EXPANDING **SOCIAL PROTECTION**

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DEVELOPING SOCIAL CARE AND SUPPORT SERVICES IN UGANDA

A Literature Review of International Experience in Implementing Social Care and Support Services: Considerations for the Ugandan Context

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A report of research carried out by Prof Andy Bilson, Dr Jolly Nyeko,
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Programme- Ministry of Gender, Labour and Social Development.

Preface

This paper provides a review of international and Ugandan literature on social care and support services particularly focussing on identifying key lessons that are relevant to the Ugandan context. The paper was developed as the first stage of a study carried out by Oxford Policy Management which aims to provide advice to develop the vision, strategic approach and priority areas of intervention for social care services policy and programming in Uganda.

This assessment is being carried out by Oxford Policy Management. The project manager is Joanna Baskott. The remaining team members are Professor Andy Bilson, Dr Jolly Nyeko and Chris Rayment. For further information contact jo.baskott@opml.co.uk

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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 and 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

WHO World Health Organisation

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 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.

1.2 Methodology

In line with the Terms of Reference, this paper aims to provide a 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.

The review of international literature is based on sources already known to the team and a search of other available relevant literature, limited by the time available to the consultants. A search was undertaken of the UK's Social Care Institute for Excellence's social care database which lists most of the publications in the English language on social work and social care and of the Better Care Network's database on children's services. Searches were also undertaken on the Internet for grey literature and

through academic databases using the Discovery service at the University of Central Lancashire. None of the searches could be exhaustive given the extensive literature on social care and social work and the acknowledged difficulties of finding keywords to search in this field.

The review of Ugandan literature was based on the set of documents provided by the client, internet searches and on sources known and accessible to the national consultant.

1.3   Structure of the report

This report has 9 sections. Each section sets out current international practice in social care and then gives an overview of the situation in Uganda based on the literature and the team's experience.

After this introduction, Section 2 provides a discussion of some of the issues related to the definitions of social care and social work. Section 3 sets out the social care response to risk and vulnerabilities and provides an overview of the different models social work operates under. In Sections 4 and 5, respectively, we present some of the different approaches to the provision of social care and the functions which social care fulfils. Section 6 focuses on human resources issues within social care and Section 7 provides an overview of the kinds of risks social care services aim to mitigate. Lessons and challenges from the literature review are set out in Section 8 and the final section presents conclusions and proposes some recommendations and next steps.

2 Defining Social Care and Support Services

'Social care and support services', as defined in the terms of reference for this review covers a range of approaches which are referred to as 'social work' in many countries and in some others 'social care'. This section will first look at international definitions of social care and social work before focussing on current definitions in Uganda.

2.1 International definitions

The meaning of the term social care is ambiguous. Dickens (2012: 34) identifies three different ways in which the term is used. In the first, it is used for day-care, residential and domiciliary services usually covering services in which the need may be assessed by a social worker but which are not provided directly by them. The second sense covers all services and support that social workers might plan, provide and arrange. The third usage is a general term and covers the whole range of personal social services, rather like healthcare covers all types of health services. The focus of this paper will be on the second usage - all services and support that social workers might plan, provide and arrange.

As for social work, there is no single agreed definition (Jones and Truell, 2012) and different countries have their own focus. The International Federation of Social Work (IFSW) is currently updating its definition and the latest draft provides a definition more attuned to the international context than had been proposed in earlier versions:

> The social work profession facilitates social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. (IFSW 2013)

It is increasingly being recognised that Western definitions of social work are limited in their application to middle and low income countries (e.g. Patel 2005) and organisations like IFSW increasingly refer to social work and social development. Thus, IFSWs international agenda is for social work and social development (Jones and Truell, 2012). Patel (2005:2) defined developmental social welfare as a "pro-poor strategy promoting participation of the socially excluded in development activities to achieve social and economic justice, a partnership approach to social development, social solidarity, and active social citizenship".

There is much agreement that the continued use of Western-oriented social work practice does not fit well within an African context. Midgley (1981) suggests that such a use represented "professional imperialism", a theme which continues in the literature (Chitereka 2009). The main element of the criticism is that the focus of Western social work is remedial, looking to "cure" the pathology of individuals, rather than addressing underlying problems such as poverty or access to services. In focusing on individuals it ignores a culture in which reciprocity and collectivism are stronger elements.

2.2 Definitions of Social Care in Uganda

The Ministry of Gender, Labour and Social Development's Plan for Social Development (2011:1) defines this sector as follows:

"The Social Development Sector fosters the rights of the vulnerable population, addresses gender inequalities, labour and employment as well as community mobilization and empowerment. Addressing the rights and needs of the vulnerable and disadvantaged populations such as People with Disabilities (PWDs), older persons, youth, orphans and other vulnerable children and the chronically poor underpins the core concerns of national development."

The Draft National Social Protection Policy Framework for Uganda (section 3.3.3) describes social care services as follows:

"Other social protection programmes are in the form of State and non-State programmes that are designed and implemented to improve the care and protection of specific vulnerable population groups. These include among others: Community-based rehabilitation for persons with disabilities, a government project which supports community-based care initiatives in 18 districts; Youth and Children Affairs programme, which focuses on renovation, and maintenance of institutions for children, the resettlement of street children and feeding, education and clothing to children in institutional care; OVC programme which includes care and support, psycho-social support, and child protection; sexual and gender-based violence programme and UN Joint programme on Gender with a component to develop 'rainbow/safety centres' in 5 districts"

Further the Framework explains that:

"This element of the social protection sub-sector includes a range of support that helps to identify and reduce social vulnerability, strengthen resilience and capacity to cope with and overcome mainly social vulnerabilities, and links families and individuals to existing programmes and services."

This study focuses on the elements of social care services (to the right of the diagram in Figure 2.1).

Figure 2.1 Vision for Social Protection in Uganda
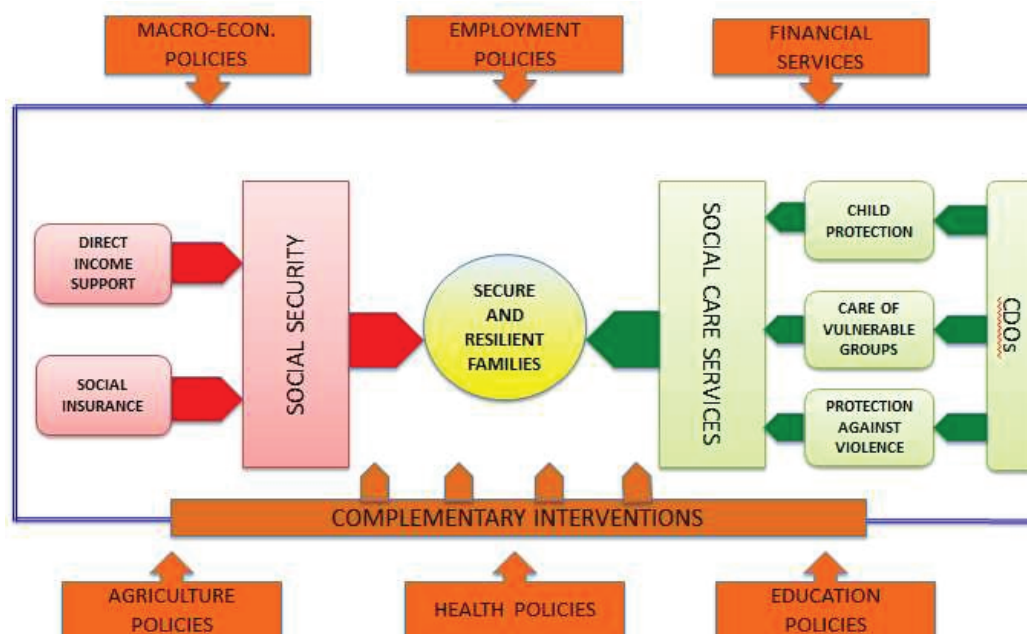
Source: Draft National Social Protection Policy Framework for Uganda

3 How social care is organised

This section looks at the organisation of social care provision focussing on the underpinning model or philosophy that shapes the way that services are provided. Internationally, there was a marked change in the way in which public services were organised during the 1980s particularly in Europe, America and Australia. Governments aimed to create an administrative environment with a focus on getting the best performance from the money being spent. Public structures were decentralised in order to increase the accountability of managers (Blom, 2000). A further key factor was the introduction of a market orientation in social services and health care.

There are five broad and overlapping ways of categorising the philosophy underpinning the organisation of social care. Those that operate on the basis of direct provision (sometimes called welfare state); those with a pure market orientation; and the increasingly common Western approach of a quasi-market. In addition in many low income countries there is such limited state involvement in social care provision that is effectively provided by third sector involvement. The fifth model is that based on social development.

3.1 Welfare state

In a welfare state model social care services are usually owned and operated directly by the state. This model was common before the 1980s in many high income countries and can still be seen in many of the countries of Eastern Europe and the Commonwealth of Independent States. Education systems in most Western countries are still provided on this basis with the state providing schools and the child's enrolment in a particular school depending on where they live and which schools are closest. In such a system schools do not compete with one another for pupils or resources.

3.2 Pure market

In this model the client or consumer purchases services from independent suppliers. The state plays no part other than through regulation of the market and the consumer has a contract directly with the supplier.

3.3 Quasi-market

In a quasi-market the state funds services and purchases them on behalf of a consumer or client. In this approach the providers of services and care are independent of the purchaser. Providers can be from the third sector or for-profit companies but may also be state agencies separated from the purchasing arm. If the consumer has his or her own resources then he or she can voluntarily choose and pay for provision. The role of the purchaser is: to assess the needs of the service user; ensure cost containment in the purchase of services; ensure that the needs of the service user receiving services fall within criteria for their provision; and, sometimes, to be involved in laying down standards for the quality of services provided both through national quality standards and contract compliance.

Within a quasi-market approach the advantages are supposed to be that consumers get more choice and that there is competition amongst providers. However, Blom (2000) found that, even in Sweden's comprehensive welfare state, quasi markets works for well-educated and assertive users but were not working for those in greatest need: "The personal social services partly function as a responsive quasi-market for strong, rational and well-informed clients; however, for the most vulnerable, it is failing in many respects."

In England the government has recently trialled contracting out the social work role of assessment and case management in child care but without particular success (see Stanley et al 2012).

3.4 Third sector provision

In some middle and low income countries the state plays a limited part in funding or providing social care services and social safety nets are left to national or international charities and religious bodies. This ranges from poor countries where much of the provision is by international NGOs through to countries such as Indonesia where large national charities such as Muhammadiyah provide much of the health and welfare services.

3.5 Social Development

The social developmental approach to social care aims to modernise the welfare system in order to ensure that it is just, equitable, participatory and responsive to local culture. Patel (2008:73) contrasts this with the market models above stating:

> Neoliberal solutions relying on market fundamentalism and minimal government as well as the state-dominant model of the post-war welfare state and post-colonial societies were rejected as inappropriate in addressing the developmental needs of the society. The social development approach attempted to transcend these ideas by harmonising social and economic development and investing in human capabilities

South Africa provides an example of state implementation of the social development approach. There are four strands to its development according to Patel (2008). The first strand is 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. The second strand focuses on a collaborative approach between government, civil society and the private sector in which government plays an active leading role. The third strand, as proposed by the 1997 White Paper, is an attempt to produce a better balance between remedial, preventive and developmental strategies. This implies a stronger link between developmental social welfare services and social assistance. Finally, the fourth strand seeks to provide a more 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.

3.6 The organisation of social care in Uganda

The literature review did not uncover any specific discussion of the model of organisation of social care service provision in Uganda. The current development of social care alongside social protection, the focus of current services on community work and the collaboration between government, civil society and the private sector mentioned in various reports have some elements of a social development rather than a market approach.

Social care in Uganda is based on traditional social networks and in particular the community and family. However, various pressures have meant that these networks are very strained. Although government and NGO services have tried to supplement the traditional system, coverage is generally considered inadequate. The NGOs concentrate in a small geographical area, usually selecting a few communities out of an entire district. NGOs are usually said to 'supplement

government efforts' although commonly they operate in exclusion of government or where there is no government intervention.

There are some social services carried out by government, such as family counselling, child care, youth support, and some community mobilisation within the health field, HIV/AIDS care for patients, mental health care, and general medical attention. Provision of education services is largely carried out by government, although the private sector is also greatly involved especially in urban centres though private schools.

4 Approaches to social care provision

This section considers different approaches to social care provision, both from an international perspective and drawing on current practices in Uganda. In many countries, whilst one or two approaches dominate or are legitimated in legislation, all are present. Case management (quasi- market)

4.1.1 **International literature**

As mentioned earlier a quasi-market approach to social care provision requires a split between the purchaser and the provider. A case manager is normally involved with the role of purchasing services. In such an approach this involves: assessment of people's needs; finding appropriate care and services for them; working out a care plan; managing the budget for the care purchased; rationing care according to policy guidelines; monitoring outcomes; understanding the care market; and being able to identify appropriate services (Fox and Gotestam, 2003). The United States National Association of Social Work cites Barker's (2003) definition of case management:

> A process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. (Barker 2003 cited in NASW 2013).

A central role of the case manager is in assessing the need for services and monitoring care plans; they also have major input in terms of rationing services. The wide dissemination of this approach stems from increasing globalisation and pays little attention to its applicability to local cultural circumstances. Bilson and Westwood (2012) note that an increasing number of former Soviet controlled countries aspire to using this approach, many having put legislation in place. However the application is often limited (Holiček et al 2007), has a top down implementation and lacks ownership in several levels of the system. Such an approach requires fundamental reforms and investments (Fox and Gotestam 2003) including:

> Establishment of a purchasing organisation
> Budget reforms that put all public funds for social services in the hands of the purchaser
> Market making reforms that ensure prices paid to service providers are based on explicit and transparent opportunity costs and involve tendering processes which include contracts specifying service outputs and their costs
> A provider market reform which includes ensuring all service providers, including state services, participate on an equal basis

In addition a market based system operates through encouraging competition between providers. It requires a vigorous and strong set of providers and operates best where there are strong NGO and for-profit sectors as well as a well-trained cadre of social workers able to carry out case management. Even in these circumstances it is debateable whether costs are reduced and there are problems where purchasing authorities are small or where services are highly specialised..

A recent trend in case management in some countries is the allocation and use of personal budgets which give the user and/or carer direct control of funds and the ability to purchase services from wherever they please. In these cases the role of the case manager is to support and oversee the spending of personal budgets. This includes being responsible for ensuring the funds are spent on services for the client.

4.1.2 The use of case management in Uganda

Uganda does not have a purchaser/provider split in its social care services and therefore makes no direct use of a case management approach. Quality assurance by government on NGO operations should be carried out by the NGO Board. Once in a while, the NGO Board conducts on the spot supervision and monitoring of NGOs but this tends to be focused more on whether the NGO is complying with the activities permitted by its registration rather than the quality of services it is providing. Responsibility for monitoring the quality performance of the agencies lies with the relevant line Ministries but it is not clear if this is pursued.

Coordination of non-state provision is inadequate. A few NGO meetings are held at district levels for those NGOs that register at National or district levels. Under the NGO Act, all NGOs are supposed to register with government and present annual reports, budgets and work plans. Due to lack of supervision, not all NGOs obey this law except when it is time to renew their certificates of operation. Regulation is therefore limited to annual renewals of registration and presentation of reports and finance statements to the regulatory bodies (NGO Board and forum). There are many NGOs that operate at community or district level without official registration.

4.2   Case work and remedial approaches

4.2.1 International literature

The term casework, as used here, refers to the traditional Western approach to service provision by a social worker and is a professional activity requiring qualified social workers. Bilson and Westwood (2012) adapted the following key aspects of the role of a caseworker from NASW standards:

> **Advocacy:** social workers advocate for system reforms and resources in order to improve services for those in need
>
> **Collaboration:** social workers work in partnership with a range of agencies and professionals in order to provide relevant support and help
>
> Prevention: this involves identifying and promoting the use of services at an early stage to strengthen the capacity of adults, children and families in order to avoid more serious problems occurring later
>
> **Engagement:** the social worker works in partnership with service users during the assessment and service provision
>
> **Service planning:** the social worker develops a service plan with the service user. The plan aims to strengthen the service user's ability to overcome problems and become independent
>
> **Protection:** social workers assess risk and make arrangements to protect service users from harm.

The extent to which this approach is relevant as the main form of social work role in developing countries, and particularly those in Africa, has been the subject of wide debate (see for example Bilson and Westwood 2012). However casework of this sort can be effective in certain areas of provision such as psycho-social support.

4.2.2 Casework in Uganda

No reference to the nature of casework in Uganda was found in the literature. The experience of the consultant team, however, is that, whilst state agencies adopt a case work approach, NGOs combine both case work and developmental social work. Case work involves a client coming to the

ffice of the government social worker, presenting his/her case and the matter being dealt with. Where it needs follow up, the case worker may accompany the client, but often lack of transport is a major limitation, in effect reducing case workers to 'desk officers'.

4.3   Developmental social welfare

4.3.1 International literature

Whilst there is no agreed international definition, Midgley (2010: 13) describes a developmental approach to social welfare as having a key focus on "tangible improvements in standards of living, health and education, and a concomitant reduction in poverty, malnutrition, and illiteracy.". Key features of this approach include:

> Strengths-basis: acknowledging and focussing on family and community assets and aiming to promote resilience
> Social investments: enhancing capabilities including: "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 to combat social exclusion
> 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

It is recognised that these features are not only the concern of a social development orientation but they are given considerable emphasis in it.

South Africa has adopted a developmental approach to social care. This was based initially on the White Paper for Social Welfare (Ministry for Welfare and Population Development, 1997). The preamble to the document states that the intention was to "devise appropriate and integrated strategies to address the alienation and the economic and social marginalization of vast sectors of the population who are living in poverty, are vulnerable, and have special needs". This was specifically to be achieved through "developmental social welfare policies and programmes". The White Paper, in paragraph 21, listed the kinds of interventions which were to be carried out including activities to reduce poverty, increase literacy, provide access to credit, offer training in employment skills, strengthen social networks, reduce malnutrition and improve household food security.

Patel (2008: 74-5) describes how this approach requires multiple levels and modes of intervention as follows:

> Different modes of intervention, described as multi-modal interventions, are employed. These can operate at micro, mezzo and macro levels of practice and involve an interweaving of levels of intervention and modes that include poverty reduction and sustainable livelihoods; family-centred and community- based strategies; community information, education and communication; social policy and planning; and advocacy. This frame of reference guides the practitioner in the implementation of development social work through a planned change process that involves engagement, exploration and assessment, goal setting and planning, implementation and evaluation.

Patel goes on to suggest that current practice in South Africa may risk moving back into a more remedial approach based on Western notions of social work.

In Davis's review of human resources for social work practice with children in Africa she noted that real problems existed for a move to a more developmental approach because of: lack of adequate training and professional development; the dominance of Western research and literature and limited availability of specific writing and research about African experience; and said that social workers with community development skills express concern about not being able to use these in practice.

4.3.2 Developmental social welfare in Uganda

There are a number of aspects of developmental social welfare present within different sectors of provision in Uganda although these are not specifically identified as such. One example is social protection (mainly child protection) through the Child Protection committees, the OVC committees and Village Health teams, which are composed of personnel drawn from communities and villages to carry out mobilisation of people in the relevant areas for development. At least one or two of these structures exist in almost every village. Other aspects of social care that fit closely to a social development framework include the emphasis on community development with a focus on developing livelihoods by community development officers and the community-based rehabilitation of persons with a disability which involves both social care services alongside income-generating activities.

4.4 Social protection and accompaniment

4.4.1 International literature

Temin (2008) undertook a review of social protection in a range of countries (Brazil, Chile, Ghana, Malawi, South Africa, Uganda, Ukraine and Zambia). She noted that there was a risk that "enthusiasm about cash transfers detracts attention from social services and leads to lost opportunities to strengthen capacity and delivery systems" (Temin, 2008:11). In South Africa state social workers were found to be actively involved in administering cash transfers. A problem was that many informal care placements were formalised and children brought into care primarily to obtain foster care allowances. This involved considerable administrative work for social workers in addition to the detriments that might occur through the formalisation of these care arrangements. Thus Temin (2008:11) said:

> One aspect of social protection that imposes an enormous workload on social workers is the foster care grants to relatives which are allocated to about
> 449,000 families (88% are with relatives). The process involves court orders, regular supervision, and returned to court to reapply after two years.

Social workers in South Africa prefer to use this method for obtaining cash support for orphans even though there is a Child Support Grant (Meintjes et al 2003:11) because of the higher payments available. Meintjes et al suggest that this compromises the child protection function of the foster care system particularly since social workers become primarily involved in administering funds. Thus a key issue in the interplay between social care and social protection is to ensure that there are not adverse incentives such as those in South Africa.

In recognition that the needs of families are broader than can be addressed by payments,, specific programmes of social work support for families have been developed in Chile and Brazil (Lindert et al, 2007). For example in Chile the social worker and family develop a contract:

> … to meet 53 minimum conditions grouped into 7 pillars: health, work, education, family dynamics, housing, identification documentation, and income. (Lindert et al, 2007:102)

Working with the family to establish interim objectives, the social worker can work for up to 24 months with decreasing intensity, encouraging the family to actively work on those issues that make it difficult for them to escape poverty.

This experience from other countries highlights both the benefits of combining specific social care services with social protection as well as the need to ensure that a focus on cash transfers does not divert social care from key roles in supporting its users, as was found in South Africa. Davis (2009), in her review of the human capacity of the social care workforce in Africa, says:

> …it is critical to balance economic responses with broader psychosocial supports and prevention services. Otherwise economic needs will crowd out social needs. (
> Davis, 2009:3-4)

For this reason the role of social care in supporting cash transfers needs to be well defined, ensure there are no perverse incentives, and address the impact of administrative and regulatory functions on the workloads of social care staff.

4.4.2 Social protection accompaniment in Uganda

The need to link social protection and social care services is recognised in the Draft National Social Protection Policy Framework for Uganda as well as other policies. As recognised in other countries, many of the social protection beneficiaries have problems which cannot be resolved entirely with cash. For example, those receiving social protection payments may be able to make better use of this resource if given help in other areas which might include: HIV/AIDS testing and counselling; psychosocial support; home-based care and rehabilitation; guidance on how and when to enrol their children in school, to improve nutrition, or the use of mosquito nets. In order to reduce dependence on social protection it may be necessary to support and enhance local community and family support mechanisms; provide support in developing small businesses; provide micro-finance and micro-loans; help access to training; promote literacy and so on. A comprehensive and coordinated approach to social protection is currently being developed in Uganda although at present this does not include accompaniment as described in the literature relating to Brazil and Chile.

4.5 Community development

4.5.1 International literature

This approach to social work overlaps to some extent with that of social development. Benham's model shown below shows four fundamentally different ways in which organisations can engage with communities, each of which have particular strengths and limitations. Each of these approaches requires different roles and responsibilities for the agency and community. The main difference between them is that the extent of ownership on the part of the community increases at each level.

Box 4.1 A Typology of Approaches for Engaging with Communities

Category 1:	Direct implementation by agency: the agency is a service provider, and community members are beneficiaries.
Category 2:	Community involvement in agency initiative: the agency is a promoter of its own initiative, a planner and a trainer, and community members are volunteers and beneficiaries.
Category 3:	Community-owned and managed activities mobilized by external agency: the agency is a catalyst, capacity builder, a facilitator of linkages, and a funder after community ownership has developed. The community members are analysts, planners, implementers, assessors, and beneficiaries.
Category 4:	Community-owned and managed activities initiated from within the community: the agency is a capacity builder and funder, and community members are analysts, planners, implementers, assessors, and beneficiaries.

Source: Benham's 4 categories summarised by Wessells (2009:16)

There are a number of good examples of community based approaches in Africa often using volunteers and para-professionals. One approach is to engage communities through support to community-based protection mechanisms. These frequently operate in the sphere of child protection. Wessells defines such community based child protection as a "collection of people, often volunteers, who aim to ensure the protection and well-being of children in the village, urban neighbourhood or other community" (2009:13). Wessells found that these groups operated in a range of settings across Asia, Africa and Latin America including in emergencies. However the report found limited formal evidence for the effectiveness of these approaches in relation to child protection and called for further research. In child welfare, community protection mechanisms can undertake a range of different functions. In Sierra Leone for example, child welfare committees have been established which do much of the work of maintaining foster care schemes. They recruit foster parents, match children to placements, and monitor placements. However there is a view that the limitations of such approaches need to be recognised and that social workers should retain responsibility for managing complex cases (Ministry of Gender Equality and Child Welfare, 2009).

4.5.2 Community development in Uganda

Community development is a key element of state social care provision in Uganda. Thus the Uganda Social Protection Public Expenditure Review (2012:34-5) states that the emphasis of the third PEAP (2004-2008) within the social development sector was:

largely on community development interventions to reduce poverty … focusing on improving social capital in communities would lead to increased social inclusion, social and economic security, and empowerment. Priority community development activities included community mobilization (to encourage uptake of basic services), some child protection, and home-based care for people living with HIV/AIDS. In order to put this prioritization into practice, the PEAP committed to filling vacant CDW posts and strengthening the management of CDWs. With respect to social protection of vulnerable groups such as OVC and persons with disabilities, the priority actions were to mobilise and strengthen community-based responses for OVC and to support the expansion of community based rehabilitation for PWDs.

Community Development Officers undertake a wide range of work to support and mobilise support for marginalised and vulnerable groups including women, children, older people, and persons with a disability. The salaries and expenditure of community development officers is the most important element of expenditure on social care services.

In their research in Northern Uganda, Ochen, Jones and McAuley (2012) describe the traditional child

protection system through which local cultural leaders (in this case the Acholi tribe) mediate and promote a form of collective responsibility. Any member of the community who finds a child in danger or doing something wrong is expected to take action to correct or protect the child. Local chiefs, elders and cultural committees provide oversight. However such mechanisms can be affected by local circumstances and Ochen et al described how war and displacement have weakened traditional child protection mechanisms and even formal leadership structures such as elected councils.

5 Social Services functions

In their international review of social work with children in middle and low income countries Bilson and Westwood (2012) identify five functions for social work:

1. Support and care;
2. Protection from harm;
3. Gate keeping and care planning;
4. Service management, development and quality control;
5. Supporting para-professionals.

The final point will be addressed in the section on human resources.

5.1 **Support and care**

Support and care is a key function of social care. It is about ensuring that children and vulnerable adults are protected and receive any support they need to enhance their emotional and psychological functioning. The aim is to help children and vulnerable adults to live as fulfilling and independent lives as possible. Work can involve a number of different elements including:

psychosocial support to promote and support the service user's social and emotional development and programmes to deal with those who have suffered trauma or mental illness;
encouraging and supporting service user participation in decision making and planning;
supporting carers to provide effective support for children and vulnerable adults in their homes and communities
working with adults and children to return them from institutional care; and supporting children and vulnerable adults to live independently.

Useful examples of these in low and middle income countries, specifically in relation to child care, are provided by Bilson and Westwood (2012).

5.2 **Protection from harm**

The nature and degree of harm and exploitation faced by children and vulnerable adults in resource constrained countries is significantly different and wider than that found in wealthier countries. Harm can include failure to meet even basic needs for food and shelter as well as those stemming from diseases such as HIV/AIDS. The effectiveness of Western approaches, which tend to focus on investigation and surveillance, have been questioned even within their own contexts (see for example Gilbert et al 2012; Lonne et al 2008). In the field of child protection Loffell (2008) argued that Western approaches should be "approached with care" and gives the example of the introduction of mandatory reporting and registration of child abuse in South Africa noting that without substantial increases in resources for more general support and protection:

reporting and registration will be at best an expensive source of false reassurance to the public and decision-makers, and at worst a source of increased vulnerability of children whose abuse is exposed without the necessary protective elements being in place. (Lofell, 2008: 88)

Similarly Sossou and Yogtiba (2009) call for African research in order to lobby for policy changes. They argue that this approach will be more effective than Western investigative approaches.

Seedat et al (2009) found that violence and injuries were the second leading causes of death in South Africa. They suggest the need for major programmes of prevention which address underpinning causes of violence and they argue for poverty reduction to be central, alongside a range of other approaches:

Within the programme of action for violence and injury prevention, interventions should target the identified contributory factors of poverty, youth unemployment, gender and other social inequity, intergenerational cycling of violence, excessive alcohol consumption, and uncontrolled access to firearms. The poverty and unemployment reduction agenda has to include strengthening of the education system and reduction of drop out during adolescence, so that more young people complete school with relevant skills; encouragement of the development of labour-intensive and less skills intensive methods of working; and encouragement of self-employment and small business development—eg, through microcredit schemes targeted at women. (Seedat et al 2009:1019)

In their study of services for children and families in post-conflict Northern Uganda, Ochen et al (2012:106) conclude that

It is important to recognize the usefulness of local indigenous institutions and knowledge systems in child protection. This is particularly important, given that child protection systems have long been dominated by approaches developed in the West, from more economically advanced countries such as the United States and the United Kingdom. Western approaches are investigation and surveillance driven, overly bureaucratic, and costly to administer. Alternative approaches that build on community strengths and focus on the best outcomes for children have much to offer, even to the West where professionally-based child protection systems are increasingly being seen as an ineffective and invasive institutional procedure which, in and of itself, may be harmful.

5.3   Gatekeeping and care planning

In order to ensure that vulnerable adults and children receive appropriate services whilst remaining in their homes and communities, a system of assessment and review and planning for the care of service users is required. In children's services this has been called gatekeeping. The aim is to ensure that removal of a child from their family's care is "a measure of last resort and should be, whenever possible, temporary and for the shortest possible duration" (Guidelines for the Alternative Care of Children, United Nations 2009:6).

Where gatekeeping is a function of state social care, state social workers in this field will carry out assessments, provide reports for courts or commissions making decisions about cases, develop and monitor packages of care and review and plan for service users. Dunn and Parry Williams (2008) note that in South Africa the involvement of social workers in formal gatekeeping does lead to different outcomes than those in Malawi, Swaziland and Zambia:

The fact that many South African children homes are not full is probably because gate-keeping is practiced by the state, an authorised social worker, or by the homes themselves (as funding for the placement is provided by the state). Elsewhere, the absence of care planning and reviews result in children staying longer than necessary. With the exception of South Africa, social workers tend to visit homes only to place children. The lack of monitoring can also lead to children being trafficked. (Dunn and Parry-Williams, 2008:12)

A similar function is required for vulnerable adults to ensure that placement in an institution is reserved only for those needing specialist treatment that can only be provided in residential facilities.

5.4   Service management, development and quality control

Social workers can play a range of roles in managing services, developing new services and ensuring that service standards are upheld. This includes ensuring that there is a range of community based rehabilitative and care services by developing and managing services such as foster care and systems of support for kinship care. In many countries social workers have an inspectorial function where services are monitored against quality standards or contractual requirements.

5.5   Functions of social care in Uganda

No reference to the function of social care workers was found in the literature reviewed. The experience and observations of the research team however are that social care workers handle case work at their offices, though they do go out in the communities mobilising people for development, educating people on government developmental programs, conduct referrals, manage social crisis issues such as abuse and violence cases, link with other service providers such as police, courts, schools and health centres. Their job description is broad, and depends on the type of job the individual is assigned to. For example, a probation officer's job description relates to procedures of bringing juvenile offenders to court, carrying out home visits and writing social background reports on the juvenile offender. On the other hand, a community development worker spends more time in the field mobilising families and individuals for development initiatives such as poverty reduction, farming, safe water usage, hygiene, roads infrastructure and many other initiatives that may arise in the community.

6 Human resources in social care

6.1   Social workers

Many countries have very few social workers compared to the level of need and the responsibilities they have been given by government. This issue is widespread across Africa and Davis' (2009) review found problems in Botswana, Lesotho, Namibia, Tanzania and South Africa. This is not simply due to a lack of posts as there are also high vacancy rates and limited numbers of qualified social workers to fill them. Davis found that the factors leading to this include:

> **Low salaries and poor working conditions:** social workers were frequently paid on salaries lower than other professionals and carried high case loads, suffered high bureaucratic demands, and did not have even basic facilities such as space for meetings, mobile phones, or transport;
>
> **Low status:** there is a negative opinion of the social worker both by the public and other professionals;
>
> Confusing and poor guidance: guidelines for social work are often missing or confusing and unclear mandates;
>
> **Mismatch between the social development model and actual practice:** whilst many African states have policies based on a social development model actual practice opportunities for community work and social development were limited and workers mainly carried out administrative duties.
>
> **Qualified staff leave the state sector:** For example, in South Africa, (Khumalo 2009) and in Botswana, (Abebe 2009) social workers who qualify often leave to go to other countries or to better paid jobs in other sectors.

The lack of resources for the development of social workers is reported as an international social work issue (Dominelli 2008). There are problems with social work training courses across many states in Africa. Abebe (2009) reports on the limited numbers of social workers, westernised social work education curriculum, and the generic skills/training programmes which are not specialised enough to respond to the needs of clients. According to Sossou and Yogtiba (2009:1227) only 17 of Africa's 50 countries had social work educational programmes. Ghana and Nigeria are the only two Anglophone countries in West Africa that had some form of social work education at the bachelor's degree level (Sossou and Yogtiba, 2009), although international alliances between social work educators and trainers have been developed in a number of countries including Ghana and Nicaragua (Keitzen and Wilson 2010). Box 6.1 summarises the situation of social work education and training in Africa as Davis (2009) described it.

Box 6.1 Social Work Education and Training

Imported Practice Theory and Literature. A divide over the historical roots of African social work and the impact of colonialism raises concerns about what African social work is and should be. The ☐Western/remedial versus ☐social development discussion reflects what some have called a crisis of confidence in the profession and the need to indigenize it.

Mismatch Between Curricula and Skills Needed for Person Centred Social Care Practice. Graduates of African social work schools have limited indigenous knowledge because many faculty have been trained in Western schools and are more familiar with Western literature, which emphasizes individual casework.

Lack of Incentives for Community Practice. Although the value of community practice is recognised, there are negative perceptions of it due to the vast geographical areas to be covered, limited access to transportation and communication modes, and professional and personal isolation.

Limited Data on the Capacity of Social Work Schools. The data that are available are anecdotal and self-reported. Getting accurate and current information on the numbers of schools, students, and graduates is difficult. The shortfalls of graduates projected suggest the need for systematic evaluation of the capacity of African social work education.

Underdeveloped Social Work Teaching. Teaching methodologies are primarily lecture-based. There is no application of the participatory models necessary to engage students in active problem-solving and empowerment processes consistent with the philosophical approach of community social work and social development.

Curriculum Development and Instructional Needs. There is a great need for curricula dealing with community development and specialized areas of practice (child protection, health, mental health, schools, and juvenile justice) based on emerging child welfare practice standards, supplemented by quality field education experiences particularly in rural community settings.

Source: Davis (2009: vii-ix)

6.2　Para-professionals

UNICEF (2006) defines social work para-professionals as individuals trained and skilled in social work who carry out social work duties, but who have not received professional certification. UNICEF see para-professionals as having a key role alongside community leaders social workers and other service providers in working with the large numbers of children in informal care who require arrangements to be monitored and to be protected. Linsk et al (2010:991) studied para- professionals in India, Namibia, Nigeria, Tanzania, and Vietnam where they found that projects:

> … each have specific functions and names, however all use social work methodology to educate previously untrained community workers in skills that go beyond visiting and home care tasks to include some assessment, support and referral to other services. In each case, the workers complete an established set of training experiences along with supervised practical experience, commensurate with local laws and practices. Ongoing quality improvement, technical assistance and periodic additional training follow initial training.

UNICEF (2006) stress the importance of structures that are linked to and supported by local government officials who can provide training and supervision. Training para-professionals requires knowledge and skills of social work. In situations where governments do not employ highly trained staff, UNICEF suggest they should partner with NGOs and academic institutions to develop training programmes for para-professionals. Perceptions of the advantages of involving para- professionals include that they understand the local context and culture, speak the local language, are known and trusted by other community members and thus provide a valuable resource for supporting children and vulnerable adults (UNICEF 2006). Linsk et al (2010) describe an evidence based para-professional social work training model in Tanzania. They suggest that para-social workers when properly supervised and trained can make "significant contributions to address burgeoning problems of vulnerable children in the context of the existing pandemic of HIV/AIDS" (Linsk et al 2010:996).

Manful and Manful (2010) describe how in Ghana social workers, in cooperation with NGOs and community based organisations, adopted training of para-professionals as a key element of their role. Social workers also provide quality control, supervision and other forms of support. Witter et al (2004:49-50) suggest the need for joint training and accreditation with standards for their roles and pay:

> Community volunteers can be effective only if continuously supported and linked to wider networks. Rather than allowing for a proliferation of NGO- supported volunteers working on single issues, there should be a system for joint training and accreditation with government, with agreed roles and pay across area. (Witter et al. 2004, p.49-50).

Overall it can be seen that para-professionals can play an important part in developing and providing social care services while social workers themselves have a key role in developing, training, capacity building, quality assurance and managing such initiatives. However, para- professionals can complement but not replace professionally trained statutory social workers.

6.3   Community-based child protection mechanisms and community care groups

Community child protection mechanisms were researched by Wessels (2009) who looked at a number of examples in different countries in Africa, Asia and Latin America. He defines them as a "collection of people, often volunteers, who aim to ensure the protection and well-being of children in the village, urban neighbourhood or other community" Although Wessels' (2009) study noted that there was a lack of empirical evidence about effectiveness, cost, scalability and sustainability of child protection structures they have been used in a variety of ways in different countries. In Sierra Leone, for example community child welfare committees identify foster carers, match children to foster placements and monitor placements. Sewpaul (2001) provides an example of the way in which South African communities have developed regulated and officially sanctioned Child Care Committees, who offer a wide range of support to orphans and vulnerable children and their families and supervise the care of children's placements. Nyambedha (2001) described women-led local groups "Nyolouro" who manage community credit schemes and found that they were well positioned to deliver and manage a range of services locally.

Community groups and mechanisms have also been used for other vulnerable groups. Building community capacity through Older People's Associations (OPAs) has been developed in a number of different countries. Such groups have been involved in developing community responses to disaster as well as enhancing the resilience of a community and carrying out other programs including administering Community Revolving Funds (see a variety of work on HelpAge International's website http://www.helpage.org). Similarly, Community Based Rehabilitation (CBR) promotes work in partnership with and through groups of persons with a disability.

It is important to recognise the strengths and limitations of community engagement in the protection of vulnerable adults and children. In Namibia the value of community child protection mechanisms is officially recognised, however, social workers are expected to retain management of complex cases (Ministry of Gender Equality and Child Welfare 2009). Thus whilst these community mechanisms can play a useful part in the social care system, they also need support systems, and clear boundaries. It will be necessary to provide ongoing support from social workers or other professionals, to provide training, management and supervision, planning and research and evaluation of their impact.

6.4   Community workers

Community work is a skilled professional area and workers require training and professional qualifications. The criticisms of social work training found by Davis (2009) as summarised above also apply to community work. Community work is also an activity that requires close contact with local communities, budgets, good communication technology including mobile phones and other resources. Many of these were found to be lacking across Africa. Wessells (2009) also suggests that a range of issues may prevent effective engagement stating that:

external … agencies and workers lack the full range of attitudes, values, and skills that are needed to work in a respectful, engaged, dialogical manner with local people. In fact, they may have had negative attitudes that demonised or dismissed local culture, or framed it as the problem that needs to be changed. Alternatively, they may have seen themselves as the 'experts', who were in the best position to address harmful cultural practices (Wessells, 2009:78-9).

Problems for community development can come from other sources too. Davis (2009:6) suggests that the evaluation documents she considered in her study of social work in Africa demonstrate a disconnect between government and community initiatives. She also found tension between state social work and community work programmes.

6.5   Social care human resources in Uganda

Table 6.1 shows the staffing guidelines related to social protection according to the Social Development Sector Minimum National Standards of Service Delivery.

The actual number of staff is not clear from the desk review. The Uganda Social Protection Public Expenditure Review states (2012:71) that there is a problem of understaffing. Community Development Officer (CDO) and associated posts are sometimes absent due to constraints on local government expenditure. Community development staff are included in the general grants for staffing and local governments receive sufficient budget to appoint up to 65% of the expected staffing structure. Due to the fact that budgets are based on expenditure on the positions that were filled in the previous year, this presents a problem for regions that were previously understaffed in being able to fill vacant posts. The situation has improved recently and at the time of the review the estimate was that 64% of CDO posts were vacant. However previous estimates cited in the report are as follows:

> A 2010 study found that only 41% of approved CDO/ACDO positions were filled, while the 2009 staff update from MGLSD indicated that 144 sub- counties (out of 1,035 at the time) did not have a single CDO/ACDO position filled and some 44% of districts had no Probation and Social Welfare Officer appointed. (Uganda Social Protection Public Expenditure Review 2012: 71).

Even where posts are filled many of the CDOs undertake other duties. Budget constraints often prevent CDOs from being able to undertake community development work and many of the community development officers do not have sufficient skills:

> only 28% of CDOs had an adequate level of training … only 16% had any training in child care and protection while a further 12% were only partially trained in these areas. (Uganda Social Protection Public Expenditure Review 2012: 72)

The national consultant's own experience provides some further insights here. In a district with a population of approximately 600,000 people, there may be a probation and welfare officer, a CDO, sometimes a youth officer, and possibly three or four assistants located at division level. However, this will not be the case in all districts.. This means that there commonly is a minimum of six staff in some districts but perhaps as many as 10 in other. This represents a considerable increase compared to the situation 5-10 years ago.

The NDP (2010) reports that the function of community development was boosted when two CDO posts were approved as part of local government structures. However there seems to have been some difficulty filling these posts (NDP, 2010:279)

> "In spite of their important role, there are only 405 CDOs and 483 ACDOs, out of 995 CDO and 990 ACDOs positions in all Districts and sub counties".

Table 6.1   Requirements and indicators – personnel at local level

SN	Indicator	MNSSD	Remarks
1	**Community Development Officer to village ratio** Community Development Workers per sub county Community Development Officer Assistant Community Development Officer Knowledge of mobilisation Participatory planning skills Induction/refresher course in social development Knowledge of local languages	1:25 2	Degree holder in humanities
2	**District Community Development Officer per district in charge of**		
	Community Development Culture and Family Affairs Women and Gender in development Adult literacy classes Labour issues Probation and welfare Experience of 10 years Financial management Administrative skills Training skills Knowledge of legal regime Cultural sensitivity Budgeting and planning skills Team work	1	Masters degree holder in humanities
3	**Senior Community Development Officer**	2	Degree holder in humanities
	Experience of 3 years Knowledge of social development issues Administrative skills Management skills Team building		
4	**Number of visits by Community Development Worker per year per parish**	5	Existence of Parish Development Committee
	Annual Parish Development Plans		

Source: Public Expenditure Review, ESP Programme (2012).

The situation in the NGO sector is similar. NGOs employ a small number of social workers who are normally based at community level as counsellors, trainers, and a few case workers.

Social workers are trained within the faculties of social sciences and the department of Social Work and Social Administration (SWASA), both at degree and diploma level. Almost all universities in Uganda (except specialised ones such as agriculture, technology) offer courses related to social development. Examples of universities with courses in social work include Uganda Christian University (UCU), Martyrs University Nkozi, Kyambogo University and most of the newly privately established universities around the country. There are some other institutes that offer diplomas and certificates in social related disciplines including development studies, social policy, gender and development.

Makerere University offers courses in Social Work and Social Administration at Masters level and beyond. Although no official figures have been identified, one respondent reported that each year the university releases approximately 120 graduates. The other universities also graduate students, probably in equal numbers. Therefore each year it is possible that there is close to 1,000 graduates in social work related fields being discharged into the job market. No data has been found on the number of social workers employed each year however it is likely that there are more trained social workers than there are job opportunities.

7 Key areas of risk and vulnerability in Uganda

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

However, vulnerability is defined differently across a number of different policy documents. The National Development Plan links vulnerability to

> "poor, marginalized and socially excluded groups such as older persons, PWDs, Orphans and Other Vulnerable Children (OVC), women, non-literate adults and ethnic minorities". It closely links to vulnerability to poverty so that vulnerability is described as "at risk of falling into poverty and perpetually living in conditions of impoverishment" (NDP 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).

Research specifically into the vulnerabilities facing children suggests that vulnerability to deprivation is linked to a range of vulnerabilities which are sometime causal and sometime related to effects such as "gender dynamics in the household and the community, being an orphan, having a disability, violence in the community and in the household, sexual abuse, being involved in difficult work and having been a child combatant" (Pereznieto et al, 2011)

In general considerable effort seems to have been spent on defining vulnerability amongst children possibly because of the large number of children (Pereznieto et al, 2011; Kalibala and Elsen, 2009) but also because of a growing awareness of the deficiencies in referring to categories of groups, such as orphans, which does not allow for more nuanced definitions of vulnerability.

> Recognizing the need for a simple tool by which to rapidly assess children's vulnerability, the research team developed a vulnerability scoring system to apply to household survey data, in order to derive a single compound measure of vulnerability integrating a wide range of factors. This score can be used to assess and identify degrees of children's vulnerability from household survey data; differentiating between children who are critically, moderately or generally vulnerable, and those not to be considered vulnerable at all. (Pereznieto et al, 2011).

The following sub-sections outline some of the risks and vulnerabilities faced in Uganda along with a brief outline of some relevant international literature. There is no simple way to classify these risks and vulnerabilities as they overlap and interact. For example, issues for orphans and vulnerable children have been considered under the heading of HIV/AIDS even though some children who are orphans or vulnerable face these circumstances due to other problems or threats. On the other hand older people are dealt with in a section of their own even though some of the key threats to their welfare come from the impact of HIV/AIDS. Likewise issues related to the protection of children and vulnerable adults run across all the other risk and vulnerability groups but are addressed in a separate section.

7.1 HIV/AIDS

The HIV/AIDS epidemic affects people of all ages both directly and indirectly.

7.1.1 International experience

It is estimated that there are more than 12 million orphans in sub-Saharan Africa due to HIV/AIDS. The majority of these children are looked after in their extended families, but there are growing examples of the use of foster care and some children are placed in institutions. HIV/AIDS also places stress on older members of families as well as reducing capacity to care for vulnerable adults. Morantz and Heymann (2010) cite numerous studies that show that orphans and other children affected by HIV/AIDS suffer a range of problems:

> live in more impoverished households
> have worse health outcomes
> are less likely to go to school
> suffer higher rates of depression and anxiety
> are more likely to be exposed to HIV
> are more likely to suffer exploitation, neglect and abuse
> are victims of stigma and discrimination

Some of the key areas for the provision of social care services are as follows:

7.1.1.1 Community based social care services for orphans and vulnerable children
Community based support for OVC can take many forms and a review of evaluation evidence (Schenk 2009) found such services as:

> broad-based community-mobilisation initiatives (Donahue and Williamson, 1998; SCOPE-OVC/Zambia and Family Health International/Zambia, 2003) specific components such as planning for children's fostering and preventing land-grabbing through will-writing (Horizons, Makerere University, and Plan/Uganda, 2004); providing psychosocial support (Gilborn et al., 2006); addressing poverty through income generating activities (Donahue, 1998; Khonyongwa and ActionAid Malawi, 1998); or
> promoting HIV prevention behaviours (Gachuhi, 1999).

In a study in Botswana and Malawi Heymann and Kidman (2008) found that in addition to issues of poverty, education and health there was a lack of adult contact for children living in households affected by HIV/AIDS as carers were ill or spent time providing care to the HIV/AIDS sufferer. They identify that HIV/AIDS affected families receive the majority of their support from local communities but that, in areas where there are high rates of people affected by HIV/AIDS, community resources are stretched. Box 7.1 below highlights a number of services that could benefit local communities through community work and which would help to address the problems identified in their study.

Box 7.1 Community Led Programs and Services Identified in Botswana and Malawi

Community-based day care: For children 0-5 years, community-based day cares could provide a safe, supervised environment and deliver high quality early childhood education. This alternative caregiving arrangement would also free up time for adults to engage in economically productive labor.

After school programs: For school-age children, after school programs could provide important academic and emotional support. These programs should actively encourage the involvement of adolescents - a population often neglected in the global response but who need and want adults in their life to guide them through the transition to adulthood.

Home-based care: For families nursing the chronically ill, home-based care programs would do much to relieve the caregiving burden. The extra time could be spent with children or in income-generating activities depending on the needs of the family.

Job skill training: Job skills are a critical stepping stone to better paid jobs; communities could also initiate training programs and members could offer apprenticeships to help move families out of poverty.

Social insurance groups: Once caregivers have paid work, communities can influence working conditions that affect their ability to care for children, such as paid leave to care for children. While formal employment is often governed by legal statutes, informal labor rarely is. Communities can help informal workers form social insurance groups to cover expenses if illness – their own or their children's – requires them to temporarily stop working.

Community gardens and grain banks: While most people prefer to earn their way out of poverty, there will be times when stop gap measures are necessary (eg, non-earning periods while in training, when disability/illness prevents working, or when elderly caregivers are past working age). Governments will need to take responsibility for much of this support, likely in the form of cash transfers. At the same time, communities can generate extra resources for distribution to the most vulnerable families through community gardens and grain banks.

Source: Heymann and Kidman (2008:5)

However Schenk's (2009) review notes that:

> Although findings overall indicate the value of community interventions in effecting measurable improvements in child and family wellbeing, the quality and rigour of evidence is varied. A strategic research agenda is urgently needed to inform resource allocation and programme management decisions (Schenk 2009:918).

7.1.1.2   Kinship care

Services supporting kinship care, whilst primarily focussing on the child, often also pay attention to the needs of older people or other adult carers. Such services may deal with issues of poverty and a range of other personal needs, as discussed below. Kinship care tends to be informally organised with limited inputs from state social services (JLICA 2009). Broad (2007) suggests that, in addition to financial aid, social services can have the following roles:

> finding and assessing a member of the family willing and able to care for the child preparing the child and family for the placement
> facilitating adequate housing to support the placement
> referring the carers and/or children to, or providing directly, services and other support to enable adequate care, e.g., healthcare, access to schooling, financial services, parenting classes, daycare

monitoring the placement to ensure the child is protected and to reassess the level of support required. (Broad, 2007: 6)

Bilson and Westwood (2012) note that in many cases children's views had not been taken into account in decisions about placement in kinship care. Thus an additional role is to encourage and help those involved to take the child's views into account. Tolfree (2003) also noted that children in kinship care can be at risk of harm and that in resource constrained countries

> "while legislation may confer responsibility upon government structures, the reality is that sometimes these are not, and have limited potential to be, effective in supporting potentially vulnerable children." (Tolfree, 2003:13).

Support for all these issues including protection from harm can be provided by community based child protection mechanisms such as those developed by EveryChild in Malawi which aim to prevent early marriage or migration for work. However community based mechanisms in turn need support and supervision from social workers to undertake these roles effectively.

7.1.1.3 Child headed households

There is some debate about the suitability of child headed households (e.g. Loening-Voysey and Wilson 2001) although it is increasingly recognised as an alternative that can provide effective care with adult mentorship (Wevelsiep 2005). For Plan International in Uganda, prevention of the need for child headed households is a priority. However it should be viewed as a resource for the care of children and where they do exist child headed households should be supported. Box 7.2 outlines Plan International's views on the types of support required.

Whilst international best practice suggests support through an adult mentor, a small study of the views of children heading these households in South Africa notes that the situation is not simple and recommends a careful assessment of these arrangements to avoid children being exploited by those supposed to help:

The study reveals that adult support is sometimes ambiguous and not always in youngsters' interest ... Children and young people frequently are not taken seriously and consequently are often not consulted in the interventions or about the types of support. This results in many youngsters having a sense of powerlessness and lack of control over their situation. Such children and young people are not likely to seek support actively or to cope effectively. On the contrary, adults' potential access to financial gains through silenced youngsters offers opportunities for abuse instead of help, weakening the children and young people's position even more.(Van Dijk and Van Dreel,2009: 47)

Box 7.2   Helping Child Headed Households

1.   Be community-driven, not case driven: introduce sustainable community structures that actively follow the occurrence child-headed households, and willingly provide care for them.
2.   Strengthen the abilities of community counsellors to understand children's realities, and to use this understanding to provide them with feelings of security and supportive coaching.
3.   Give children's coping strategies priority: as children are very vulnerable and sensitive to criticism or challenges.
4.   Take children seriously; but also give them space to be 'children' to play, to be silly and to express their "patchwork personalities".
5.   Support families and individuals to give care: They can provide guidance and a sense of security - especially if the duty of care is shared - even if high level of poverty prevents them from supporting child-headed households with resources and finance.
6.   Ensure that programs for child-headed households:
     - do not destroy vital coping strategies in child-headed households;
     - do not reinforce detrimental coping strategies;
     - do not create unnecessary burdens on orphans in CHHs, and on friendly volunteers;
     - do not elevate the quality of life of CHHs beyond that of their neighbours, creating jealousy, which repels volunteers from the CHHs, and also makes CHHs vulnerable to attacks from thieves;
     - can be sustained by CHHs;
     - cater for the needs of the different age groups in a child-headed household; and
     - are long-term and phased to allow CHHs time to handle new 'projects.
7.   Involve schools and teachers: Teachers mentioned they have not been sensitized about the situations of Child-Headed Households. ... One key suggestion is to encourage schools to allow the children to use land at the school to plant, or that food grown in demonstration gardens be given to orphans.
8.   Use all possible community groups to help: School health clubs could take more responsibility in supporting HIV/AIDS orphans, as they can use child-to-child approaches to better understand the situation of children in child-headed households in the community and how best to support them.
9.   Pilot different ways to cater for child-headed households in a community: In a perfect world children should live with their parents, and if this is not possible with the extended family, and siblings should not be separated…. Small group homes, or group care with appropriate monitoring should be considered, integrated into the children's own communities. Any of those approaches would need to be verified through pilot projects.

Source: Wevelsiep (2005:6-7)

7.1.1.4 Adoption

Adoption is another way to provide families for orphans. In some countries adoption continues to be seen more as a service for infertile couples than for the children themselves (Sossou and Yogtiba, 2009; Rossetti-Ferreira et al. 2008; Harber, 1999). State social work can be involved in the direct provision of adoption services, providing reports for adoption agencies and also in setting and monitoring adoption standards.

7.1.1.5 Foster care

In some countries affected by HIV/AIDS foster care is being developed to provide accommodation for children where kinship care is unavailable. As well as providing, developing and monitoring fostering schemes, state social services can also be involved in matching children to carers, placement

monitoring, and developing and reviewing plans for the care of children in foster care. EveryChild (2001b) suggests that there is a need for professional staff to oversee community led foster care programmes as a prerequisite for high-quality provision.

7.1.1.6   Institutional and residential care

A minority of orphans and other vulnerable children live in a range of different residential care facilities although the proportion of children in this form of care varies between countries. A study of the views of institutionalised orphans in Botswana (Morantz and Heyman, 2010: 10) found that:

> "They describe being separated from siblings, missing their families and feeling disconnected from the community at large." As noted above care in institutions should be the exception and for the shortest time possible.

7.1.1.7 Anti-poverty
See section below on poverty and social exclusion.

7.1.1.8 Education
School attendance can be reduced in households that have been affected by HIV/AIDS. This is because children can be required to work on subsistence activities or because of increased expenditure and reduced income, money previously earmarked for school expenses may need to be used for basic necessities such as medication or health services. In addition stigmatisation can cause children to stay away from school rather than be treated with exclusion or ridicule by teachers and peers (Richter 2004).A World Bank study in Tanzania suggested that HIV/AIDS may reduce the total number of primary school children by as much as 22% and secondary school children by 14% as a result of increased child mortality, decreased attendance and dropping out (Williamson, 2000, cited by Richter 2004:11).

The World Bank (2005: 120) suggests the following programmes:

> Modify school curriculum to cover HIV/AIDS prevention, care of the sick, de-stigmatisation, etc. Where necessary, help remove legal barriers that allow public schools to discriminate and
> exclude children affected – and, in particular, those infected – by HIV/AIDS.
> Develop guidelines and training materials for teachers to help them identify and support
> HIV/AIDS affected children.
> Establish school-based psycho-social counselling services
> Develop Early Childhood Development (ECD) programmes in HIV/AIDS affected zones

Some of the above programmes could be promoted and developed by social care structures and programmes.

7.1.1.9 Discrimination and stigmatisation

Discrimination because of HIV/AIDS still exists even in areas with high rates of infection (Brown, Trujillo and Macintyre 2001). Although more research is needed (Brown, Trujillo and Macintyre 2001), there is some evidence that interventions can reduce stigma. Programmes to address the causes of stigma can involve a variety of approaches, including:

> Community interaction and focus group discussions involving people living with HIV and members of populations vulnerable to HIV infection;

> Use of media, including advertising campaigns, entertainment designed to educate as well as to amuse ("edutainment"), and integration of non-stigmatizing messages into TV and radio shows;
> Engagement with religious and community leaders, and celebrities;
> Inclusion of non-discrimination as part of institutional and workplace policies in employment and educational settings;
> Measurement of HIV-related stigma through the People Living with HIV Stigma Index including in health care settings and communities; and
> Peer mobilization and support developed for and by people living with HIV aimed at promoting health, well-being and human rights (UNAIDs 2012:7)

Social care services can be involved in providing and supporting many of these approaches. It would be important to ensure that social care services staff themselves are not prejudiced and it may be necessary to have programmes to combat any discrimination by social care staff.

7.1.2 Uganda

7.1.2.1 Adoption and Foster Care

In Uganda, adoption is treated as a foreign introduction and inter-country adoptions take a majority share in the legal system. Yet, the law is very restrictive on inter-country adoptions requiring prospective parents to live in Uganda for at least 36 months before being granted adoption orders. This restriction has led to some circumventing of the adoption laws, using other softer laws such as the guardianship clause, which allow a child in need of care and protection to be cared for almost as if s/he were adopted. This 'quasi-adoption' has led to abuse and is closely associated with child trafficking. Amendments to the Children Act Cap 52 have been proposed to address this undesirable situation, a process that requires speedy completion

Foster care is less utilised in Uganda. Foster care as stipulated under the Children Act, is a temporary care provision leading to adoption. The process of foster care is treated as a bonding period for the child and a prospective adopting parent. Over a period of 12-24 months a social worker, specifically the Probation and Welfare Officer, regularly visits the fostered child and reports to court up until the time of adoption. The case is closed as soon as adoption takes place.

7.2 Disability

7.2.1 International experience

The UN Convention states that a comprehensive set of rehabilitation services including health, employment, education and social services are needed "to enable persons with a disability to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life" (UN 2008). Community-based rehabilitation (CBR) has developed in a number of countries as the means for achieving this right and is defined as:

a strategy within general community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities(WHO 2010:11)

Building on a CBR model, which recognizes that disability is a social, rather than purely medical, issue can help develop specific social work services for persons with a disability. In some countries many persons with a disability reside in institutions and many in the community receive little or no support. Institutional care tends to be based on an outdated medical model of disability. This is not to deny the importance of medical treatment and rehabilitation but it is the range of support in addition to this that

CBR addresses. CBR aims to work with local communities and disabled persons' groups to create a network of community support, combat poverty, challenge discriminatory attitudes, and emancipation of persons with a disability.

The CBR guidelines (WHO 2010: 12): "provide a basic overview of key concepts, identify goals and outcomes that CBR programmes should be working towards, and provide suggested activities to achieve these goals." CBR has five components: health, education, livelihood, social, and empowerment. EveryChild and the Better Care Network have produced their own guidance for children with a disability (Delap 2012). Based on the experience of a programme developed by Save the Children in Nepal, Table 7.1 highlights how CBR components can be applied in practice and illustrates how social care can play a critical role.

Table 7.1 Components of CBR and an example from Nepal

Components of CBR in WHO Guidelines		Application of CBR approach in a national pogramme in Nepal
Health	Preventing impairment, ensuring access to medical care and providing assistive services	Providing preventative health care and corrective surgery to reduce the overall numbers of children with disabilities. Providing assistive devices and physiotherapy and training mothers to assist I the rehabilitation of their children. Advocating to ensure the needs of those with disabilities.
Education	Ensuring access to schooling at all levels including early childhood	Working to integrate 10,000 children with disabilities into mainstream schools or provide them with access to special schools including over 500 children with hearing impairments who are learning in mainstream schools. Advocating for legislative change to provide disability scholarships.
Livelihood	Promoting skill development, access to employment, financial services and social protection	Creating a disability identity car system to ease access to allowances Providing vocational training for young people with disabilities Providing training, micro-finance and help with employment for parents, including day care centres for children with disabilities with working parents.
Social	Supporting family relationships and ensuring leisure and cultural opportunities and access to justice	Raising awareness and advocacy to reduce stigma gainst those with disabilities Increasing the understanding of disabilities in families and providing support to promote positive relationships. Helping parents to communicate with children with hearing impairments by teaching impairments by teaching them sign language
Empowerment	Supporting self-help groups and DPOs, empowering those with disabilities to communicate and advocate for policy change and enabling political participation	Creating a strong role for DPOs and self-help group in the implementation of all elements of the programme Ensuring that children with disabilities have access to children's clubs in schools Involving DPOs and children with disabilities in advocacy

Source: Delap, 2012

7.2.2 Uganda

In Ugandan policy documents, disability is defined according to modern international definitions of disability which promote a social model of disability, rather than a medical model. The Ugandan

Persons with Disabilities Act (2006) defines disability as "a substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environment barriers resulting in limited participation".

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

Statistics related to disability vary quite considerable however this is not uncommon in other countries as different definitions of disability are used by different survey methodologies and different international and national organisations. Estimates vary from 4% of the population (Uganda National Census 2002) to 7% (UNHS 2005/6). There is a lightly higher prevalence in the northern regions of the country 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 (NDP 2010, MFPED 2008). There is evidence of more children with disabilities accessing school and of people with disabilities accessing health and rehabilitative services however those accessing services are still a minority and the challenge is to increase service accessibility and coverage (MFPED 2008). One notable area of success has been including PWDs in government, especially at local level. Whilst it is reported that it remains an "uphill struggle" to be taken seriously (MFPED 2008), this general shift 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 seem to vary from lack of funding but also to negative attitudes towards PWDs:

> "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 PWDs are aware of" (CDO, Bugiri) (MFPED 2008: 37)

> "The poor service seeking habits of the PWDs was reported to be mainly influenced by 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 on what services are available, nature of type of disability and the physical environment.

The issue of stigma remains significant. The MFPED's national report 'Disability and Poverty in Uganda' (2008) gives examples of the words used to describe people with disability across the 13 participating districts and notes that many of the derogatory terms used refer to evil spirits or to 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 Disability 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 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.

Table 7.2 Causes of Disability

CAUSE	FREQUENCY (UNHS2005/06)	PERCENT	FREQ (PHC 2002)	PERCENT
Disease/Illness/Infection	1,083,680	51.86	443,785	53
Natural Aging Process	351,434	16.82	100,589	12
Congenital	321,170	15.37	140,338	17
Accident	239,185	11.45	120,736	14
Other	47,235	2.26	19,926	2
Witch Craft	34,708	1.66	-	-
Psychological Trauma	9,919	0.47	-	-
Abduction/War	2,272	0.11	12,250	2
Total	2,089,602	100	837,624	100

Source: MFPED 2008

7.3 Support for older people

7.3.1 International literature

Kakwani and Subbarao highlight three factors that lead to vulnerability amongst elderly persons:

> In many low income African countries, three factors are placing an undue burden on the elderly. First, the burden on the elderly has enormously increased with the increase in mortality of prime age adults due to HIV AIDS pandemic and regional conflicts. Second, the traditional safety net of the extended family has become ineffective and unreliable for the elderly. Third, in a few countries, the elderly are called upon to shoulder the responsibility of the family as they became the principal breadwinners and caregivers for young children (Kakwani and Subbarao 2005: i)

They go on to note that:

> in Malawi, Uganda and Zambia, the poverty gap ratio for various household types in which the elderly are living is 6 to 20 percentage points higher than the average (national) ratio (Kakwani and Subbarao 2005: i)

A study of chronic poverty in South Africa (May 2003) found that poor older people were more likely to have experienced illness or disability than those who are not poor. It also identified that older people's needs included accessible health care, knowledge of nutrition, financial resources to meet the need for food, clothing and shelter, affordable transportation, and community amenities and that they were vulnerable to abuse (May 2003: vi).

HelpAge International suggests that older people themselves can be involved in developing and delivering social care. The organisation has developed Older People's Associations in a number of countries and these in turn have, for example, administered Community Revolving Funds managing disbursement and recovery of revolving funds and supported livelihood training among older people particularly women (see for example HelpAge International in Pakistan, Khan 2012). In their review of kinship care, EveryChild and HelpAge International (2012) highlight the need for support particularly for older carers. They suggest that older carers may require a range of support including psychosocial care, access to health care, financial aid, and other support with dealing with children.

HIV/AIDS also puts stress on the systems that formerly cared for older people. A range of home care and support may be needed and local communities may support help in providing this kind of assistance.

7.3.2 Uganda

The consultant team has been able to find relatively little documentation which specifically focuses on the population over 60 in Uganda.

However, key documents such as 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.

In line with the United Nations definition, older persons are defined as those aged 60 and above. UNHS data shows a steadily growing population. In 2013 the population of older persons is estimated to have reached 835,000 which represents 2.4% of the population (UBOS, 2013). HelpAge (2013) suggest that the national statistics my hide regional difference particularly in the context of high levels of HIV/AIDS or conflict and gives the example that in 2009 65 per cent of internally displaced people (IDPs) remaining in camps in northern Uganda were over 60 years of age (HelpAge, 2013)

The literature review suggests that the majority of people above 60 reside in rural areas, where there are also higher rates of poverty and lower access to services, which adds to their potential vulnerability. Even where services do exist, the elderly may not be able to access them due to their own lack of mobility and the physical access to the services.

When considering old age as a vulnerability, it is important to highlight the weight that the National Policy for Older Person gives to the productive role of older people in Ugandan society. This includes providing child care to the extended family. It is estimated that 13.7% of children are cared for by older persons. The policy suggests that this is directly attributable to the HIV/AIDS epidemic although another study (MGLSD, 2012) refers to the fact that children may have parents but be living in foster care arrangements – for cultural reasons and for economic benefit.

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

7.4 Conflict and emergency

7.4.1 International experience

Delap's (2005) study in Ivory Coast, Liberia and Sierre Leone drew evidence from 300 children and 200 adults and focused on factors that would protect children from recruitment, abduction and re-

recruitment to join the armed forces. The study shows that issues regarding recruitment are complex and outlines a number of approaches that build on family and children's own strategies. Delap concludes with four key areas to prevent recruitment: ensuring children are properly cared for and remain with their families; strategies to change attitudes towards recruitment and reduce the desire to join; anti-poverty strategies to reduce household poverty; and ensuring children have alternatives to joining forces through access to school or skills training. In all of this she notes that:

> … it is essential to recognise and build on the considerable resourcefulness and resilience displayed by children, parents and communities in their attempts to avoid child recruitment. (Delap, 2005 17)

Box 7.3 highlights the preventative strategies suggested by Delap that may be undertaken in times of peace to prevent future recruitment and abduction if conflicts arise in future.

Ochen has published a number of articles on the situation of children, particularly girls in Uganda and these are considered in the next section.

Box 7.3 Preventive strategies to reduce the risk of future abduction and recruitment of children in armed conflicts

The research suggests that, in addition to actions taken during a conflict, periods of relative peace and stability should be used to develop longer term preventative strategies. These include:

Efforts to enhance household livelihoods so that families are better able to cope in times of crises.

Investments in education to ensure that all children have access to free schools and/or vocational training, and attempts to enhance the quality of education on offer.

The development of community- and household level emergency preparedness plans so that strategies are in place for responding to attacks and safely escaping if necessary. These should involve community leaders, teachers, parents and children themselves.

Work to encourage the reintegration of boys and girls formerly associated with armed forces or groups, including carefully developed Disarmament, Demobilisation and Reintegration (DDR) programmes that do not favour ex-child soldiers to the extent that they are resented by others in the community.

Campaigns to generate a shift in attitudes so that children's recruitment is universally acknowledged as being unacceptable. This may involve changing school curricula, and war crimes trials for those suspected of encouraging the use of child recruits.

The establishment of community child protection networks involving child and adult community members to monitor and protect children's well-being and help implement the activities described above.

Source Delap (2005: viii)

7.4.2 The impact of conflict in Uganda

Conflict situations that have affected Uganda since the 1970s 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.

7.5   Poverty and social exclusion

7.5.1 International experience

There are many approaches to combatting poverty. Section 4.4 provides insights into the social care role in support of social protection and shares some lessons from other countries, particularly in South America. There is much literature on micro-enterprise development, credit schemes and other approaches. Laird (2008) analyses the coping strategies of people in sub-Saharan Africa and highlights a number of ways that social services can enhance these strategies through their services. The remainder of this sub-section on the international perspective is organised using a set of illustrative strategies that Laird highlights. These strategies are appropriate to social care provision and enhance survival and coping strategies.

7.5.1.1 Social Networks

Laird (2008) cites a range of research to show the existence of social networks providing reciprocal support amongst people living in poverty in Africa both in rural and urban settings. Families in crisis help each other through transfers in cash and kind. Plan International has built this approach into its welfare programmes. Laird notes:

At mass meetings of villagers, households are asked to donate sand, stone and their labour for the construction of a school or public latrines. In this instance, more prosperous households will normally be obliged to make the larger contribution in kind. Once structures are put in place, designated community members continue to oversee their proper use and maintenance. (Laird (2008: 142)

By working with whole communities in this way Laird argues that the Plan International is building upon social networks that are already established in local communities.

7.5.1.2 Mutual Aid Groups

Laird observes that faith based mutual aid groups are commonplace across Africa and describes how mutual aid groups make small regular deposits into a group fund which can then be drawn on by members who confronted with adversity. The Department of Community Development in Ghana works with groups using this approach. Fieldworkers support existing groups or encourage the foundation of new groups alongside teaching income-generation approaches which allow members, for example, to make and sell snacks and produce. Laird also describes programmes by Care across sub-Saharan Africa in which groups are trained and supported in setting up mutual aid micro-credit cooperatives.

7.5.1.3   Intergenerational households

Intergenerational households are important adaptive systems to sustain those at risk of or living in poverty. Households provide mechanisms for pooling resources and sharing income acting as social safety nets. According to Laird, interventions which complement and support multi- generational households whilst boosting survival strategies have been developed by Plan International, the Centre for the Development of People and Oxfam. For example one project:

supports education programmes which comprise a sponsorship package for school-aged children together with interventions to enhance the income- generating skills of their parents or guardians. So, although a child's continuation in formal education creates an opportunity cost for the household in terms of economic activity, this is compensated for by the increase in parents' earning power. (Laird 2008: 145)

7.5.1.4 Multiple livelihoods

A common survival strategy for poorer people is to undertake a range of different activities to make their living. Francis (2000, cited in Laird 2008) describes multiple livelihoods in rural Africa which:

may involve combining farming with wage labour, trading, selling services or producing commodities for sale. They also involve all the help, transfers, exchanges and information that people get access to through social networks (Francis 2000 cited in Laird 2008: 146)

Laird goes on to identify examples of schemes by Care, Oxfam and the International Fund for Agricultural Development which support livelihood diversification. They provide integrated programmes of intermediate technology transfer, skills training for small-enterprise development and marketing, micro-credit and support more versatile crops and livestock that are available during the dry season.

7.5.1.5 Household assets

Having assets within the household allows families to survive periods of stress or adversity. Approaches which educate subsistence farmers on affordable storage design, teach methods of food preservation such as making jam, or encourage collective action by households in a locality to secure funding for community food storage facilities are examples of approaches which make household food assets more secure.

7.5.2 Uganda

Using HBS data, the available literature points to a significant reduction in both the incidence and depth of poverty between 2005/6 and 2009/10. Just below 25% of the population are living below the poverty line. In urban areas this represents a decrease from 13.7% to 9.1% and in rural areas from 34.2% to 27.2% (MGLSD, 2012).

> "The depth of poverty, which measures the average distance of the poor below the poverty line, has also fallen, so that on average the poor in rural areas now have consumption levels that are 7.6% below the official poverty line. "

However, there are considerable differences in incidence and depth of poverty between regions (particularly between North and South) but also within regions. In the north-east sub-region of Uganda, comprising Karamoja, the incidence of poverty is described as "staggering" at 75% (MGLSD, 2012, p.6). Number and percentage of Ugandans who are absolutely poor, insecure non- poor and middle class

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).

Poverty is described as being "flat" – a considerable proportion of the population live close to the poverty line which means they are very susceptible to shock. (MGLSD, 2012, MFPED, 2012: I)

> "The implication of this very flat consumption distribution is that a large number of households, while not officially poor, could easily fall back into poverty with even a small change in consumption" (MGLSD, 2012: 15)

The MFPED (2012) reports that data from UNPS points to relative stability among the middle class but that there is "extreme volatility among the poor and those just above the poverty line".

The poverty line is set at the level just equal to the basic caloric requirement which means people on the poverty line are actually surviving on less than the caloric requirement (because they need to use some resources to buy essential non-food items). For these reasons, the literature also draws attention to the "non-poor but insecure", currently 43% of the population, to give a more meaningful understanding of poverty in Uganda. People living "above twice the poverty line" are considered to be middle-class and no longer vulnerable. This has important implications for service delivery in terms of poverty and social exclusion. It is likely that the population which makes up this 43% would also be a group that are likely to need services but with a proportion who will move in and out of services at different points as other risks and vulnerabilities affect their stability.

10% of households are chronically poor and are characterised by the presence of vulnerable groups such as widows, orphans, the unemployed, youth, plantation workers, PWDs, the chronically ill, ethnic minorities and the elderly (NDP:2010: 276). Chronically poor households are more prevalent in the north of the country.

Some correlations between poverty and other vulnerabilities were identified through the literature review.

7.5.2.1 Orphans and vulnerable children

In terms of children living outside of parental care, full orphans and orphans who have lost their mother are considered particularly vulnerable to poverty. 4.5% of the 16% of children living in foster care arrangements outside of parental care are also orphans.

According to the MGLSD (2012), 5.8% of children are full orphans. 16% of children live in some kind of fostering arrangement, even though at least one parent is alive. The research shows that those households with children living in foster arrangements fair no worse (economically) than their counterparts. However as the study points out, although they do not appear to be less well-off than the children living with one or both parents, there is little information about the vulnerability of the children living away from parents. A consideration of this issue by Pereznieto et al (2011) is included in the next section.

Figure 7.1   Children's residence status and poverty status 2009/10
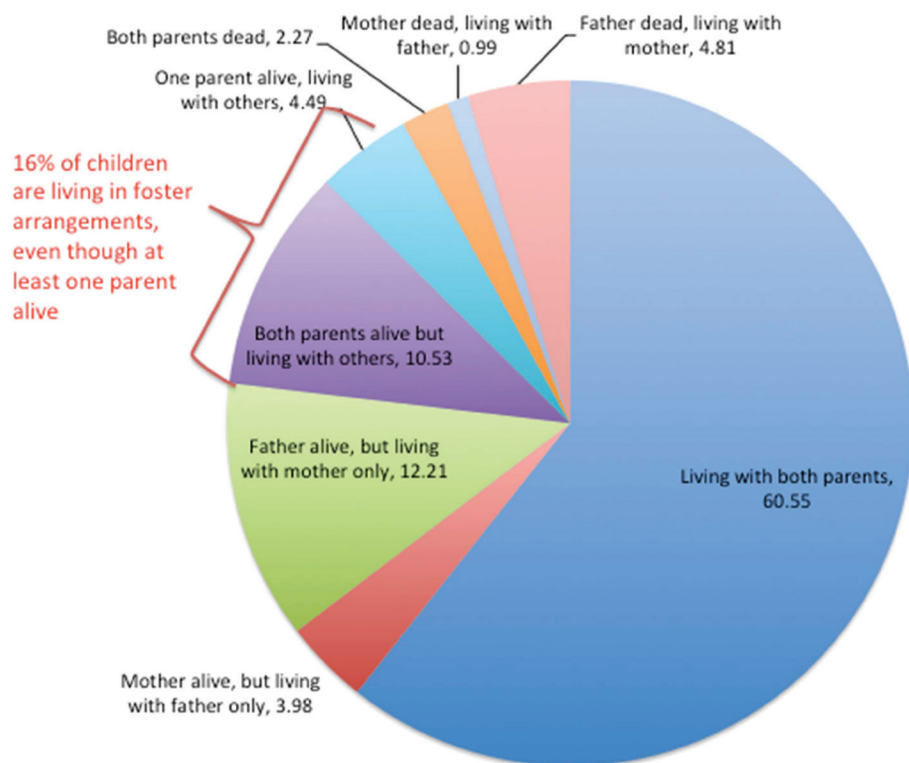
Source: MGLSD (2012)

7.5.2.2 Disability

The MGLSD (2012) suggest that the correlation of disability status with poverty is not as strong as might be expected, but that households with at least one disabled member are more likely to be poor. However the report also highlights that the poverty line does not take into account the increased living costs of disability. Chronically poor households are reported to have registered the highest increase in the number of persons living with disabilities (42).

7.5.2.3 Older age

The National Policy for Older People states that only 7.1% have access to pensions and that 60% of them are male. Elderly household heads are most common in those households slipping into poverty (MGLSD, 2013: 43). This is particularly true of the poorest quintile, probably because fewer people over 65 are working, often due to disability or illness.

7.6 Protection of children and vulnerable adults

7.6. International experience

It has been noted above (section 5.2) that the nature and degree of harm and exploitation faced by children and vulnerable adults in middle and low income countries is different and significantly more extensive than that found in wealthier countries and that there is a danger that children may be further harmed by setting up referral systems without the resources to offer children protection and support.

Many writers have highlighted a gap between policy and provision in this area. Davis's review (2010: 3) speaks of "commitment without results" and, citing a UNICEF study, notes that

"Less than one-third of the countries with laws to protect children from violence, abuse, and all forms of exploitation had the resources to enforce them, and only 14% had confidence in the legislation." (Davis, 2010).

Buvinic et al (1999: 43) argue that community based child protection mechanisms could prove effective, as discussed above, and also outline other low-cost, high-productivity interventions which include:

mother/child health, early childhood development, alcohol and substance abuse prevention programs, and situational crime prevention measures, including gun control or exchange programs, street lighting and other public security measures, and restriction of alcohol sales during certain high-risk periods. Well-crafted and targeted media campaigns, including commercial media programming, can significantly help reinforce civic values, alter prevailing views of acceptable behavior between the genders, and aid in the prevention of domestic and social violence.

Another aspect of protection is cultural practices which support harm or exploitation of children and vulnerable adults. Again there is a need for preventive approaches providing education and challenge to such practices

Preventive programmes of the type discussed in other sections above could be an effective strategy. These include raising awareness, developing local support systems, education, combating underpinning causes such as alcohol abuse and drug abuse, availability of guns and so on. Empowering and working with groups of vulnerable children and adults to participate in community programmes should be at the centre of social care approaches. Where crimes are committed against children or vulnerable adults, systems of support and rehabilitation developed using CBR could provide an appropriate response alongside the criminal justice system's response to the perpetrator.

7.6.2 Uganda

This sub-section draws upon two recent studies into the situation of children to understand the particular vulnerabilities which children face, above those which are faced by other groups of the population.

Support to orphans and vulnerable children constitutes a significant part of the government of Uganda's policy towards reducing vulnerability amongst children. However the literature suggests that there is growing concern about the usefulness of orphanhood alone as a categorisation.

"But our understanding is that not every orphan is vulnerable. He could be an orphan but in school, family is well resourced, has a caregiver and is not necessarily vulnerable" (Kalibala and Elsen, 2009: 22)

One of the studies took the approach of building on existing criteria used for identifying vulnerable children (see Box 7.4) and developed new weighted indicators to differentiate between different kinds of vulnerability and provide a more nuanced basis for analysing household data in terms of understanding vulnerability (Kalibala and Elsen, 2009). The indicators were grouped under eight categories (Household Relationships and situation, Parental status, Household characteristics, Child's school Attendance, Child's health and nutrition, Child's disabilities Child's basic material needs, Child's risk-taking). The highest weightings of vulnerability were given to disability, death of mother, missing school due to labour and use of drugs.

Box 7.4 Criteria currently used for identifying vulnerable children in Uganda

1. Living on their own/institutionalized
2. Psychosocial status poor/potentially poor
3. Unstable environment (abusive, conflict, migratory)
4. In need, as determined by consensus but could include: inadequate food (one meal or less), inadequate clothing (fewer than three sets including uniform), poor shelter (grass thatch and mud walls), lack of/irregular education, regular cash income < US $1 equivalent per day
5. Orphaned
6. Single/widowed caregiver or head of household
7. Chronically ill adult in household
8. Female caregiver or head of household
9. Elderly caregiver or head of household
10. Abandoned (parents known to be alive or assumed alive but cannot be located)
11. Parents or guardians cannot be located or are absent (are assumed dead or known to be missing and cannot be located)
12. Chronically ill child
13. Illiterate/not going to school
14. Disability

Source: Kalibala and Elsen, 2009

The second study used seven indicators of deprivation known as the Bristol indicators but complemented these with children's own views of the vulnerabilities they faced (Pereznieto et al, 2011).

Kalibala and Elsen (2009) find that there is a difference between the distribution of children who have been orphaned and those who meet the vulnerability criteria:

> "the distribution of vulnerable children in Uganda is different from the distribution of children who have been orphaned. While children in the Central region have the lowest vulnerability scores, more of them are orphaned compared to the Northern and Eastern regions… the Northern region, which has the highest vulnerability scores, is in the lower wealth quintiles and has had a long period of conflict, which has increased poverty and lack of basic services. These issues should be considered when determining whether to target children with higher vulnerability with services as opposed to children who are orphaned". (70)

Similarly the MGLSD (2012) finds that children who have lost one parent (also categorised as orphans) are less likely to be living in a poor household. However, the study does highlight the higher rates of poverty among full orphans and children who have lost their mothers. These findings seem to suggest that children who have lost one or both parents are considered particularly vulnerable.

Kalibala and Elsen (2009) conclude that up to 96 percent of children have some level of vulnerability but that 51 percent of children in Uganda are considered moderately or critically vulnerable, equivalent to a national total of approximately eight million vulnerable children in Uganda.

Figure 7.2   Regional distribution of vulnerable children
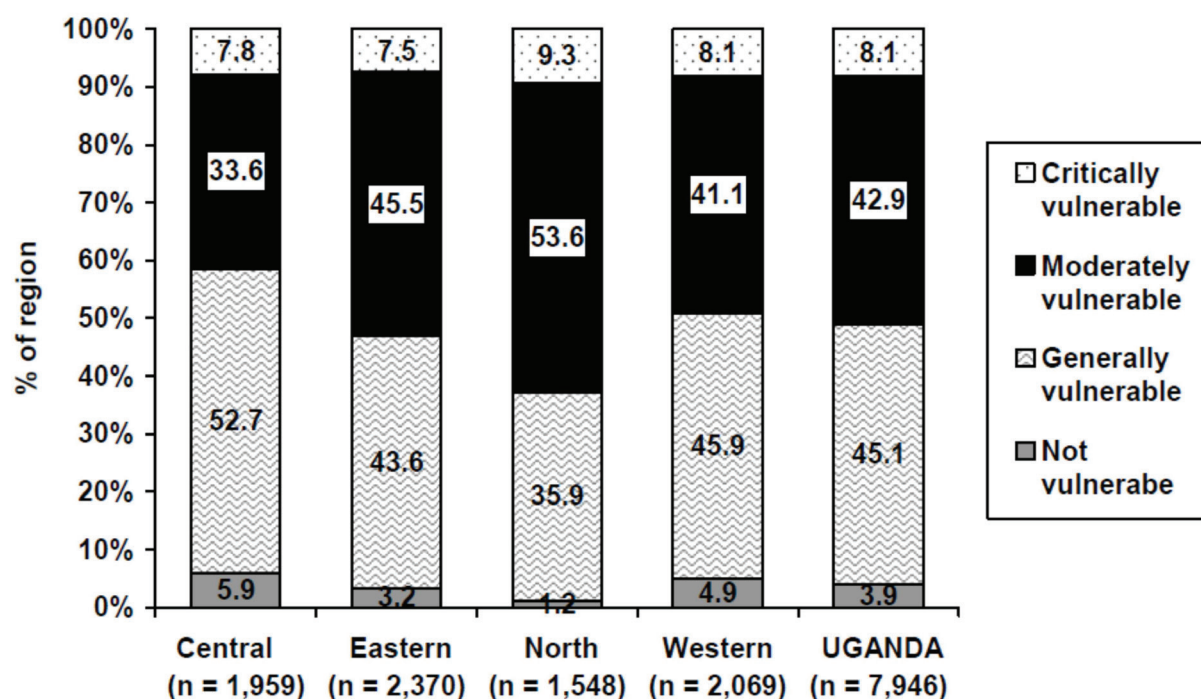
Source: Kalibala and Elsen (2009:27)

Children's views of their own vulnerability are important to consider. In Pereznieto et al (2011) children identify their vulnerability as being related to violence, sexual abuse and early marriage and a range of "difficult circumstances". This begins to give a picture of which particular areas services would need address.

Pereznieto et al (2011) identify particular areas of vulnerability which children themselves identify:

violence (in particular one third report violence at home and "many being beaten by drunk fathers", regular beatings form teachers, community-based violence such as disputes and kidnappings raiding of cattle and killings Sexual abuse and early marriage - During the different participatory exercises in all localities, sexual harassment and abuse, primarily towards girls, came up continually as a major worry Particularly difficult circumstances (orphaned due to war, violence or AIDS), ex-child combatants,, working to sustain family, child protection issues due to alcoholism in family)

In Kalibala and Elsen (2009:13), child forums are reported as describing vulnerable children as those who are orphaned, disabled, babies, sick, mistreated, poor, living with or affected by HIV/AIDS, or "mad." The meaning attributed to "mad" was not explored although the report speculates that this may refer to children "living outside of family care who are unkempt and not living an orderly life".

Both studies conclude that there is consensus that there are very limited services to address the range of vulnerabilities that children face. Most provision is focused through education and health services (with some limited agricultural support).

No literature has yet been identified which focuses on the situation facing children living in long- term residential care and street children in Uganda. Kalibala and Elsen (2009:20) point out that by their nature household surveys, from which most data on vulnerability are drawn, focus only on the household and therefore, by definition, groups outside these households are not analysed. However respondents to the study reported that they perceived an ever-increasing number of children living on the street, not exclusively because they have lost their parents, but also because households are too poor to feed

and care properly for children and because children are escaping abuse at home from parents or guardians Kalibala and Elsen (2009:34).

7.7 Youth

Uganda has just under eight million youths aged 15 to 30. 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 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. Box 7.5 identifies key risks and vulnerabilities identified in their situational analysis. This shows that there are many aspects which require social care services such as offender and victim services, work to respond to drug and alcohol abuse and services to promote social inclusion.

Box 7.5 Findings on Youth at Risk from YouthMap Uganda
Indicators of the magnitude of Uganda's at-risk youth population include:

1.7 million are orphans and vulnerable children.
75 per cent of the nation's approximately five million people with disabilities are youth, according to one NGO stakeholder.
73 per cent of Uganda's prison population is between 18 and 30 (Uganda Prison Services, 2007) and due to over-crowding, youth are often imprisoned with adult criminals.
Uganda has the highest alcohol abuse rate in the world, and youth interviewed often cited drug and alcohol abuse as contributing factors in low work productivity and vulnerability to violence and crime. 57 per cent of youth aged 14 to 35 are involved in drug abuse (IJHRC, 2009).

Gender-Based Inequities. Gender-based disparities emerged throughout the assessment with data and FGD comments suggesting female youth are disproportionately affected by discrimination in land rights, employment and compensation, and access to [Sexual and Reproductive Health services]. Indicators of these disparities include: 70 percent of female youth aged 14-30 are engaged in unpaid family work; women account for only 37 per cent of public sector employees; women-owned businesses are reportedly forced to pay significantly more bribes than male counterparts and were subject to more harassment. More than half of young women in Uganda (56 percent) have experienced physical violence, and a quarter reported that their first sexual encounter was forced.

Location-Based Disparities. The impact of decades-long conflict in northern Uganda and low development in Karamoja has created significant disparities in the opportunities available to the regions' youth. While FGD comments did not emphasize urban/rural disparities, the data indicate certain disparities exist: 60 per cent of the rural population lives in poverty compared to 42 per cent in urban areas; urban youth aged 25-30 report more years of schooling than rural youth; and urban youth across all age groups work almost twice as much as rural youth (though the youth unemployment rate in urban Kampala is high).

In FGDs with youth at risk:

Youth linked high-risk and illicit behaviors to unemployment, idleness, poverty and lack of parental guidance.

Disabled youth noted social stigma, denial of their land rights, and inaccessibility and ineffectiveness of government programs.

Former abductees of the Lord's Resistance Army (LRA) in northern Uganda stressed the impact of interrupted educations, lingering psychosocial impacts of the war, and inability to re-assimilate into their communities.

Youth in Karamoja emphasized their desire for education and security but cited barriers that include: involvement in armed conflict related to cattle rustling, crime and violence due to poverty and lack of employment and education opportunities, food insecurity, and cultural attitudes and practices that exclude youth from decision-making processes.

Source: International Youth Foundation (2011)

8 Lessons and challenges from the literature review

The study found common themes that cut across countries as well as the different approaches and implementation of functions discussed above. These themes are summarised in the following subsections.

8.1 Elements of effective community-based services

In USAID's review of promising practices in community based services in the CEE, CIS and Baltics (Davis 2005) and later in her review of human capacity in African child welfare system (2009), Davis proposes a number of elements of an effective community-based system of services. These focus on children but have been widened to apply all social care in the following summary:

8.1.1 De-institutionalisation

This refers to the trend of moving the care of individuals from residential facilities into the community, with the support of family and a range of community social care services. It is based on growing evidence of poor outcomes for service users and the expense of institutional care.

In Uganda there is some use of state funded institutions for older people, people with disabilities and children. Some of the very limited budget for social care services is being spent on supporting institutional care. The extent of the use of institutionalisation in the NGO sector is not clear. It will be useful to gain an initial understanding of the extent of this area of social care provision. The consultancy will seek to gather some baseline information to inform future plans.

8.1.2 Effective Targeting of Benefits and Services

In a situation of limited resources, ensuring the right forms of help get to the most needy people and communities is a major concern. Davis (2005) highlights the problem of a 'passive approach' when individuals with problems are expected to self-refer. She concludes that:

> this method of self-targeting often results in reduced accessibility because individuals may not have the correct information about services; they may not have transportation for making an application or accessing a service; or they may be discriminated against because of personal characteristics such as ethnicity, age, sex, or other characteristics. Often, people who have the greatest need for services are the least likely to apply and have access to them (Davis, 2005: 29)

Thus effective social care will need a process to ensure that benefits and services reach those for whom they are designed.

In Uganda there has been some targeting of resources but it is not clear how effective the targeting of current services is. From the national consultant's knowledge of the system much of the work is undertaken in the manner that Davis describes as a passive approach, at least in terms of referrals undertaken through casework. It may be that community mechanisms are could be an effective resource for ensuring the targeting of services and benefits.

8.1.3 Advocacy

This element suggests that an effective system needs people (including service users) actively campaigning for services. A key issue is to encourage and support non-governmental organisations

as discussed below. Another approach is to train beneficiaries of services to self- advocate.
The community work and CBR approaches are conducive to promoting the ability of beneficiaries and vulnerable groups to carry out advocacy. The extent to which this is the case will be explored in the two districts included in the fieldwork for the consultancy.

8.1.4 Non-Governmental Organizations

The political and social transition in many middle and low income countries has left many communities and public services stretched and challenged in their ability to provide the traditional safety nets for individuals and families in difficulty. An active NGO community is one way that this problem is being redressed. Policies and procedures that support the development of the NGO sector are therefore central to effective support systems.

The government of Uganda takes a positive approach to working with civil society and the private sector. It has taken steps to define and strengthen the NGO sector and has introduced registration and some light touch regulation and review processes. Strengthening the NGO sector will be a key element in any future plans for social care.

8.1.5 Economic and Vocational Development

Davis (2005) calls for a shift in the focus of programmes to a strengths based approach and to support families to be economically viable. She thus states

> "Service delivery systems must provide vulnerable populations with assistance in becoming self-reliant. Loss of employment due to layoffs, illness, or personal problems also results in loss of motivation, personal self-esteem, and money. To meet these challenges, assistance programs need to incorporate services such as vocational training and retraining, small business training, and microenterprise development programs, including technical assistance and individual and group credit." (Davis, (2005:28)

In Uganda many state, donor and INGO programmes focus on income generation schemes. The link between social assistance and social care is evident in the Draft National Social Protection Policy Framework for Uganda which seeks to place social care services in juxtaposition to social protection support mechanisms.

8.1.6 Human Resource Development

The reform of social services requires human resources capable of supporting the shift from a situation where administrative approaches are dominant to one that reflect family-centred values and skills and that are able to provide social development, education, support, and counselling. This requires systems of education and training as well as appropriate financing and management of programmes.

In Uganda there are a number of universities providing qualifications for those taking up posts as social workers, probation officers or CDOs. It will be necessary to investigate the extent to which this training provides culturally appropriate knowledge and skills as well as the opportunity to have some supervised and assessed practice in both rural and urban settings. The information available indicates that many CDOs currently do not have qualifications or training relevant to key aspects of their roles.

8.1.7 Decentralised and Participatory Management Systems

Decentralised financing, administrative, and management structures are requirements of a community-based system of services. Davis (2005) suggests that policies and programmes must promote democratic

decision-making at administrative, management, and direct-service level. Mechanisms are needed for all levels of staff and client groups to influence policy and programmes.

Uganda has a decentralised system of service provision with much of the work provided through budgets given to local government at regional and sub-regional levels. The extent to which mechanisms are in place to influence local policy and programmes is not clear. The community development approach should operate in a fashion which promotes the involvement of local people not only in improving their own situation but also to be able to influence policy.

8.1.8 Development of Standards of Care and Standards of Practice

Systems of accountability that monitor performance are required. Various approaches to developing standards are outlined in the UNICEF and World Bank toolkit on improving standards (Bilson and Gotestam, 2003).

Whilst there is registration system for NGOs in Uganda the system of quality control is, according to the national consultant, not fully adequate to ensure high quality standards for vulnerable people. Approaches to standards vary and in situations of limited resources it may be more relevant to promote systems of quality improvement involving peers and other service providers rather than seeking to have a national system.

8.1.9 Social Inclusion

Many social services users come from socially excluded groups and programmes need to promote social inclusion. Income transfer through targeted social benefits as well as engaging service users in programme development and implementation are two approaches that, along with other elements described above, can start to address social inclusion.

Many of the policies in Uganda take this approach to social inclusion. In particular services to reduce discrimination against women have a strong basis. Work has also been done to include people with disabilities in the political process. This is an area of practice which will require on- going commitment and resources for gains to become tangible.

Davis (2005) identifies four pillars of best practice: Policy and legal framework; Structure and Types of Programs and Services; Human Capacity; and Outcomes and Performance Indicators. Table 8.1 shows these four pillars along with elements which contribute to each of them. This is a useful tool for assessing progress and could be used in Uganda.

Table 8.1 Four pillars of best practices in community-based services (Davis, 2005)

Policy and Legal Framework: This refers to the overarching values and principles, the targeted vulnerable populations, centralized and decentralized functions, relationships with NGOs, financing and accountability, and strategic and implementation plans.
1. Identifies and defines priority groups at-risk
2. Promotes family and community care over residential and institutional-based care
3. Identifies internationally recognized standards of care and professional practice
4. Provides a mechanism for contracting with NGOs in providing social services
5. Provides accountability and sanctioning mechanisms
6. Engages consumers and advocacy groups in designing and evaluating public policy
Structure and Types of Programs and Services: Categories and types of services available to clients; how potential clients are informed, targeted and assessed; and the degree to which services are aimed at supporting family and community living.

7. Provides a range of programs from prevention to protection that reflects international standards

8. Provides mechanisms to shift from residential care to community care

9. Promotes principles and values of practice that reflect capacity-building over "relief and rescue"

10. Puts in place assessment processes for targeting those the program is designed to serve

11. Puts in place client accessibility mechanisms such as client outreach and citizen awareness/public education

12. Ensures that at-risk groups have influence over decisions of service providers

13. Integrates approach to assessment, planning and intervention

14. Provides mechanisms for community participation and volunteerism

15. Institutes public awareness and public education campaigns aimed to influence public attitudes and citizen involvement

Human Capacity Development: This refers to the human resources available to provide services that meet care standards, the specific job functions, the availability of education and training resources for developing a qualified workforce, and regulatory mechanisms.

16. Integrates job functions with assessment, planning, intervention and follow-up (social work case management and multidisciplinary planning)

17. Professionalizes treatment and rehabilitation workforce

18. Regulates practitioners through licensing or certification procedures

19. Educates and trains human service professionals

20. Trains workforce using curricula that reflect principles and values of human capacity building, prevention, and community care

21. Promotes professional standards of practice through curricula and programs

22. Focuses partnerships between universities, advocacy groups and public and private service delivery organizations on performance improvement through workforce development

23. Promotes quality of service and quality workforce through professional associations with advocacy functions

Performance Measures: Outcome indicators used to measure client change based on identified need; information and monitoring systems in place to measure change and track clients.

24. Measures reduced risk and/or improved well-being

25. Employs information systems to monitor programs and services

26. Employs information systems to monitor clients

Source: Davis 2005 page 33

8.2 Key challenges

8.2.1 Low levels of social care service provision

Countries vary widely in terms of the amount statutory social services that are provided. A number of factors lead to these variations including the history of social work in a particular country as well as differences in culture and social and political systems. Another factor is the willingness of states to invest resources. Across many states social care services are limited both in size and level of development (e.g. see Lim Ah Ken, 2007 for a review across the Caribbean; Davis, 2009 for Africa; Davis, 2005 for CEE/CIS).

Davis (2009) found that, whilst social work in Africa has a historically rich social work profession built on a community ideology

> The loss of community in social work methods, the lack of indigenous knowledge and the underdevelopment of the profession, and the need to build the capacity of child welfare and social work education systems in Africa are consistent themes (Davis, 2009, viii).

The level of social care provision of in Uganda is currently low. As highlighted above there are relatively few posts within state structures to provide social care services and, of those that exist, many are vacant. Despite real improvements in the numbers of people who are in poverty, levels of need and numbers of vulnerable people are very high indeed.   Given the stresses caused by issues such as HIV/AIDS and the on-going impact of the conflict in Northern Uganda, traditional community resources are stretched. Approaches to the provision of social care services will need to be targeted and designed to strengthen community resources and increase resilience. There are a number of examples of work which take approaches similar to those discussed in the international literature review and it is important that lessons from these past attempts are shared and built into future programmes. Donors and the NGO community, both national and international, have developed approaches that address this community strengthening.

8.2.2 Co-ordination

Child protection and care services, as well as services for people with a disability and for vulnerable adults are often the responsibility of several departments, including those focused on welfare, education, health and justice. Social care services may sit within a department or span several departments, leading to potential problems with co-ordination, planning and resource allocation (EveryChild 2011a/b).

It is not clear from the literature how effective coordination mechanisms are between the different programmes in Uganda. There is certainly much overlap, particularly considering that households may contain people with a number of different vulnerabilities for which programmes are currently offered. A community-based approach, which is at the heart of much of Uganda's state provision, is a good starting point in that it should work with families and communities across the different programmes.

8.2.3 Gap between policy and practice

A common issue across all regions studied is that there is often a gap between the policy and legislation and its implementation. Davis (2009:3) talks of "commitment without results" across children's services in Africa. Relaf (2010) notes that states in Latin America are unable to carry out the quasi-market policies they have adopted and thus fail to protect children's rights. Similarly Lim Ah Ken (2007: 35) says of social work across the Caribbean:

> The situation of social work practise is a good reflection of what happens when legislation and policy is not supported for implementation. The mandate given to the social work practise is far beyond its actual capacity. The lack of adequate regulations, finances, human resources and administrative organisation has made social work practise inefficient, overburdened and chaotic.

This issue of the gap between policy and practice is one which Uganda shares with many other countries. It will be important in the future development of social care services to ensure that the mandate for programmes is achievable with the resources available.

8.2.4 Bureaucracy

A common problem for social work is an emphasis on bureaucratic and administrative procedures (Davis, 2006, 2009; Bilson, 2010; Bilson and Cox, 2005). This often reduces the time available to work with service users or may inhibit the choice of approaches. For example research in Sri Lanka showed that child welfare officers were discouraged from using community alternatives to support families because of the bureaucratic burden which made it easier to place a child in an institution (Jayathilake and Amarasuriya, 2005). In contrast, access to adequate funds for supporting children in South Africa has

led to the formalisation of kinship and other care arrangements increasing paperwork and other duties. It is not possible from this literature review to assess the extent of bureaucracy and how it affects the provision of services in Uganda. This will be explored further in discussions at regional and national level during the fieldwork stage.

8.2.5 Dominance of Western models

As has been mentioned a number of times already, there has been strong criticism in the literature of social care services based on Western models (e.g. Hugman 2009). Bar-On (1999) discussed the arguments for an African form of social work but concluded that:

"it might be nigh impossible unless research involving reflective learning by African social workers with their clients is placed at the centre of social work practice." (Bar-On, 1999: 5).

In an examination of the increasing number of calls to develop a non-western-based form of social work, Bar-On (1999) argued that Western social work has developed interventions based on "values that are essentially alien to Africa.". There are increasing acknowledgements of the limitations of western models of social work education and training (see for example Lin and Chou 2007).

Culturally based patterns of interaction between individuals and the larger society include areas such as collectivism and individualism and are "reflected in the way people live together—for example, in nuclear families, extended families, or tribes—and it has many implications for values and behavior" (Hofstede, 2001, p. 209). It is essential that social care is designed to respond effectively to different beliefs, values and norms, roles and attitudes of people within a society. Lack of response to the cultural context in which social care is being developed diminishes the effectiveness of programmes as they do not engage fully with and sometimes harm the complex, traditional local networks of support which already exist. Because of the pressure caused by issues such as HIV/AIDS and poverty, traditional systems are stretched and more innovative solutions are required which address family/community stressors. These can only be achieved by using models which respond to the changing environmental context and which adapt to the fragmentation of families and community networks.

Much of the policy in Uganda has a developmental approach which avoids this issue of cultural imperialism. However it was found in many countries that this was another area in which there was a gap between the desires and direction of policy and the actualities of practice. Adopting a social development approach towards social care services in Uganda will require long-term planning and strategies. For example it will be necessary to ensure that training and qualification programmes can build on Ugandan research and experience. The state may have a role in working with donors to establish a strong basis for generating research and a better basis for information collection on social care vulnerabilities and services.

8.2.6 Limited user participation

One area that was less evident than anticipated in the international literature review was an orientation towards user participation in planning, developing and providing social services. However there are good examples of project based participation in CBR, services for older people, and children's services (e.g. see EveryChild and Better Care Network 2012, and Khan 2012).

The existing focus on community approaches and CBR in Uganda shows a commitment to user participation. The extent to which users actually contribute to policy formation at national and local levels is not clear but the fact that the values of user participation are such a key part of approaches promoted in policy and legislation provides a good basis for future developments.

8.2.7 Lack of adequate information and research

Another key problem is a lack of adequate information available for strategic planning. There is limited research and data collection. Demographics and changing environments in many countries make collecting data a challenging task which requires the support of the state. Many of the criticisms of social work education indicate the lack of availability of local research and point out that research from richer countries is often inappropriate due to the very different context in which it was carried out.

This issue has been touched on above but it is crucial to stress once again the importance of developing and disseminating a knowledge base of information that reflects on the situation in Uganda. Without this there is a real danger that decontextualised programmes of social services will be adopted which will simply not work in the Ugandan situation.

9 Conclusions and draft recommendations on the definition and approach

This report has considered a brief overview of the literature on international approaches to social care services as well as considering policy documents, reports and literature on the current situation of social care in Uganda. Due to the limited timescale for the preparation of the report it cannot claim to be comprehensive and some elements remain incomplete.

Uganda is in the process of developing its social protection policy. The position of social care within this policy is crucial and can support the aim of the government to reduce the number of those living in poverty as well as reducing the number of people affected by vulnerabilities of different kinds. A major commitment by the government will be required to develop social care services that are relevant and focused tightly on particular areas of need.

The following definitions are suggested based on the findings of this literature review. They are proposed as a basis for discussion throughout the remainder of the consultancy.

9.1   **Towards a vision for social care in Uganda**

Given the discussion in previous sections, the following vision is proposed as a starting point for discussion:

> Social Care Services support communities, households, families, groups and individuals to promote resilience and reduce the vulnerability of children and adults allowing all to live to their full potential in their family and community and to fulfil their rights and aspirations.

The nature of vulnerability is defined in the National OVC Policy and this can be adapted for social care as follows:

> Vulnerability is a state of being or likely to be in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

Areas of vulnerability relevant to social care will include individuals and households affected by:

> Chronic Poverty
> War, conflict, and disasters
> Violence against women, children and vulnerable adults
> Disability and chronic illness
> Loss of family care
> Old age and infirmity
> Gender based discrimination

It is proposed that the approach to social care in Uganda be developmental and that it should support and enhance the capacity of family and community to protect and support vulnerable children and adults through an orientation which has the following elements:

> Strengths-basis: acknowledging and focussing on family and community assets and aiming to promote resilience

Social investments: enhancing capabilities through promoting and supporting income generation, education and skills development

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

Community focus: working with communities to combat social exclusion

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

Social care is also involved in promoting access to a wide range of services through advocacy, community development and working with other disciplines including supporting service users to gain access to areas such as food security and nutrition, education, health, and legal support. Social care services for individuals will take a number of forms including but not limited to personal care, rehabilitation, psycho-socio support, respite care, protection services, provision of information and support in accessing services such as health and education.

9.2 Next steps

In the coming weeks the consultant team will hold a series of meetings and interviews with a range of key stakeholders including policymakers, managers and practitioners. In this process we hope to clarify and expand our understanding of the current situation of social care in Uganda. We will gather further data on the extent of the implementation of current policy and on views of the most appropriate way to advance social care. We will also explore with local stakeholders how and in what ways the draft definitions, the vision and the nature, scope and rationale of social care proposed in this paper can be fully articulated.

In the work so far it is clear that much has been achieved in Uganda in recent years. The number of people living in poverty has fallen, social protection policies and practice have been substantially improved, and social care has been provided with a broad policy framework within which to operate. Additionally, whilst overall coverage remains insufficient, the numbers of community workers, probation officers and para-social workers have significantly increased. However, given the extent and the seriousness of the vulnerabilities of children and adults much more will need to be achieved if social care is to play a full part in the expanding social protection safety net.

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Annex A

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

A.1   Policy and legal framework

A.1.1 The Ugandan State Constitution (1995)

A might be expected the Ugandan Constitution acts as the fundamental basis and guide for the development of all national legislation, policies and programmes including those relating to social protection.   As clearly noted in the Draft National Social Protection Policy Framework for Uganda (2012) social protection policy is underpinned by a number of provisions as set out in the Constitution's objectives and principles:

Protection of the Aged: the state shall make reasonable provision for the welfare and maintenance of the aged
General Social and Economic Objectives: all Ugandans enjoy rights and opportunities and access to education, health services…decent shelter, adequate clothing, food security and pension and retirement benefits.
Educational Objectives: State shall take appropriate measures to afford every citizen equal opportunity to attain the highest educational standard possible.
Protection of the Family: The family is the natural and basic unit of society and is entitled to protection by society and the state.
Role of the State in Development: The State shall give the highest priority to the enactment of legislation establishing measures that protect and enhance the right of the people to equal opportunities in development".

A.1.2 Uganda 'Vision 2040'

Ugana 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

A.1.3 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 middle- income country by 2017 (National Planning Authority website).

The development of social care 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")

A.1.4 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 A.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
	iv. Strengthening Occupation Safety and Health
	v. Strengthening Social Dialogue, Tripartism and
	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

A.1.5 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 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 services: "To enhance the provision of social care, 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 protection system will be in place for all vulnerable individuals.

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

1. 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;
2. Strengthening traditional support systems - recognising that they are "institutions of first instance for support to vulnerable persons" (p37).

A.1.6 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 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).

A.1.7 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:

1. Improved economic security for orphans and other vulnerable children, their caregivers and families/households
2. Improved access to and utilization of essential services for orphans and other vulnerable children, their caregivers and families/households
3. Improved child protection and access to justice for orphans and other vulnerable children, their caregivers and families/households
15. 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 psycho-social 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.

A.1.8 Revised National Strategic Plan for HIV and 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:

Thematic areas and Goals - Revised National Strategic Plan for HIV and 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 and 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 A.2 Objectives and Strategic Actions - Revised National Strategic Plan for HIV and AIDS 2011/12 -2014/15

Objectives	Strategic Actions
Objective 1 To scale up delivery of comprehensive, quality psychosocial services to PLHIV, affected households and persons most vulnerable to exposure to HIV	1. Scale-up counseling services provisions at health care points and in communities for PLHIV and persons most vulnerable to exposure to HIV 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 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 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 2. Provide direct assistance to most vulnerable PLHIV households to address socio-economic deprivation 3. Support economic activities for households of PLHIV and those most vulnerable to exposure to HIV 4. Advocate for affirmative action to support vulnerable PLHIV and articulated categories to benefit from existing initiatives and programs
Objective 3 To scale up coverage of a comprehensive social support and protection package to most vulnerable PLHIV and other affected groups	1. Support enrollment and retention of OVC, PLHIV of school-going age and other articulated beneficiary groups. 2. Promote informal education, vocational and life skills development for OVC, PLHIV of schoolgoing age and persons most vulnerable to exposure to HIV 3. Support provision of appropriate shelter for deserving vulnerable groups 4. Mainstream gender and disability into social support program initiatives 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 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 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 sero-difference 8. Support civil and community-based responses identified as best practices in prevention and handling of sexual and gender based violence 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 and AIDS 2011/12 -2014/15

A.1.9 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 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 resources exacerbates 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 PWDs;
2. To promote effective friendly service delivery to PWDs and their caregivers;
3. To ensure that resources for initiatives that target PWDs and caregivers are mobilised and efficiently utilised;
4. To ensure that the capacity of PWDs and their care-givers to access essential services is enhanced;

16. **To build the capacity of service providers, PWDs 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 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).

A.1.10   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 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.

A.1.11 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.

A.1.12   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 services delivery:

> Improved access to health facilities, medical treatment and psycho-social 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/awareness- raising, 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.

A.1.13   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 hs 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.

A.1.14   Key legislation

The Draft National Social Protection Policy Framework For Uganda (2012) provides an overview of key policy and legislation and identifies specific legislative acts that have relevance to social protection. Among the stated Acts, the following have particular relevance to social services (as a component of social protection):

> Local government Act 1997
> The Domestic Violence Act 2010
> Prevention of Trafficking in Persons Act (2009), The Children Act
> The National Council for Disability Act (2003) The National Council for Children Act
> The Succession Act
> The Land Act
> The Birth and Death Registration Act Cap
> The Equal Opportunities Commission Act, 2007
> The Persons with Disability Act 2006

A.2   Structure and Types of Programs and Services

A.2.1 Ministry of Gender, Labour and Social Development (MGLSD)

The MGLSD is charged with responsibility for the social development sector in Uganda. Details of its mandate, vision and mission, as well as the administrative and institutional arrangements within the Ministry, are set out on the MGLSD website.

A.2.2 MGLSD Directorates and Departments

The Ministry comprises three Directorates, each of which are supported by three Departments. An organisational chart of the structure of the MGLSD is provided in Annex B.

The work of the two Directorates, and sub-ordinate Departments, which appear to be most relevant to policy and service delivery in social care is outlined in the table below.

Table A.3 MGLSD Directorates and Departments

Directorates/Departments	Mandate/focus
Gender and Community Development Directorate	Designs and reviews policies, standards (including for service delivery) and guidelines. Co-ordinates and monitors government policies and plans for social transformation with a particular responsibility for gender, community and the family.
Community Development and Adult Learning Department	Department Promotes community development and literacy/learning within local communities with a focus on those over 15 who have missed out on formal education. In addition to the aim of increasing literacy generally, this strategy also aims to increase public uptake in public services. Formulates and disseminates policies and strategies for community mobilisation and participation and assists local governments to implement them. Develops guidelines andstandards on community development work and functional literacy. Plans budgets and reports for resource mobilization in both areas.
Gender and Women Affairs Department	Promotes gender equality and women's empowerment through policy development/monitoring, capacity building, and advocacy.
Culture and Family Affairs Department	Ensures that potential and preserves cultural industries and values with an emphasis on traditional cultural values in support of development. Protect the family Institution and family values. Ensures that all citizens have the opportunity to grow up and develop in a conducive family environment. Carries out training and advocacy work in pursuit of these aims.
Social Protection Directorate	Overseeing the formulation and review of social transformation policies and strategies for vulnerable groups. Develops guidelines, action plans, standards and training resources. Builds capacity and raises awareness through training, supervision and awareness raising activities. Carry out monitoring and evaluation, including impact assessment; Undertakes research on a range of issues relating to social protection; Directly delivers psycho-social, rehabilitation, resettlement and re-integration services and supports non-state actors (CSOs, CBOs) with their work in advocacy and service delivery. Identifies and supports Civil Society Organizations (CSOs) and Community Based Organizations (CBOs);

Disability and Elderly Department*	Empowers people with disabilities and older people with skills and knowledge to enable them participate in development initiatives. Advocates for positive attitudes towards people with disability and the elderly through awareness raising. Advocates for consideration of the concerns of persons with disability and the elderly in the development of programmes, policies and laws. Develops and reviews policies and associated guidelines and standards. Promotes functional adult literacy and life-long learning.
Equity and Rights Department	Develops and reviews policies and laws relating to Social Equity and Rights. Disseminates plans, guidelines, laws, standards, policies and information to promote Social Equity and Rights. Provides supervision, monitoring and capacity building support to Local Governments and key stakeholders to deliver policy. Acts as a co-ordinating point for stakeholders involved in Social Equity and Rights issues.
Youth and Children Affairs Department*	Develops and reviews guidelines, programmes, policies and laws relevant to children and youth. Co-ordinates and facilitates networking among stakeholders working on issues related to children and youth. Promotes child and youth participation in national development programmes. Provides training to young people and to providers working with them. Advocates for consideration of the concerns of children and youth in the development of programmes, policies and laws.

Source: MGLSD website [*Note: There are four Ministers of State with portfolios directly linked to the work and mandate of the Ministry. Two of these directly reflect policy areas managed by the Social Protection Directorate: 1) Minister of State for Elderly and Disability Affairs and 2) Minister of State for Youth and Children Affairs]

The Ministry website notes that it also provides services to Ugandan citizens through Remand Homes, Rehabilitation Centres and Youth and Women Skills Centres

Of the eight 'autonomous bodies' the Ministry lists as key entities and partners in relation delivering its sectoral mandate and responsibilities, the following are noteworthy in terms of the actual or potential relevance of their purposes and functions to the development of social care services policy and service delivery.

Table A.4   The purpose and functions of key 'autonomous bodies'

Autonomous body	Overview of purpose and functions
The National Youth Council	Organises youth, youth activity and protects the youth from manipulation by inspiring unity and patriotism, providing a means for youth issues and initiatives can be communicated and channelled to maximise coverage. Also initiates and supports the formation, functioning and co-ordination of youth organisations which are set up in each district.
The National Women's Council	Provides a focal point for unity of women in Uganda and facilitates activities for their benefit. Provides a platform to promote and encourage unity and patriotism where women can share ideas and collaborate in various initiatives and so that the coverage of programmes can be maximised. Supports increased engagement by women in political, economic, social, cultural and educational fields and in international networking.
The National Council for Disability	Promotes and monitors laws, policies and programmes designed for equality and full participation of person with disabilities and advocates for effective service delivery and collaboration based on the needs of people with disabilities. Co-ordinates the activities of government departments and other stakeholders, including donors. Investigates violation of rights of people with disabilities and non-compliance with laws. Carries out research and advises on policy and programming, including by issuing guidelines.
The National Council for Children	Provides a platform for communicating the needs and problems of children to the Government and other agencies. Acts as a key co-ordinating body on issues relating to children in Uganda to minimise duplication of activities, avoid wastage of limited resources and promote integrated approaches. Facilitates the participation of nongovernmental organisations and other external agencies in planning and resource allocation. Supports action planning at district level, maintains a database on children in Uganda and monitors the activities and achievements of all actors to assess progress against state plans. Carries out research to continually understand the changing needs of children and disseminates information to a wide range of stakeholders via information resources, communications, workshops and training.

Source: MGLSD website

A.2.3 Other state structures involved in the co-ordination, management and delivery of programmes

The National OVC M&E Framework (2012) identifies the following key structures, functions and roles in relation to delivery of OVC programmes but it is not clear from this initial desk review to what extent any of these posts/post-holders are also responsible for management, co-ordination, oversight or service delivery in areas of social services beyond the OVC target group:

> NIU in the Ministry of Gender, Labour and Social Development
> OVC M&E Technical Working Group
> National OVC Steering Committee (NOSC)
> National Child Protection Working Group (NCPWG)

The MLGSD website notes only this latter group among the formal coordination mechanisms within the Ministry's structures; however at this desk review stage, it is not clear how up to date or comprehensive the website information is. The Child Protection Working Group was originally hosted within UN structures but has since been fully established as a Coordination Office within the Ministry. The mandate of the NCPWG has been summarised as follows:

To coordinate the efforts of Child Protection actors;

To identify and respond to key national Child Protection issues;

To provide a platform for linking, sharing information and learning among Child Protection actors.

As a result of a national child protection systems mapping and assessment exercise in 2012, "...the Ministry of Education and Sports and the Centre for Justice Studies and Innovations (which is the Justice for Children's Program implementing unit on behalf of government Justice, Law and order sector) join(ed) the working group" (National CPWG Annual Report 2012).

As at the end of 2012, the NCPWG acknowledge "The absence of an approved NCPWG Mandate that defines the scope of NCWPG operations" (National CPWG Annual Report 2012, p15).

A.2.4 Regional and local level state social protection structures and roles

National CPWG Annual Report 2012 notes the absence of regional level "child focused structures" and that therefore OVC Committees at District and Sub-county levels remain key structures for policy implementation at local level.

The National OVC M&E Framework (2012) also identifies the following structures at local level: District/Municipality (Probation and Social Welfare Officer/Head of Community Based Services)

Sub County/Division Community Development Officer

Local Councils and Community Volunteers

It has been highlighted elsewhere that:

Some districts have District OVC Committees (DOVCs) and Child protection Working Groups (CPWGs) but there is a lack of consistency in terms of structures and functionality across Uganda. Despite numerous constraints and challenges in relation to capacity and resources, DOVCCs and SOVCCs are considered key "potential entry points for NCPWG in strengthening the child protection system at sub national level.".

CBR steering committees exist in some districts and oversee the implementation of the CBR programmes.

Some Community Development Officers may have a particular remit in relation to people with disabilities and oleder people as a focal point

Community Based Services Departments are responsible for implementing activities relating to the Programme for Children and Youth at the district level and that Youth Officers, probation and social welfare are directly involved in delivering services.

The impression is that, whilst policies and plans for OVC/child protection seem well developed, the MGLSD's co-ordination role remains very challenging due to lack of information about the extent and coverage of functions, actors and activities in child programme and service delivery, particularly at local levels. These challenges – and the significant range of capacities at local level across the country even where posts are in place - were also highlighted by the National CPWG in their 2012 Annual Report.

The MGLSD and other partners are clearly well aware of these challenges and system weaknesses and a great deal of attention has been over the last year or so on profiling and mapping activities. Results from these activities were not available for review at this desk-based stage but will be investigated further through in-country workshops and 1:1 consultations with a rage of stakeholders.

In addition a number of active networks exist, including the following:

A.2.5 Child Protection in Crisis Network

This is an international initiative and in Uganda the network partners are Child Fund International, TPO Uganda, IRC, UNICEF and the Ministry of Gender and Social Welfare. The network includes an interagency Program Learning Group (PLG) which was established in 2010.

The CPC Network describes it work as "…promoting new interdisciplinary approaches to addressing child and youth security and wellbeing concerns across a range of crisis contexts. Drawing expertise in humanitarian emergencies, HIV/AIDS, and abject poverty contexts, the CPC

Network seeks to establish leadership in developing integrative analyses of critical and complex child and youth security challenges and formulating and evaluating innovative strategies to address them".

In 2012 the CPC network has been looking particularly at Community Based Child Protection Mechanisms and linkages with the National Child Protection System. This piece of work was informed guided by the network 's three-year plan (2012 – 2015).

A.2.6 Uganda Women's Network (UWONET)

This is a non-governmental body which is made up of 16 women's organisation and other 'institution members' who carry out lobbying and advocacy with the aim of increasing voice and empowerment for women in Uganda.

Projects and Programmes

A number of programmes are currently operational under auspices and oversight of the Ministry. The following programmes have relevance to the development and delivery of social care services:

A.2.7 GOU-UNFPA Gender Component (Gender Mainstreaming and Sexual Gender Based Violence)

This phase of the programme has been in operation since 2010 and is implemented with (and financed in large part by) the United Nations Population Fund (UNFPA). The stated purpose is to "promote the rights of boys, girls and women and protecting them against sexual and gender based violence (SGBV) and other harmful practices, and advance gender equity and equality" by addressing institutional mechanisms and sociocultural practices.

The programme has two stated outputs, the second of which is particularly relevant when considering the development of social care services: "Increased access by stakeholders to information, counselling, social support and treatment of and protection against sexual and gender- based violence (SGBV) and other harmful practices". The programme partly aims to deliver this output by "promoting and strengthening partnerships with stakeholders handling SGBV".

A.2.8 Community Rehabilitation Programme for the Disabled (CBR)

Co-ordinated by the Department of Disability and Elderly, the on-going CBR Programme began in 1992 and the most recent phase, following phased piloting in selected areas of Uganda, has been running since 2002 with support from the Norwegian Association of the Disabled (NAD).

Although CBR crosses a number of sectoral boundaries, it is highly relevant to the issue of social care services. Three of the five programme objectives are particular relevant, namely:

> To advocate for, and promote effective service delivery to PWDs across all sectors;
> To promote collaboration between Government and NGOs in delivery of services to PWDs
> To build the capacity of PWDs, their families and communities for prevention and management of disability

National and district level CBR steering committees have been established as part of this programme to oversee the activities specific to CBR and linking in to disability issues in general.

A.2.9 Programme for Children and Youth (PCY)

Originating with an orientation phase that began in 1994, this programme has been through several phases, the most recent starting in 2006. The project aims to address the needs of "young persons have experienced risk and vulnerability for a long time as a result of Insurgency and civil strife, HIV/AIDS, domestic violence, lack of parental care and guidance, and social isolation".

All of the stated objectives of the project are highly relevant to the issue of social services development and delivery:

> To improve the delivery of social services to orphans, children and youth;
> To improve the capacity of Local Governments to offer social services to the disadvantaged children and youth;
> To strengthen the capacity of selected NGOs for the support of socially disadvantaged children and youth;
> To support participation and involvement of children and youth in the development process;
> To improve co-operation and consultation between government and non-government organisations (NGOs) in the area of Children and youth;
> To strengthen capacity of MLGSD to address concerns of children and youth;
> To build the capacity of institutions to provide services for children and youth; and
> Strengthen capacity of structures to handle street children concerns.

There is also an expectation that, to support and sustain the initiatives within this project, the Ministry "sets standards, develops guidelines, provides quality assurance and control, and conducts routine monitoring and evaluation of the project".

A.2.10 Strengthening Ministry of Gender and Community Development

This programme, funded by the Government of Uganda, has retained its title despite organisational changes and the merger of several former entities to form the current Ministry of Gender, Labour and Social Development. The focus of the programme is on building the capacity of the Ministry (staff capacities, management and information systems) to better deliver policy in support of social development and, as such, has a great deal of relevance top the strengthening of policy for social care services and social protection more generally.

The expected outputs all relate to strengthening organisational management of the Ministry: Social Development Sector Management Information System developed;

Sector Plan (SDIP) developed, disseminated and implemented; Social Development Sector annual reviews conducted;

Capacity for delivery of social development sector services built at all levels;

A.2.11   GOU-UNICEF Community Dialogue

This is a partnership between UNICEF and the Government of Uganda focus on realising the rights of women and children by improving access to services. Increasing access to and increasing the relevance and quality of social care and protection services is a key and integral part of the initiative which was launched in 2006. The programme has four specific objectives which best summarise its intentions:

Generate data and policy analysis on the effectiveness of public spending on child wellbeing to facilitate dialogue among stakeholders including policy makers
Develop an action plan on monitoring the implementation of Convention on Elimination of all forms of Discrimination against Women (CEDAW) and support the process of compiling the successive CEDAW status reports.

Expand availability of quality services to orphans and other vulnerable children Effectively lead, manage, coordinate, monitor and evaluate the national response to orphans and other vulnerable children Introduce Community Dialogue to CSOs, Faith Based Organizations and Government Agencies as an approach to community mobilisation.

The programme is largely funded by UNICEF with co-financing from the Government of Uganda. The Community Dialogue initiative and Support to the Orphans and Other Vulnerable Children (OVC) components both have a major emphasis on services development and delivery and increasing the effectiveness of co-operation between state entites (including local governments) and non-state actors (CSOs, NGOs, FBOs) in service delivery.

A.2.12 Expanding Social Protection Programme (ESPP)

The ESPP was launched in 2011 and operates with financial support from DFID, Irish Aid and UNICEF to complement in-kind contributions from the Government of Uganda. The ESPP has two components:

developing a social protection policy and fiscal framework
piloting of two direct income support schemes (the Senior Citizen's Grant (SCG) and the Vulnerable Families Grant (VFG))

The purpose of the ESPP is "to embed a national social protection system, including Direct Income Support for the poorest and most vulnerable, as a core element of Uganda's national policy, planning and budgeting processes" (Ministry of Gender, Labour and Social Development website). Whilst the second component is trialling, testing and carrying out a phased roll-out of specific cash assistance schemes, the first component is looking more widely at social protection strengthening/sustainability, institutional development, capacity building of government personnel, and awareness raising. Central to both components is the strengthening of evidence as a basis for determining the effectiveness and impact of interventions and the on-going development of policy. The Ministry noted an expectation that the programme would reach 95,000 households by June 2013.

A.2.13 Orphans and other Vulnerable Children (OVC)

The National Orphans and Other Vulnerable children framework is the main guide for the operations of the care of the vulnerable children in Uganda. The framework is composed of the National OVC Policy (NOP) and its accompanying National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children (NSPPI) and other manuals such as the guidelines for quality standards, training manuals for community workers and monitoring and evaluation. The Ministry of Gender, Labour and Social Development identifies vulnerable children as:

Orphans
Children living on the streets
Children working in exploitative conditions of labour
Children suffering from sexual abuse and other forms of discrimination
HIV/AIDS affected children
Children living in poverty.

The Situation analysis of Orphans in Uganda (MGLSD/UAC 2002) estimated that there are more than two million orphans in Uganda, with one in every five children as orphaned. One in every four households is likely to be caring for an orphan.

The National Orphans and Other Vulnerable Children Policy (NOP, 2004) was formulated to guide operations to improve the quality of life of vulnerable children and their families. This Policy informs programmes, legal and administrative actions that affect the safety, well-being and development of orphans, vulnerable children and their care-givers.

The Policy and its implementation framework, the NSPPI, is an essential part of the Social Development Sector Strategic Investment Plan (SDIP), which contributes to the national development agenda. The implementation of this policy involves other government ministries, local authorities, civil society organisations, the private sector, orphans and other vulnerable children themselves, communities as well as the families they live in.

The policy identifies eight core programme areas of operations namely

Socio-economic Security that provides for interventions that enhance coping mechanisms of the affected households and communities.

Food and Nutrition Security emphasises providing adequate nutritious food to households caring for OVC, improving productivity and storage of food in households caring for OVC; strengthening nutrition education targeting such households; and establishing community-based early warning food security systems and mechanisms.

Care and Support includes provision of basic physical, cognitive and psychosocial needs of orphans, other vulnerable children and their caregivers on a sustainable basis.

Mitigating the Impact of Conflict covers interventions to strengthen community resilience to mitigate the negative impact of conflict; providing psychosocial support to OVC, their families and communities; mobilizing community mechanisms to protect vulnerable children from abuse and neglect; strengthening partnerships between government and other actors ; and improving delivery of health care services.

Education programme provides for promoting access to education and retention of OVC in school ; and Improving the functional adult literacy and numeracy of care-givers.

Psychosocial Support issues are cross-cutting covering a wide range of services that include aspects of prevention, care and support that are addressed in all sectors.

Health component is planned to improve accessibility to the Uganda National Minimum Health Care Package (UNMHCP).

Child Protection entails initiatives that prevent violation of the rights of children in relation to serious risks and hazards.

These core programmes guide all practitioners in the area of caring for OVC and their families. The government expects that any programme should at least include a minimum of three of the core programme areas if that programme is to be considered effective in caring for OVC.

A.2.14 GOU-IRISH Aid Joint Programme to Address GBV in Busoga Region

With a clear emphasis on increasing practical service delivery to prevent and address GBV, the purpose of this programme is "To reduce vulnerability to GBV in the community particularly among girls and women in Busoga region". Busoga region was selected as the focal area for the programme in response to a finding that over 90% of GBV programmes and services were concentrated in the north of the country resulting in very poor coverage elsewhere.

The programme has three objectives, all of which are highly relevant to the further development of social care services policy and service development/delivery:
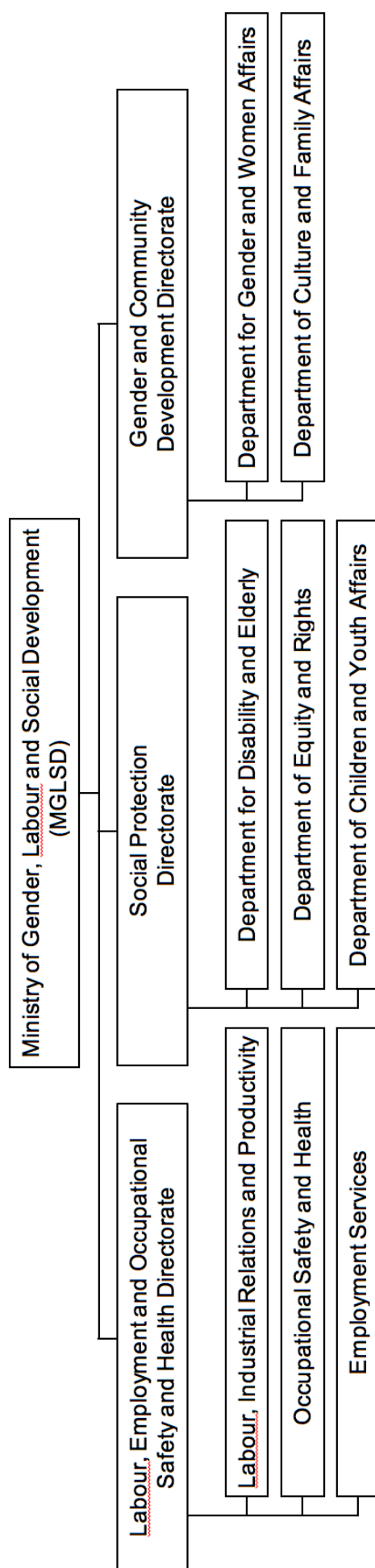
> To strengthen coordination among key actors at national and local government level for effective prevention and response to GBV.
> To build capacity of duty bearers (as defined in the DV Act of 2009) in Local Governments in Busoga Sub-region to prevent and respond to GBV
> To mobilize communities with a particular focus on strengthening male involvement as agents of change to prevent and respond to GBV

Activities under each of the components include support to the development of action plans, inter-agency co-ordination, referral systems, service delivery plans and guidelines as well as practical training and capacity-building.

Annex B Structure of the MGLSD

Ministry of Gender, Labour and Social Development (MGLSD)

- Labour, Employment and Occupational Safety and Health Directorate
  - Labour, Industrial Relations and Productivity
  - Occupational Safety and Health
  - Employment Services

- Social Protection Directorate
  - Department for Disability and Elderly
  - Department of Equity and Rights
  - Department of Children and Youth Affairs

- Gender and Community Development Directorate
  - Department for Gender and Women Affairs
  - Department of Culture and Family Affairs

Annex C   Mandates and functions of 'autonomous bodies' (excerpts from relevant statutes/founding Acts)

C.1 National Youth Council

The objects of the council are:
(a) to organise the youth of Uganda in a unified body;
(b) to engage the youth in activities that are of benefit to them and the nation; and
(c) to protect the youth against any kind of manipulation.

For the attainment of its objects…the council shall have the following functions:
(a) to inspire and promote among the youth a spirit of unity and national consciousness;
(b) to provide a unified and integrated system through which the youth may communicate and coordinate their ideas and activities;
(c) to establish channels through which economic and social services and amenities may reach the youth in all areas of Uganda;
(d) to encourage the youth to consolidate their role in national development in the economic, social, cultural and educational fields;
(e) to initiate and encourage the formation of youth organisations and to facilitate communication among them;
(f) to promote relations between youth organisations in Uganda and international youth organisations and other bodies with similar objects or interests; and
(g) to do all such other things as are incidental or conducive to the attainment of the objects of the council under this Act.

Composition

The council shall consist of:
(a) one representative from each district elected by the members of the district youth council;
(b) two student representatives elected by the Uganda National Students Association, one of whom shall be a female;
(c) ten female representatives elected by the conference from among the female members of the conference, at least two to represent a region.

The following youth councils are established in each district:
(a) village youth councils;
(b) parish or ward youth councils;
(c) subcounty, division or town youth councils; (d) county youth councils; and
(e) a district youth council.

C.2 The National Women's Council

The objects of the council are:

(a) to organise the women of Uganda in a unified body; and
(b) to engage the women in activities that are of benefit to them and the nation.

For the attainment of its objects…the council shall have the following functions:

(a)   to inspire and promote among the women a spirit of unity and national consciousness;

(b)   to provide a unified and integrated system through which the women may communicate and coordinate their ideas and activities;

(c)   to establish channels through which economic and social services and amenities may reach the women in all areas of Uganda;

(d)   to encourage the women to consolidate their role in national development in the political, economic, social, cultural and educational fields;

(e)   to promote relations with international women's organisations with similar objectives or interests;

(f)   to do all such other things as are incidental or conducive to the attainment of the objects of the council under this Act.

C.3 National Council for Disability

The objectives of the Council are:

a)   To promote the implementation and the equalisation of opportunities for person with disabilities

b)   To monitor and evaluate the impact of policies and programmes designed for equality and full participation of person with disabilities

c)   To advocate for and promote effective service delivery and collaboration between service providers and persons with disability

d)   To advocate for the enactment of laws and the reviewing of existing laws with a view to complying with the equalisation of opportunities as stipulated in the United Nations Rules on the Equalisation of Opportunities for person with disabilities, the Constitution and other laws and international legal instruments.

The functions of the Council are:

a)   To act as a body at a national level through which the needs, problems, concerns, potentials and abilities of persons with disabilities can be communicated to Government and its agencies for action;

b)   To monitor and evaluate the extent to which Government, NGOs and the private sector include and meet the needs of persons with disabilities in their panning and service delivery;

c)   To act as a co-ordinating body between Government departments, other service providers and persons with disabilities;

d)   To solicit for and acquire funds and other resources from Government and donors for use in the performance of the Council's functions;

e)   To advocate for the promotion of and encourage activities undertaken by institutions, organisations and individuals for the promotion and development of programmes and projects designed to improve the lives and situation of person with disabilities;

f)   To carry out of commission surveys and investigations in matters or incidents relating to:
- Violation of rights of person with disabilities
5. Non-compliance with programmes, policies or laws relating to disabilities and take appropriate action in relation thereto or refer the matter to the relevant authority;

g)   To hold annual general meeting of representatives from lower councils for persons with disabilities for the purpose of reviewing the council's performance and also plan for the subsequent year;

h)   To consider and recommend ways and means of controlling he unnecessary increase of disability in Uganda.

i) To assist the Electoral Commission to ensure the conducting of free and fair
 elections of representatives of persons with disabilities to Parliament and Local
 Government Councils;
j) To identify and give guidelines to organisations working for person with disabilities; and
k) To perform any other functions relating to the above as the Minister may determine.

C.4 National Council for Children

This Council "act(s) as a body through which the needs and problems of children can be communicated to the Government and other decision-making institutions and agencies in Uganda" (The National Council for Children Act). It is an important co-ordination body.

The objects of the council are:

(a)   to act as a body through which the needs and problems of children can be communicated to the Government and other decision-making institutions and agencies in Uganda;
(b)   to coordinate and provide direction to all persons involved in child-based activities in Uganda in order to—
- minimise duplication of effort and wastage of resources;
- maximise multisectoral and integrated approaches to meeting the needs of children and solving their problems;
(c)   to promote the adoption and utilisation of the programme of action by the Government, nongovernmental organisations and external support agencies through participation in their planning and resource allocation exercises;
(d)   to support the development of district plans of action and the creation of district monitoring systems;
(e)   to monitor the achievement of the goals set in the programme of action and the activities planned and undertaken by the Government, nongovernmental organisations and other agencies to achieve those goals;
(f)   to maintain a database on the situation of children and activities relating to children in Uganda;
(g) to support the continuing analysis of the changing needs of children and promote discussion of emerging priorities.

For the attainment of its objects…the council shall have the following functions:

(a)   to advise and promote policy and programmes regarding the survival, development and protection of children in Uganda;
(b)   to ensure proper planning and coordination of all child-based programmes within the broad guidelines of the programme of action;
(c)   to regularly review and identify obstacles to the implementation of the programme of action and to advise on feasible solutions to overcome them;
(d)   to monitor and evaluate programmes and activities of the programme of action; (e) to mobilise and evaluate programmes and activities of the programme of action;
(f)   to advise on programmes and budgets for the implementation of the programme of action;
(g)   to act as a clearinghouse for information and data on the situation of children and activities designed to benefit children in Uganda;

(h)   to disseminate research and development findings on the needs and problems of children through seminars, workshops, publications and other means of communication;
(i)   to work in close cooperation with and to coordinate the activities of all persons, institutions, sectors and organisations, involved in child-based activities;
(j) to do all other things incidental or conducive to the efficient carrying out of the provision of this Act as the Minister may direct and, by statutory instrument, prescribe.

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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.

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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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