict.

## 7.1 Vision and Mission for social care and support services

The following definition, vision and mission for social care and support services are intended to guide the development of social care and support alongside the definition of a social developmental approach stated earlier.

### 7.1.1 Definition

Social care and support refers to a range of services provided by formal and informal actors to identify vulnerable individuals and groups, meet their needs, build resilience and facilitate inclusion.

Social care and support services includes, but is not limited to, personal care, rehabilitation, psychosocial support, respite care, protection services, provision of information and referral.

Figures 7.1 illustrates how social care and support services form the second pillar of the social protection framework, complementing social security. The social care and support pillar focuses on three areas:

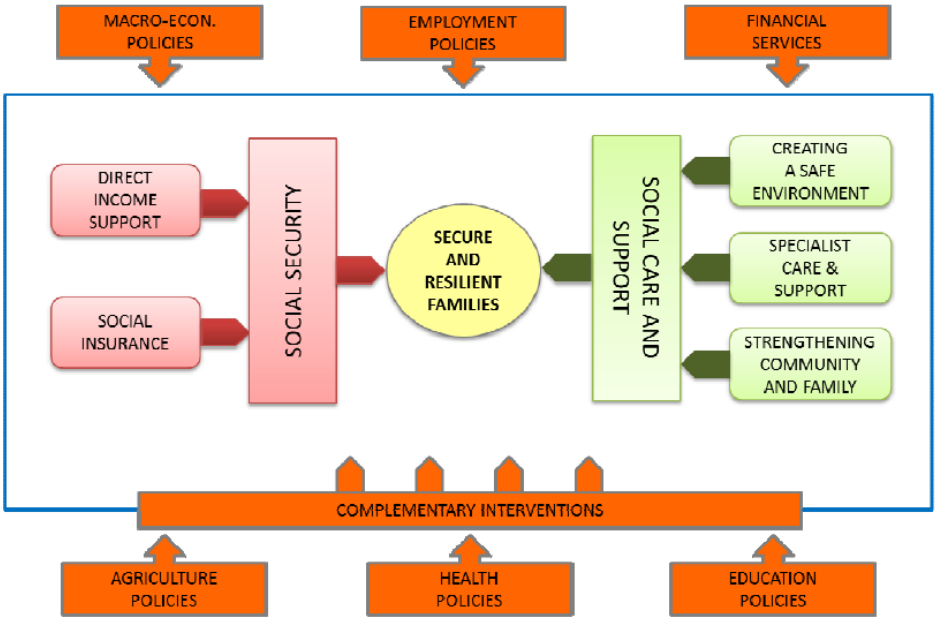
- Creating a safe environment for children and vulnerable adults which includes services to reduce all forms of violence and exploitation, support victims and reform perpetrators;
- Specialist care and support which provides services which require specialist knowledge and skills or support to individuals which their family or community is unable to give; and
- Strengthening community and family which includes services to promote and support traditional and cultural practices and networks.

### 7.1.2 Vision

Whilst discussed in detail at both workshops and various meetings during the fieldwork stage of this study, a final version of the wording for a social care and support vision was not agreed. The overall view was that, whilst the proposal below embodied relevant and appropriate values, it needed to be fine-tuned. The following therefore remains a proposal for further discussion by local stakeholders:

A society where all individuals are helped to fulfil their rights and aspirations and to make a full contribution to society

**Figure 7.1 Conceptual framework for social care and support and support services within the Social Protection framework**




Source: Draft National Social Policy Protection Framework for Uganda adapted by OPM 7.1.3 Mission

## 7.1.3 Mission

The following mission statement is also proposed
Provision of holistic care and support services to vulnerable individuals and groups.

## 7.1.4 Implications of the Vision and Mission

To achieve the proposed mission and to provide a social developmental framework for social care and support it will be necessary to have:

- National coverage of social care and support services
- An adequate range of high quality services for all user groups
- Sufficient numbers of qualified, knowledgeable and skilled staff in the statutory, civil and private sectors to provide and monitor services
- Strong partnerships and good coordination between all service providers at national and local levels
- Sufficient resources to facilitate and provide services
- Vulnerable, marginalised and excluded groups, their families and communities empowered and engaged in all aspects of designing, monitoring and providing services· A holistic approach to provision of social care and support services

## 7.2 Scope

Social care and support services will be provided by a range of organisations in the public, private and civil society sectors. Government has a number of roles as an active leader; at national level it will be responsible for:

- Policies that identify priorities for social care and support provision;
- Partnerships with donors and funding bodies to coordinate their activities;
- Setting Standards and developing systems to monitor the quality of social care and support provision;
- Funding state social care and support infrastructure and services.
  At local level, the state will be responsible for assessing community and individual

needs,developing plans, coordinating the work of partners, monitoring and evaluating services, and directly providing some services.

## 7.3 Proposed Strategic Directions

Davis' (2005) four pillar framework, cited extensively at the literature review stage, proposes the key elements required for a well-functioning system of community based care. The four pillars, and the best practices identified within them, provide a useful structure within which to frame strategic priorities for Uganda. The pillars have been adapted as follows:

1. Strategic Direction Policy and legal framework
2. Organisation of social care and support services
3. Resources
4. Performance measures

Using this framework, the following sections set out recommendations and options for the further strategic development of social care and support in Uganda.

### 7.3.1 Strategic Direction 1: Policy and legal framework

A strong and modern policy and legislative framework is already in place that can support the further development of social care and support. Respondents have highlighted that there are gaps in two key areas: mental health and alternative care for children. However, both areas are covered under the existing legislative and policy framework. Children are the focus of the Children Act and people with a mental health problem are a focus within the Disability Act and should thus be considered under the framework of disability policy. In these areas the challenge concerns implementation rather than new policy.

### A policy framework for social care and support

There is a need for an overarching policy within the social protection framework that provides clear guidance for the structure and means by which the vision for social care and support can be implemented. This will enable the planning and provision of social care and support to be brought together to avoid the current duplication in service delivery and the planning of service programmes in silos framed around particular vulnerable groups. Such a policy should include a process for planning, prioritising and setting objectives for implementation that includes the participation of other ministries and key stakeholders. The policy will need an agreed, concrete implementation plan, endorsed by all relevant partners and will be reliant on good communication between central and local government. Some other aspects of the policy are discussed in the recommendations below.

### Professionalising social work and community development

No regulation of, or professional standards for, training and practice in social work and community development exist in Uganda, as they do for teachers, lawyers and health care personnel. Social work and community development are central to Uganda's aim to promote social development and can also play a vital role in strengthening informal systems. It is recommended that social work and community development are established as professions. This would enable qualification requirements to be set for practitioners based on the need to possess relevant skills, reference to an indigenous body of knowledge and the adoption of effective and culturally sensitive practices. The primary purpose of establishing professions is the protection of the public; the principle being that only qualified and competent individuals are permitted to practice and that members of the profession conform to appropriate standards of professional conduct. Legislation is required to establish a profession and to mandate a system of licensing, certification or registration (for a useful discussion of these different approaches in social work see MacDonald and Adachi, 2001). It will also be necessary to specify which areas of work in both the government and the civil sector need to be regulated (e.g. child protection, probation, psychiatric social work).

Options to be considered include whether two professions or a single profession is required; the most appropriate approach to regulation also needs to be explored (e.g. licensing, certification, registration).

### 7.3.2 Strategic Direction 2: Organisation of social care and support services

The Ministry of Gender, Labour and Social Policy is currently responsible for social care and support policy and its implementation and this is the most appropriate location for this responsibility. Likewise, CBSDs at local government level are the key structures in terms of developing and providing social care and support services.

### National level policy implementation framework

The main opportunity for strengthening organisation of social care and support at national level the development of a mechanism for planning and implementation.

One option is to have a single body, a Social Care and Support Council, with a remit which might include:

- Establishing social care and support services quality assurance and delivery standards;
- Mobilising resources for implementation of social care and support programmes;
- Monitoring social care and support programmes, provision and policy implementation;
- Strategic planning for and implementation of all aspects of social care and support policy
- Coordination, information sharing and partnership development with key stakeholders
- Setting priorities for and coordinating the work of all programmes that include social care and support
- Developing and implementing regulatory mechanisms for social care and support
- social care and support
- Ensuring user participation in national policy planning and implementation
- Bridging between national and local government
- Planning and implementing national advocacy and information campaigns on social care and support

Potential participants from outside the ministry might include representatives of other ministries including the ministry of finance, donors and INGOs, local government personal, social care and support practitioners, representatives of other service providers, members of key national councils and service-users.

Given the inter-ministerial and inter-sectoral nature of social care and support commitments the location of such a body should be carefully considered to ensure it can involve ministerial staff responsible for policy and programmes and who are able to make decisions and commit resources to strategies and their implementation.

In some countries, the responsibility for implementation, management and strategy is taken by a senior group such as a Council of Ministers, supported by an advisory group with wider participation of key stakeholders.

### CBSDs and the development of social care and support

The further development of social care and support should support a move from programme and project based services towards an integrated model of social care and support. In such an approach, levels of provision are based on assessments of community needs and individual services are provided following an assessment of individual and/or household needs. Social care and support also needs to operate in close coordination with other disciplines including health and education.

The study found that there was a problem with coordination and control at the local level with many agencies undertaking community mobilisation for a range of purposes and different social care and support related programmes being implemented. This negatively impacts upon the ability to plan and upon the commitment of local communities in situations where multiple mobilisation meetings are being held reflecting a wide range of externally chosen agendas. The existing range of coordinating committees for different group-focused programmes also leads to significant duplication of effort by a small number of personnel. It is important that responsibility for work with communities is clear and reflects community priorities. It is recommended that the CBSD is made responsible for coordinating or managing all community mobilisation and social care and support provision at the local level.

As the CBSD is the arm of government that is mandated to work directly with communities it should produce plans for local social care and support development and implementation based on an assessment of need in local communities. It is also necessary to have an effective mechanism for sharing information about community needs and priorities which can feed into policy development and review at national level. A single social care and support committee at district level could involve all key stakeholders and have responsibility for planning, coordinating the activities of different stakeholders and for overseeing the implementation of social care and support. It could mirror the national committee with similar responsibilities at the local level. It could also extend the use of Barazas2 to gain feedback on plans and outcomes.[2] Barazas are a presidential initiative to promote citizen advocacy at sub-county level and provide an opportunity for interface between the local communities and their leaders on sharing of public information with focus on effective monitoring of public service provision. It is recommended that consultation be undertaken on these two areas with a view to including and outlining arrangements and effective systems for local planning and coordination relevant to social care and support policy.

## CBSD structure

At district level, CBSDs effectively divide their work between adult and children's services with PSWOs being responsible for children's welfare with the support of Parish Chiefs. At sub-county level the range of responsibilities is such that social care and support services form only a small part of the work and are frequently not prioritised. If the mission of social care and support is to be achieved the number and capacity of social care and support staff will need to be increased, particularly at sub-county level. In order to make effective plans for areas requiring long term development, such as human resource planning, it would be useful to make decisions about the future structure of CBSDs with an expanded social care and support role.

Options for strengthening social care and support capacity might include:

1. Continuation of the current system of generic sub-county staff (CDOs and ACDOs) who deal with social care and support and all aspects of community development
2. Specialist social care and support staff at sub-county level to provide a developmental social work service alongside CDO staff
3. A social care and support team with specialist staff within the CBSD
4. A strengthened probations service for children and a separate adult social care and support service

It is recommended that a framework for the future structure of social care and support at the local level, including management, is developed in consultation with CBSD staff and other stakeholders.

### 7.3.3 Strategic Direction 3: Strengthen the resourcing of social care and support services

Although the scope of this study did not allow for a full supply side analysis to be undertaken, it is evident that social care and support services are under-resourced, both in terms of human and material resources. Observations here are based on fieldwork interviews and consultation and also draw on a small number of available publications.

## Government financial resources for social care and support

The resources available to carry out social care and support in CBSDs appear to be inadequate at present. This seems to result from both a low level funds allocation to social care and support in general (0.5% of national budget) and the reported lack of prioritisation of social care and support in district level planning and budgeting. Decisions concerning the implementation of free primary education and health care show that, where the government is convinced of the case for investment, it will act. If the current share of government budget is to be increased then a strong case for social care and support will have to be made and advocated for.

Effective advocacy will need to be based on credible information regarding the economic and social benefits of social care and support services as well as the potential impact of not supplying services; moral arguments in favour social care and support can also be made. It will need to consider how social

2 Barazas are a presidential initiative to promote citizen advocacy at sub-county level and provide an opportunity for interface between the local communities and their leaders on sharing of public information with focus on effective monitoring of public service provision.

care and support benefits economic growth and analyse the cost impact of not supporting those requiring social care and support. Advocacy can be directed at national government to increase budget allocation, at donors to help set priorities and encourage coordination of efforts, and at local government to increase the share of funds being allocated to social care and support district budgets and encourage them to fill CBSD posts.

Even if it is not possible to increase the budget for social care and support it may be possible to make better use of current expenditure. This would involve considering options for the best allocation of resources both from government and other sources. Research is needed to analyse the supply side of social care and support looking at current expenditure and cost effectiveness. A detailed analysis of fiscal space would also help identify ways of strengthening the resource base for social care and support.

Another option may for national government to allocate funds for social care and support to local government through a conditional grant – at least for an initial period - tied to development of key areas of social care and support.

It was not possible in this study to assess the extent to which allocated government budgets are reaching local communities but many participants expressed the view that funds were most effective when they were allocated directly to projects identified and run by community groups. This approach is used in both the CBR and Community Driven Development programmes. In such cases funds are directly allocated to projects run by local people who are supported in making a proposal by the CDOs.

## Non-government fiscal resources

A major source of funds comes from donors and INGOs. It may be possible to increase funding for social care and support from these sources with a good advocacy case as discussed above. Donors are particularly concerned that funds reach their intended targets and developing effective systems to monitor social care and support expenditure and demonstrate its impact may increase either the total funds available or the proportion allocated to social care and support. Another concern raised regarding donor funding was that it is sometimes tied to particular approaches to service delivery that are not always culturally sensitive. Having a clear policy with specific objectives and better information about indigenous best practice might help to better coordinate and direct the use of funds. In the longer term there will be a need to move away from dependency on donors; other approaches to funding social care and support need to be developed. In addition to direct funding by government through its revenue system other models might usefully be explored; this might include considering ways to partner with the private sector perhaps through developing corporate social responsibility focusing on social care and support needs. An example has been seen of individual sponsorship, both from international and national sources, being effectively used to fund services for older people. Other approaches might include developing peer to peer microfinance which has been successfully developed internationally by organisations such as Kiva.

## Skilling up the current workforce

A key finding of the study is that there is a lack of relevant skills and knowledge among CBSD staff as well as among non-state providers and in the community. A number of options may be worth considering in order to improve skills and knowledge, including:

1. Developing training curricula and providing training – for example, training curricula for child protection have been developed by TPO in Uganda. This project provided a framework for an O-level certificate, post-graduate certificate for practitioners without a relevant qualification and a course unit for a social work degree. These curricula can be provided through courses in academic institutions. This approach could be evaluated and adapted to develop curricula for other areas of social care and support practice.

2. Ensuring CBSD staff have a relevant qualification - specifying that new CBSD staff must have a qualification at the required level in a relevant topic such as social work or CBR. Providing inservice courses to staff without a relevant qualification may also be a valuable approach.

3. Developing a scheme for training and support of para-social workers with a national curriculum

such as that produced in Tanzania (Linsk et al 2010).

## Developing qualifying training

There are already a number of social work degrees and there is university training in CBR. If social work and community development is to be regulated it will be necessary to have a system to certify qualification training ensuring that it is of sufficient quality, covers the relevant knowledge (based as much as possible on Ugandan and African sources) and has sufficient practice elements. This may require enhancement of the current system through the National Council for Higher Education to ensure that professional inputs are made into the specification and evaluation of curricula.

## Information on staffing levels

The number of staff in CBSDs is reported to be insufficient to carry out current duties effectively and is below the recommended level. In 2011 the MGLSD carried out a study and made a number of recommendations to increase staffing in child protection (see Box 7.1). Further information is needed to verify the nature and extent of the shortfall and the impact that this is having on service availability and outcomes. Such a study may provide evidence for advocacy. In the long term, as the economy improves, it will be important to have a view on minimum and optimal staffing levels - related to demand for social care and support - and a study may provide some criteria.

It is recommended that studies be commissioned to address these knowledge gaps. Options for increasing human resources in CBSD MGLSD's paper published in 2011 suggested a number of ways that staffing could be improved (see Box 7.1). Many of these recommendations still seem relevant and it might be useful to assess the extent of any implementation to-date and consider whether a further attempt at implementation may still be relevant.

**Box 7.1 Government Recommendations to Strengthen Human Resources and Financing for Child Care and Protection Services**

1. Chief Administrative Officers in all districts should fill all vacant positions that have funding in the wage bill allocation. The assessment indicated that 14% of current vacant positions had funding. If all were filled, on average the sector would have at least a CDO or ACDO at every sub county.

2. As a matter of urgency, all positions of Probation and Social Welfare Officer should be substantially filled. This is the only position mandated to implement the Children's Act including care and protection of children.

3. Government should institute a conditional grant to all local governments to enable them to deliver social welfare services as is done in the case of health and education sectors. It is also necessary to include OVC in the local government performance assessment minimum conditions.

4. The Ministry of Finance Planning and Economic Development should increase funding to Local Government to enable hiring of staff (PSWO, CDOs and ACDO) so as to facilitate delivery of quality child care and protection services.

5. Local governments should prioritise CBSD staffing in the non-conditional grant provisions by MFPED and increase local revenue allocation from the current average of 1.4 to 5% by 2013 to facilitate delivery of social welfare services(child care and protection services.)

Source: MGLSD 2011b

### 7.3.4 Strategic Direction 4: Develop a system of performance measurement for social care and support services

A system of performance measurement is needed to monitor the impact of social care and support services. Such a system would also provide information needed to support advocacy for social

care and support services.

## Current systems and research

Information systems have already been developed for CBR and OVC programmes and during the course of this study, a number of related evaluations and reports were identified. A useful starting point may be to evaluate the current information systems to see how effective they are and whether they can be extended. It would also be useful to draw together currently available research and provide access to it (and any further analysis of it) through an information centre or platform, possibly based in a university. It might be possible to attract funding for such an initiative from donors.

It will be important to ensure that evaluation informs any new social work programme development and that this includes a balanced mix of qualitative and quantitative approaches including, for example, cost-benefit analysis. In order to build local research capacity it would be ideal if local researchers were involved in all externally-led evaluations, including playing played a significant role in the design and analysis stages.

## Developing a comprehensive and simple information system

At the district level we saw examples of a simple paper system to register PWDs. A framework for collecting data of this sort could be developed at national level in consultation with local government and service providers. An important principle to bear in mind, in a context where staff are already over-stretched, is ensuring that requirements for information collection remain feasible and reasonable – minimising additional administrative pressures at local level - and that a clear focus is kept on essential data. Whilst some interviewees expressed concern about its overall value (requiring a lot of input and providing value to local users), the existing OVC information system demonstrates the possibility of using web-based data entry to collect and distribute information.

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# Annex A

## People involved in the consultation process

The following people were participants in interviews and focus groups. In addition three workshops were held with many further participants involved.

| Name | Designation | Organisation/department |
|---|---|---|
| 1. Mr Stephen Kasaija | Head of Department | Secretariat, ESSP |
| 2. Ms Jane Namuddu | Research & Protection Coordinator | Secretariat, ESSP |
| 3. Mr Zephaniah Ogen | Member of the drafting team, Social Protection framework | Secretariat, ESSP |
| 4. Mr David Tumwesigye | Advocacy Secretariat, | ESSP |
| 5. Ms Lillian Namukasa | Research and communication | National Council Disability (NCD) |
| 6. Mr WilbroadNgambi | Social Policy specialist | UNICEF, Kampala |
| 7. Ms Margaret Ruth Birungi | In-charge of Advocacy | ANPPCAN |
| 8. Mr Moritz Magall | Coordinator, OVC program | MGLSD |
| 9. Mr Titus Ouma | Social Gerontologist | MGLSD |
| 10. Ms Rachel Waterhouse | Social Protection Officer | DFID |
| 11. Mr Herbert Baryayebwa | Director | Social Development |
| 12. Mr Justus Atujukire | Programme Officer, | GBV MGLSD |
| 13. Ms Kezia Mukasa | Programme Officer | Uganda reach the Aged |
| 14. Ms Peninah Kagino | Finance and Admin | Uganda reach the Aged |
| 15. Mr Rogers Segawa | Volunteer | Uganda reach the Aged |
| 16. Dr Narathius Asingwire | Senior lecturer | Makerere University |
| 17. Ms Maggie Kyomukama | Commissioner, Gender | MGLSD |
| 18. Mr Mugimba | Rights and Equity unit | MGLSD |
| 19. Mr Muwanika | M&E | Office of the Prime Minister |
| 20. Mr Wamala | M&E | Office of the Prime Minister |
| 21. Mr Wandera | M&E | Office of the Prime Minister |
| 22. Mr Nuwahabwe | M&E | Office of the Prime Minister |
| 23. Ms Caroline Kego Aliker | Programme Officer | Embassy of Ireland |
| 24. Ms Annet Siima | Department of Special Needs | Min of Education and Sports |
| 25. Mr Sultan Bagalaliwo | Senior Community Development Officer | Mukono District |
| 26. Ms Nakarungi Sarah Karungi | Deputy Chief Administrative Officer | Mukono District |
| 27. Ms Christine Ampaire | DCDO, in charge of Community based services | Mukono District |
| 28. Mr James Ntege | Senior CDO, in charge of Probation and social welfare services | Mukono District |
| 29. Mr Samuel Kato | Evangelist | Reach One Touch One |
| 30. Ms Kazimba Edith | Program Manager | Reach One Touch One |
| 31. Mr. Umar Kawuma Nsereko | Senior Assistant Secretary/ sub county chief Nakisunga s/c, | Mukono district |
| 32. Ms Immaculate Nsangi | CDO Nakisunga s/c, | Mukono district |
| 33. Peninah Kansiime | Coordinator | National Association of Social Workers of Uganda |
| 34. Charles Draecabo | President | National Association of Social Workers of Uganda |
| 35. Mr Ebong | District Community Development Officer (DCDO) | Hoima |
| 36. Mr FabianNdozereho. | Asst CDO, responsible for | Hoima Buhanika sub county |
| 37. Mr Fred Karamagi,. | Team leader Mustard seed orphanage | Hoima. |
| 38. Mr Fred Ouma Bwire | CEO Uganda Reach the Aged Association Focus group discussion, Child right civil society members at | UCRNN |
| 39. Mr Benjamin Waburoko | Program Officer | UCRNN |
| 40. Mr Gerald Kato | CPA coordinator | World Vision |
| 41. Ms Margaret Atimango | Ag HOP | ANPPCAN |

| | | |
|---|---|---|
| 42. Mr Geoffrey Katende | Programme Officer | Uganda Society for disabled Children |
| 43. Ms Flavia Olwol | Supervisor | Compassion International |
| 44. Ms Margaret Zziwa | AO/EA | ADDI |
| 45. Mr Rogers Mutawe | Senior Program Officer Uganda Youth Development Link | (UYDEL) |
| 46. Mr Rogers Kasirye | Executive Director | UYDEL, |
| Dr Andy Bilson | consultant | UK, |
| Dr Jolly Nyeko | consultant | Uganda |
| 47. Mr Ebong, | District CDO | Hoima |
| 48. Mr Stanley Mboneki | Senior CDO | Hoima |
| 49. Ms Doreen Komukyaya | Secretary, Gender affairs in the district council. | Hoima |
| 50. Ms FabianNtonzireho | CDO, also for Functional Literacy programme. | Hoima |
| 51. Mr Amos Isaac Bitamare | In charge of probation and social welfare services. | Hoima |
| 52. Ms Bernadette | Plan Secretary for gender and Community Development, (political side). | Hoima |
| 53. Ms Judith Namakula, | Representing female youth in the district (on the political side). | Hoima |
| 54. Mr Robert Kasangaki, | For people with disabilities. | Hoima |
| 55. Mr Joseph Kirifodda | Chairman, elderly. | Hoima |
| 56. Mr Joseph Kateba, | Secretary, elderly. | Hoima |
| 57. Mr Musinguzi, | Society for disabled children. | Hoima |
| 58. Mr Zephaniah Ogen, | Ministry official | MGLSD |
| Dr Jolly Nyeko | consultant | Uganda |

# Annex B

## Overview of the policy, administrative and current programme framework relevant to social services in Uganda

### B.1 Uganda 'Vision 2040'

Uganda 2040 is purposefully ambitious 30 year vision document which aims to guide the transition of Ugandan Society 'from a Peasant to a Modern and Prosperous Country within 30 Years'. The Ugandan government envisages an increase in GDP per capita from $506 to $9,500 by 2040.

The following 'vision strategies' will support delivery of the 2040 vision:

- Review the architecture of government service delivery system to act as a unit, harness synergies and deliver public services efficiently and effectively.
- Government will invest directly in strategic areas to stimulate the economy and facilitate private sector growth.
- Pursue an urbanization policy that will bring about better urban systems that enhance productivity, liveability and sustainability. Government will pursue policies aimed at leapfrogging in the areas of innovation, technology and science, engineering, human resource development, public sector management, and private sector development.
- Develop and implement a National Innovation System that will help in initiating, importing, modifying and diffusing new technologies.
- Government will front-load investments in infrastructure targeting areas of maximal opportunities with focus on oil, energy, transport and ICT.
- Accelerate industrialization through upgrading and diversification to effectively harness the local resources, offshoring industries and developing industrial clusters along the value chain.
- To develop and nurture a national value system by actualizing a national service programme to change mind sets and promote patriotism and national identity.

The vision will be implemented in accordance with existing and future agreements, standards and protocols within the framework of regional integration

### B.2 National Development Plan (2010/11-2014/15).

The National Development Plan (NDP) is a five-year plan which succeeds the Poverty Eradication Action Plan (PEAP). The NDP marks a shift away from the focus in SEAP on poverty reduction and social services by also incorporating "economic transformation and wealth creation thereby intertwining sustainable economic growth with poverty eradication" (National Development Plan, p3). The intention of the Ugandan government, via the NDP, is that Uganda will become a middleincome country by 2017 (National Planning Authority website).

The development of social care and support services policy will contribute in particular to two of the 13 strategic objectives articulated in the NDP, namely:

- Increasing household incomes and promoting equity (focus on increasing income per capita and improved productivity)
- Increasing access to quality social services (recognising that "the fruits of development are manifested in the social status of the population")

## B.3 The Social Development Sector Strategic Investment Plan (SDIP2) 2011/12 – 2015/16 SDIP2 is designed to contribute directly to achieving the goals and objectives of the National Development Plan.

Table B.1 SDIP2 Priority Interventions

| Intervention area | Interventions |
|---|---|
| Community Mobilization and Empowerment | i. Community Mobilisation; |
| | ii. Home and Village Improvement; |
| | iii. Improving the functionality of and accessibility to quality non-formal adult literacy services; |
| | iv. Expansion of Library and Information services; |
| | v. Promoting Culture for Development; |
| Labour, employment and productivity | i. Strengthening Labour Market Information System and employment services; |
| | ii. Externalization of Labour |
| | iii. Supporting the Informal and non-formal Sectors |
| | iv. Strengthening Occupation Safety and Health (OSH) in the Workplaces Social Justice |
| | v. Strengthening Social Dialogue, Tripartism and Social Justice |
| | vi. Improving Productivity |
| | vii. Development of Non Formal Employable Skills |
| Social protection for vulnerable groups | i. Provision of social assistance for the chronically vulnerable |
| | ii. Empowerment of vulnerable groups for improved livelihoods |
| | iii. Provision of Care and Protection |
| | iv. Promotion and Protection of Rights |
| | v. Strengthening systems and structures for social protection |
| Gender and women's empowerment | i. Promoting gender mainstreaming in Sectors and Local Government |
| | ii. Promoting economic empowerment of women |
| | iii. Addressing gender-based violence and promoting of women's right |
| Institutional capacity development | i. Mobilizing resource for the Social Development Sector |
| | ii. Strengthening Institutional Capacity for the Social Development Sector |
| | iii. Strengthening Sector coordination, delivery and Monitoring and Evaluation (M&E) systems |

Source: Social Development Sector Strategic Investment Plan (SDIP2) 2011/12 – 2015/16

## B.4 Draft National Social Protection Policy Framework for Uganda(2012)

This is the newest policy statement setting out the government's intentions in relation to social protection, including social services. The policy is driven by a conviction that "Social care and support services such as child protection interventions, care for chronically sick, or disabled children and adults or gender based violence interventions, directly support economic growth by promoting the human capital of vulnerable individuals and participation in production activities" and that "Protecting the most vulnerable citizens from abuse and neglect directly contributes to enhancing their confidence, self-esteem and independence." The policy framework articulates four objectives, the second of which focuses specifically on social care and support services: "To enhance the provision of social care and support, welfare and protection services to the most vulnerable individuals" (p36). The policy aims to achieve five policy outcomes; one of these is the expectations is that a functional social care and support and protection system will be in place for all vulnerable individuals.

Two key 'priority actions' have been proposed as part of this strategy:

- Promoting and supporting community based care - recognising the family as the focal point; formal systems are to be developed to provide assistance and support where traditional systems and forms of support have eroded;
- Strengthening traditional support systems - recognising that they are "institutions of first instance for support to vulnerable persons" (p37).

## B.5 National Orphans and Other Vulnerable Children Policy (2004)

This was the first comprehensive government policy on OVC and has formed the basis for development of two subsequent National Strategic Programme Plans of Interventions for Orphans and Vulnerable Children. This policy focus on realisation of the rights of OVC and the objectives were three-fold:

- ensuring legal, policy, and institutional framework is in place for child protection
- ensuring that OVC are able to access basic services
- enhancing the capacity of duty-bearers to provide services and resources mobilised.

The Draft National Social Protection Policy Framework For Uganda 2012 refers back to the National Orphans and Other Vulnerable Children Policy of 2004 in taking the social care and support services policy area forward

"…'care and support' interventions (the provision of physical, cognitive and psychosocial support) and 'child protection' interventions (designing appropriate instruments to protect children with different needs)".

The objectives of the policy were:

- To ensure that the legal, policy, and institutional framework for child protection is developed and strengthened at all levels;
- To ensure that orphans, vulnerable children and their families access basic essential services package;
- To ensure that resources for interventions that benefit orphans and other vulnerable children are mobilised and efficiently utilized; and
- To ensure that the capacity of duty-bearers for orphans and other vulnerable children to provide essential services is enhanced.

Among the six strategies proposed to achieve the four policy goals, it is of interest in the context of this particular desk review to note that prevention strategies were prominent in two particular areas:

- Support to vulnerable children and families such that their capacity to sustain themselves is strengthened; and
- Provision of residential care for orphans and other vulnerable children as a last resort.

These strategies reflect a clear intention in state policy from that time forward that "In the absence of immediate family, vulnerable children should be cared for by the extended family and community members to keep the children in a familiar and stable environment" (Kalibala and Lynne, 2010,p10).

## B.6 National Strategic Programme Plan of Interventions for Orphans and Vulnerable Children 2011/12 – 2015/16

As noted earlier, this is a follow on to NSPPI1 which was implemented between 2005/6 to 2009/10 and which was also guided by the National Orphans and Other Vulnerable Children Policy (2004). The NSPPI-2 demonstrates a determined shift forward in state OVC policy from systems development to a clearer focus on increasing the availability, quality and sustainability of services being delivered to OVC with a view ultimately strengthening national social and economic development. This plan "…positions OVC response within the national social protection agenda".

This plan is expected to achieve 4 major outcomes:

- Improved economic security for orphans and other vulnerable children, their caregivers and families/households
- Improved access to and utilization of essential services for orphans and other vulnerable children, their caregivers and families/households
- Improved child protection and access to justice for orphans and other vulnerable children, their caregivers and families/households
- An effective policy, legal and other institutional mechanisms that delivers a coordinated OVC response.

In addition to tracking statistics of the numbers of OVC receiving psychosocial services, the M&E Framework for the NSPPI2 will also monitor changes in relation to the availability of alternative care, including tracking the number of children in institutional care (children's residential institutions) and the extent to which those institutions adopt and implement expected service delivery and care standards.

## B.7 Revised National Strategic Plan for HIV&AIDS 2011/12 -2014/15

This is a revision of the National HIV and AIDS Strategic Plan (NSP) 2007/08- 2011/12 following a mid-term review.

The revised plan remains organised by four thematic areas with corresponding goals. The major revision (highlighted in italics below) is in relation to Social Support and Protection:

Table B.2 Thematic areas and Goals - Revised National Strategic Plan for HIV&AIDS 2011/12 -2014/15

| Thematic Area | Goals |
|---|---|
| Prevention | To reduce HIV incidence by 30% by 2015 |
| Care and Treatment | To improve the quality of life of PLHIV by mitigating the health effects of HIV/AIDS by 2015 |
| Social Support and Protection | To improve the quality of life of PLHIV, OVC and other vulnerable populations by 2015 |
| Systems strengthening | To build an effective and efficient system that ensures quality, equitable and timely service delivery by 2015. |

Source: Revised National Strategic Plan for HIV&AIDS 2011/12 -2014/15

There is a notable emphasis in the Revised Plan on improving quality of life through social support and protection, expressed clearly through related objectives and strategic actions:

Table B.3 Objectives and Strategic Actions - Revised National Strategic Plan for HIV&AIDS 2011/12 -2014/15

| Objectives | Strategic Actions |
|---|---|
| Objective 1<br><br>To scale up delivery of comprehensive, quality psychosocial services to PLHIV, affected households and persons most vulnerable to exposure to HIV | 1. Scale-up counselling services provisions at health care points and in communities for PLHIV and persons most vulnerable to exposure to HIV<br>2. Provide training of service providers, PLHIV networks and care takers to identify and respond to psychosocial support needs of PLHIV and persons most vulnerable to exposure to HIV<br>3. Develop and deliver a package of direct psychosocial support services provision for PLHIV, affected households and persons most vulnerable to exposure to HIV |
| Objective 2<br><br>To empower HIV affected households and most vulnerable groups with livelihood skills and opportunities to cope with socio-economic demands | 1. Support most vulnerable households of PLHIV and of articulated beneficiary categories to meet immediate needs for proper nutrition and food security<br>2. Provide direct assistance to most vulnerable PLHIV households to address socio-economic deprivation<br>3. Support economic activities for households of PLHIV and those most vulnerable to exposure to HIV<br>4. Advocate for affirmative action to support vulnerable PLHIV andarticulated categories to benefit from existing initiatives and programmes |
| Objective 3<br><br>To scale up coverage of a comprehensive social support and protection package to most vulnerable PLHIV and other affected groups | 1. Support enrolment and retention of OVC, PLHIV of school-going age and other articulated beneficiary groups.<br>2. Promote informal education, vocational and life skills development for OVC, PLHIV of school going age and persons most vulnerable to exposure to HIV<br>3. Support provision of appropriate shelter for eserving vulnerable groups<br>4. Mainstream gender and disability into social support program initiatives<br>5. Provide legal and social services for the protection of women and young people against gender based and sexual violence(GBSV) on account of HIV<br>6. Promote rights awareness and sensitization to address cultural norms, practices and attitudes that perpetuate gender based and sexual violence in the context of HIV<br>7. Enforce Domestic Violence Act and other related policies on violence against women and girls to address the violence arising due to HIV status disclosure, discordance or zero-difference<br>8. Support civil and community-based responses dentified as best practices in prevention and handling of sexual and gender based violence<br>9. Build capacity of Justice, Law and Order Sector and non-state actors to develop and enforce litigation related to HIV through justice-enabling structures |

Source: Revised National Strategic Plan for HIV&AIDS 2011/12 -2014/15

## B.8 National Policy on Disability (2006)

The National Policy on Disability was developed in light of a wide range of issues and challenges facing people with disabilities in Uganda. Those issues of particular relevance when considering social care and support services policy and service delivery include:

· Vulnerability – a discussion of the situation of people with disabilities in the policy document concludes that particular impairments and/or negative societal attitudes lead to inadequate access to services, information and resources and to limited participation by people with disabilities in

development processes. People with disabilities are highly, and in many cases completely, dependent upon others for survival. These vulnerabilities are heightened by gender and age factors.

- Poverty – the policy recognises that disability is "both a cause and consequence of poverty" and that, at the time, most people with disabilities in Uganda were living in "abject poverty" and exposed to vulnerability.

- Education and skills – whilst programmes of special education for children and vocational training exist, methodologies and technologies are out of date, the costs of assistive equipment and specialist personnel are very expensive. Lack of basic/adequate education for people with disabilities increases their exposure to poverty and vulnerability and their reliance on others to support and care for them.

- Conflicts and emergencies – people with disabilities are especially vulnerable in conflict and emergency situations as they are often unable to care for themselves or seek help and their needs can also be overlooked. Conflict and violence is also a cause of disability.

- Health – people with disabilities face challenges accessing health services due to high costs (including of assistive equipment), lack of accessibility (including inability to travel long distances) and prevailing negative attitudes.

- HIV/AIDS – the policy recognises that people with disabilities are sexually active and because of their additional vulnerabilities, they are especially exposed to the risk of being infected with HIV/AIDS. Programmes focusing on HIV/AIDS had not, at the time of developing the policy, generally targeted people with disabilities and a lack of access to information and resourcesexacerbates their vulnerability to infection.

- Accessibility – limited access to public places, including public buildings and services, and to basic information means that very many people with disabilities are socially excluded.

The policy's objectives are stated as follows:

1. To create a conducive environment for participation of people with disabilities;
2. To promote effective friendly service delivery to people with disabilities and their caregivers;
3. To ensure that resources for initiatives that target people with disabilities and caregivers are mobilised and efficiently utilised;
4. To ensure that the capacity of people with disabilities and their care-givers to access essential services is enhanced;
5. To build the capacity of service providers, people with disabilities and care-givers for effective prevention and management of disabilities

Among the principles that underpin the National Policy on Disability, 'Family and community based care' stands out as being particularly pertinent in relation to social care and support services policy and practice. The policy emphasises that people with disabilities should receive care, protection and support in the family and community and that parents/caregivers have a responsibility to promote and protect their rights. Linked closely to this is the principle of decentralised service delivery and the need to build the capacity of local governments, district and community level structures to provide appropriate and sustainable services. Whilst there is a great emphasis on provision of services in general terms, a weakness of the policy is that it does not identify or specify any particular services to be made available (National Social Protection Policy Framework For Uganda, 2012).

## B.9 National Policy for Older Persons (2009)

The objectives of this policy were to:

- Provide a framework for legislation, coordination and programming for older persons.
- Create a conducive environment for strengthening family and community based support systems for older persons;
- Provide opportunities for strengthening the capacities of older persons to harness their potentials
- Promote the mainstreaming of older persons issues in the monitoring and evaluation systems of stakeholders.

Priority actions articulated in the plan reflect a range of key risks and issues faced by older people in Uganda, a number of which are particularly pertinent in the context of planning for social care and support services:

- HIV and AIDS – as well as being at risk of infection through planned sexual activity but also as a result of abuse and through contact with HIV/AIDS patients (as carers), older people are affected by HIV/AIDS in numerous ways including as a result of becoming carers for children of family members who die.
- Shelter – research has shown that many older people live in very poor housing which presents serious health risks.
- Conflicts and Emergencies – the needs of older people tend to be overlooked in conflict and emergency situations, including by responsible agencies, and they are often less able to cope than other people in similar situations.
- Accessibility – older people often experience decreased mobility; they are less able to leave their homes and due to poor design, often cannot access public buildings and spaces.

This policy supports programmes of direct income support and social insurance for pensioners.

## B.10 Uganda Gender Policy (2007)

The stated purpose of the Uganda Gender Policy is to "establish a clear framework for identification, implementation and coordination of interventions designed to achieve gender equality and women's empowerment in Uganda" which includes ensuring that all national policies are designed and implemented with a gender perspective in mind. The objectives of the policy are as follows:

- To reduce gender inequalities so that all women and men, girls and boys, are able to move out of poverty and to achieve improved and sustainable livelihoods;
- To increase knowledge and understanding of human rights among women and men so that they can identify violations, demand, access, seek redress and enjoy their rights;
- To strengthen women's presence and capacities in decision making for their meaningful participation in administrative and political processes;
- To address gender inequalities and ensure inclusion of gender analysis in macro-economic policy formulation, implementation, monitoring and evaluation.

## B.11 National Action Plan on UN SCR 1325, 1820 and the Goma Declaration (2008)

This plan addresses the very significant problem of Gender based Violence (GBV), particularly in the context of armed conflict which was on-going in Uganda at the time. As is evident from its title, the plan represents a formal commitment by the government to respond to the demands of UN Security Council resolutions 1325, 1820 and the Goma Declaration.

Two of the five strategic goals articulated in the plan are particularly relevant to social care and support services delivery:

- Improved access to health facilities, medical treatment and psychosocial services for GBV victims (Goal 2)
- Prevention of GBV in Society (Goal 4)

The corresponding Strategic Objectives focuses on building the capacity of actors working with GBV, increasing access to services and strengthening collaboration and joint working between a range of state and non-state actors both preventing and responding to Gender Based Violence (GBD). A demand for services that can respond to Sexual Gender Based Violence (SGBD), including for very young children, is highlighted. Proposed activities focus advocacy/awarenessraising, and the provision of training for a range of frontline workers across various sectors - including social workers - to professionally and effectively manage cases of SGBD.

## B.12 Child Protection in Crisis Network three-year plan (2012 – 2015)

Although arguably this plan does not have an equivalent status to those plans already highlighted, it is worthy of mention because the MGLSD is a key partner and stakeholder and has made significant commitments as part of this plan.

'Child Protection Systems Strengthening' is one of several stated priorities within the plan, under which there is a particular focus on mapping and strengthening linkages between different actors. The plan notes, in its rationale for this particular priority, that "The demand for child protection systems mapping has steadily grown in recent years, emanating from a realization that informal and traditional child protection systems play a sustainable role in creating a protective environment for children". The Program Learning Group (PLG), established by the CPC Network, has been carrying out research to better understand traditional/informal community based child protection systems with the aim of strengthening and improving linkages between them and existing/emerging chid protections systems.

# Annex C

Published literature of interventions to address mental health problems among war affected children and adolescents.

| Author | Location | Type of intervention | Effect | Remark |
|---|---|---|---|---|
| Bolton et al. (2007) | Northern Uganda N = 314 IDP youth 14–17 yrs | Interpersonal group therapy (IPT-G) and Creative Play (CP) | Decrease of depressive symptoms in IPT-G group; CP had no significant effect on symptoms of depression | Broader psychosocial outcomes such as self-confidence, social skills, not assessed |
| Onyut et al. (2005) | Uganda N = 6 Somali refugees 13–17 yrs | Individual trauma focused therapy (KIDNET) | Less post-traumatic stress disorder (PTSD) symptoms in four of the six children participating | Small pilot sample; need to conduct randomised controlled trials (RCT) in future with larger sample |
| Thabet, Karim & Vostanis (2005) | Gaza N = 111 Palestinian refugees 9–15 yrs | Group crisis intervention vs. education group vs. control group | No demonstrable effects of either intervention on outcomes of PTSD and depression | Conducted during ongoing conflict and refugee displacement; used control group; unable to randomise participants |
| Dybdahl (2001) | Bosnia N = 87 mothers and small children | Psychosocial intervention aimed at improving mother—child interaction | Improvement in functioning and health of mothers and children | Intervention described as simple and inexpensive; RCTdesign |
| Paardekoper (2002) | Sudanese refugees N = 207 7–12 yrs | Contextual group addressing every day stressors vs. psychodynamic group and controls | Improved coping and decrease of PTSD symptoms in the contextual group; improved coping in psychodynamic group | Both interventions described as low cost, easy to train and implement |
| Layne et al. (2001) | Bosnia N = 55 15–19 yrs | School-based intervention utilising amanual trauma/ grief focused psychotherapy | Reduced psychological distress (PTSD, depression and grief) and positive associations between distress reduction and psychosocial adaptation | No significant effects of group membership (full vs. partial treatment) were found |
| Gordon et al. (2004) | Kosovo N = 139 12–19 yrs | Mind—body skills groups including meditation, biofeedback, guided imagery, etc. | Significant decreases in PTSD symptoms were measured in all three groups after participation in the program ($p<0.001$); concluded that mind—body skills groups were effective in reducing PTSD symptoms in war traumatised high school students | Open trial; used no specific inclusion criteria; all three groups were stagger started; no control group |

# Annex D

Suggested Amendments to Social Care elements in the Draft National Social Protection Policy Framework for Uganda

The following amendments to the draft policy are proposed based on the literature review and situational analysis. Section numbers refer to those found in the draft policy document dated 22-10-2013.

## D.1 Terms

a) The term Social Care Services be replaced throughout the document with Social Care and Support Services
b) In the glossary on page ii the proposed entry is: Social care and support services a wide range of services provided by formal and informal actors to identify vulnerable individuals and groups, meet their needs, build resilience and facilitate inclusion. These include but are not limited to personal care, rehabilitation, psychosocial support, respite care, protection services, provision of information and referral.
c) The following amendment is also suggested for consistency with the text: Social Protection System a coordinated arrangement to provide social protection services to all Ugandans under two pillars of social security and social care and support services

## D.2 Section 1.0 Introduction

Amendment to first paragraph (underlined): Social protection refers to public and private interventions to address risks and vulnerabilities that expose individuals to income insecurity and social deprivation, leading to undignified lives. It is a basic service and a human right that ensures dignity of people. In the Ugandan context the social protection system is comprised of two pillars, namely social security and social care and support services. Social security includes direct income support and social insurance.

## Direct income

support is a non-contributory transfer to extremely vulnerable individuals and households without any form of income security, while social insurance is a contributory system to mitigate livelihood risks and shocks such as retirement, loss of employment, work-related disability and ill-health. The social care and support services pillar covers a wide range of services provided by formal and informal actors to identify vulnerable individuals and groups, meet their needs, build resilience and facilitate inclusion.

## D.3 Section 1.1.1 Importance of Social Protection

In order to reflect one of the Guiding Principles (Section 3.0) which refers to "a human rights based approach to service delivery", inclusion of the amendment to sixth paragraph proposed below (underlined):

Social care services such as child protection, care for older persons and the chronically sick, community based rehabilitation for persons with disabilities, and mitigation of gender based violence improves the quality of life of these vulnerable groups, upholds their rights and promotes inclusive development. Protecting the most vulnerable citizens from abuse and neglect and dvocating for their rights enhances their confidence, self-esteem and participation in socioeconomic activities as well as in the development process.

## D.4 Section 1.1.2 Rationale for the Policy Framework

## Proposed amendment to third paragraph (underlined):

Currently, there is limited understanding of social protection and its importance in addressing risks and vulnerabilities in Uganda. As a result, the existing social protection initiatives are selective and target a few people. The available schemes and services, mainly NSSF and Public Service Pension Scheme, cover only the working population in the formal sector, leaving over 93 percent of the labour force, majority of

whom are employed in the informal sector, without access to social security services. Social care and support services are also limited, reaching a small proportion of those in need despite the vital role they play in reducing vulnerability and mitigating risk. This Policy Framework therefore facilitates a better understanding of social protection in the Ugandan context and provides a basis for a holistic approach to addressing the risks and vulnerabilities faced by different categories of the population in both the formal and informal sectors.

## D.5 Section 2.0 Situation Analysis

Proposed amendment to section heading of 2.1.1 from "Risk and Vulnerabilities Associated with Age" to "Risks and Vulnerabilities Associated with the Life-cycle". The existing section heading may suggest old-age rather than just age.

## D.6 Section 2.2.7 Social Care Services

Proposed insertion of the following paragraph into this section immediately before the paragraph starting "Where CSOs are complementing Government efforts":

The absence of a professional framework for social work and community development means that staff in the Community Based Services Department and in CSOs often lack appropriate skills and knowledge and have inadequate ethical or quality frameworks for their practice.

## D.7 Section 3.0 GUIDING PRINCIPLES

Addition of the following principle. We propose this to reflect the approach to social care and support services recommended and on the basis of the principles of the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disability, to both of which Uganda is signatory:

Family: This policy framework shall strengthen and support the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members

## D.8 Section 4.0 SOCIAL PROTECTION POLICY FRAMEWORK DIRECTION

## a) Proposed amendment to first paragraph (underlined):

As Uganda aspires to see her citizens enjoying a high standard of living by 2040, provision of social protection services to the different categories of the population will be one of the key strategic actions. Government aims to achieve a secure and resilient population through a comprehensive social protection system along two pillars, namely social security and social care and support services. Social security shall be in two forms: Contributory schemes targeting the working population in both formal and informal sectors; and non-contributory transfers targeting vulnerable children, youth, women, persons with disabilities and older persons. The social care and support services pillar shall focus on three areas: Creating a safe environment for children and vulnerable adults which includes services to reduce all forms of violence and exploitation, support victims and reform perpetrators; Specialist care and support services which require specialist knowledge and skills or support to individuals which their family or community is unable to give; and Strengthening community and family which includes services to promote and support traditional and cultural practices and networks.

## b) Proposed new diagram for the conceptual framework:

## D.9 Section 4.3 Strategies and Priority Actions

Proposed Objectives to replace Objective 3: Objective 3: To enhance the provision of social care and support services for the most vulnerable individuals Strategy 1: Strengthen the policy and legal framework Through this strategy, Government shall strengthen the legal and policy framework that will enable the development of a comprehensive and high quality range of services.

Priority Actions

i. Develop a comprehensive and harmonized long term strategic framework to guide provision of social care and support services in Uganda;
ii. Develop an implementation plan for the strategy
iii. Develop the legislation and structures necessary to establish social work and community work as professions.

## Strategy 2: Improve the organisational framework for the management and delivery of social care and support services

Through this strategy Government shall provide an effective framework to deliver and manage social care and support services

Priority Actions

i. Establish a national Social Care Council as a mechanism for planning and implementation;
ii. Establish in every district a district Social Care Council as a mechanism for planning, managing, coordinating, monitoring, evaluating and implementing all aspects of social care and support services;
iii. Strengthen the community based service department as the coordinating mechanism for all community mobilization in its district;
iv. Create an organisational and staffing structure for community based services departments that enables them to have both the technical capacity and human resources to plan, coordinate and provide social care services alongside their wider responsibility for community development services.

## Strategy 3: Strengthen social care resources

Through this strategy, Government shall ensure the availability of necessary human, financial and other resources for a comprehensive system of social care and support services .

Priority Actions

i. Ensure increased financial resources for social care from Government, donors, CSOs and the private sector;
ii. Institute a conditional grant to all local governments to enable them to deliver social care and support services;
iii. Ensure all established posts in community based services departments are filled with staff with relevant social work or community development qualifications;
iv. Establish a system to certify qualification training in social work and community development ensuring that it is of sufficient quality, covers the relevant knowledge based as much as possible on Ugandan and African sources and has sufficient practice elements.
This will require professional inputs into the evaluation and specification of social care curricula through the National Council for Higher Education;
v. Develop an information system on human resources in community based services departments.

## Strategy 4: Establish effective monitoring and evaluation of social care and support services Through this strategy, Government shall ensure the quality and effectiveness of social care.

Priority Actions

i. Create a simple but comprehensive management information system on social care and support services. This should be based on an evaluation of current information systems in OVC and CBR.
ii. Create a centre in a university able to develop research and consultancy capacity and draw together currently available Ugandan research, analyse it and provide access.

## D.10 Section 7.1 Institutional Arrangements

It is proposed that the following mandate and role of the social care council should be amended as follows:

Social Care Council · Establish social care services quality assurance and delivery standards;

- Mobilize resources for implementation of social care programmes;
- Monitor and evaluate social care programmes
- Strategic planning for and implementation of all aspects of social care policy
- Coordination, information sharing and partnership with key stakeholders
- Setting priorities for and coordinating the work of all programmes that include social care
- Developing and implementing regulatory mechanisms for social care
- Ensuring user participation in national policy planning and implementation
- Bridging between national and local government
- National advocacy and information campaigns on social care

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## About The Expanding Social Protection Programme

The Expanding Social Protection (ESP) Programme is a Government of Uganda initiative under the Ministry of Gender, Labour and Social Development. The development objective of the 5 year Programme is to embed a national social protection system that benefits Uganda's poorest as a core element of the country's national policy, planning and budgeting process.

ESP Programme is supported by Government of Uganda, DFID/UKaid, Irish Aid and UNICEF

**Disclaimer:**

The views expressed in this publication are not necessarily those of the expanding social Protection Programme, Ministry of Gender, Labour and Social Development or their partners.

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